

2015

# MUSIC THERAPY SONGWRITING PRACTICES WITH OLDER ADULTS

Kelsey M. Lownds
*University of Kentucky*, kelsey.lownds@gmail.com

STUDENT AGREEMENT:

I represent that my thesis or dissertation and abstract are my original work. Proper attribution has been given to all outside sources. I understand that I am solely responsible for obtaining any needed copyright permissions. I have obtained needed written permission statement(s) from the owner(s) of each third-party copyrighted matter to be included in my work, allowing electronic distribution (if such use is not permitted by the fair use doctrine) which will be submitted to UKnowledge as Additional File.

I hereby grant to The University of Kentucky and its agents the irrevocable, non-exclusive, and royalty-free license to archive and make accessible my work in whole or in part in all forms of media, now or hereafter known. I agree that the document mentioned above may be made available immediately for worldwide access unless an embargo applies.

I retain all other ownership rights to the copyright of my work. I also retain the right to use in future works (such as articles or books) all or part of my work. I understand that I am free to register the copyright to my work.

REVIEW, APPROVAL AND ACCEPTANCE

The document mentioned above has been reviewed and accepted by the student's advisor, on behalf of the advisory committee, and by the Director of Graduate Studies (DGS), on behalf of the program; we verify that this is the final, approved version of the student's thesis including all changes required by the advisory committee. The undersigned agree to abide by the statements above.

Kelsey M. Lownds, Student

Dr. Olivia Yinger, Major Professor

Dr. David Sogin, Director of Graduate Studies

# MUSIC THERAPY SONGWRITING PRACTICES WITH OLDER ADULTS

THESIS

A thesis submitted in partial fulfillment of the
requirements for the degree Master of Music in Music Therapy in the
College of Fine Arts at the University of Kentucky

By
Kelsey Marie Lownds
Lexington, Kentucky
Director: Dr. Olivia Yinger, Assistant Professor of Music Therapy
Lexington, Kentucky
2015

ABSTRACT OF THESIS

MUSIC THERAPY SONGWRITING PRACTICES WITH OLDER ADULTS

Music therapists often use songwriting interventions, but limited research exists on songwriting practices with older adults. The purpose of this study was to investigate songwriting practices of board-certified music therapists working with older adults, specifically: (a) common goal areas and interventions; (b) use of songwriting interventions; (c) perceived effectiveness of songwriting; and (d) music therapists' comfort levels and training in songwriting practices.

An online survey was sent to 515 board-certified music therapists working with older adults, 118 of whom completed the survey. Respondents reported that songwriting was most effective in increasing self-expression of older adults. Some respondents reported using songwriting to address cognitive and communication goals, whereas others reported that challenges related to cognition and communication were reasons they do not use songwriting with older adults. There is a need for additional training in the use of songwriting with older adults.

KEYWORDS: songwriting, music therapy, older adults, songwriting goal areas, and music therapist comfort levels

Kelsey Lownds
Authors Signature
November 3, 2015
Date

# MUSIC THERAPY SONGWRITING PRACTICES WITH OLDER ADULTS

By

Kelsey Lownds

Olivia Yinger

Director of Thesis

David Sogin

Director of Graduate Studies

11-3-2015

Date

To my parents, Steve and Mary Jo Lownds, for your unwavering support, encouragement, and life-long guidance. You both instilled my drive and motivation to accomplish my goals. Thank you will never be enough for the lessons and love you have shown me over the years.

Without you, this would not have been possible.

# ACKNOWLEDGMENTS

Since my junior year of high school, I knew I wanted to pursue a career in music therapy. My educational choices and projects were motivated by this desire. While the road may have been long to get here, my personal growth, experiences, and lessons have been invaluable.

I want to thank my incredible parents, Steve and Mary Jo Lownds, for supporting me throughout this journey. While you may be miles away, your constant reminders and advice have been largely important throughout this process. Growing up you instilled a strong drive in me to accomplish my goals and think big. I am forever grateful for this guidance.

Many thanks to Brad Ulery. Thank you for your constant support throughout this process and being my rock when times became rough. You were always there pushing me forward throughout this process. Your patience, love, and humor helped me more than you know.

Finally, I want to thank my mentors Dr. Lori Gooding and Dr. Olivia Yinger. From the beginning of my music therapy journey, you helped me grow as an individual and therapist. Your guidance, advice, and support have been invaluable throughout this process. I'm forever grateful for the impact that you made on my personal and professional life.

TABLE OF CONTENTS

List of Tables……..vi
List of Figures……vii

Chapter 1: Introduction…….....1
Operational Definitions……3
Purpose……4

Chapter 2: Review of Literature……..6
Older Adults Characteristics……....6
Music Therapy and Older Adults……7
Treatment Effectiveness in Gerontology……8
Music Therapy and Dementia……12
Caregivers of People with Dementia……14
Summary……....15
Music Therapy and Songwriting……...16
Overview……...16
Populations with Whom Music Therapists Implement Songwriting…….18
Songwriting Techniques……19
Factors Effecting Songwriting……...20
Therapeutic Songwriting with Older Adults……20

Chapter 3: Methods……...25
Participants……25
Instrumentation……..25
Demographic Information……..26
Music Therapy Background/Current Work……...26
Music Therapy Practices with Older Adults……..26
Music Therapy Songwriting Practices with Older Adults…….27
Procedure……...27
Data Analysis……28

Chapter 4: Results……..29
Demographic Information……..29
Research Question 1……..33
Research Question 2……...41
Research Question 3……..50
Research Question 4……..50
Research Question 5……53

Chapter 5: Discussion……55
Research Question 1……...55
Research Question 2……..57
Type of Sessions……57

Targeted Goal Areas……..58
Songwriting Techniques……59

Frequency of Using Songwriting with Older Adults and Perceived Effectiveness……60
Research Question 3……..61
Research Question 4……..63
Research Question 5……..63
Limitations……65
Suggestions for Future Research……...65
Implications for Clinical Practice……..67

Appendix A: Survey Cover Letter……72

Appendix B: Survey……...74

Appendix C: IRB Exemption Certification……82

Appendix D: Responses to Survey Question #40……..83

Appendix E: Responses to Question #25.……..86

Appendix F: Responses to Question #26.……..88

References.……90

Curriculum Vitae...……95

LIST OF TABLES

Table 1. Ages of participants
Table 2. Primary orientation of participants
Table 3. Affiliated region of participants
Table 4. Hours worked per week in a music therapy setting
Table 5. Years of music therapy experience
Table 6. Number of year's participants practiced music therapy with older adults
Table 7. Music therapy work setting and primary work setting
Table 8. Interventions used when working with older adults
Table 9. Songwriting interventions used in older adult's sessions
Table 10. Correlations

LIST OF FIGURES

Figure 1. Hours spent per work practicing music therapy with older adults
Figure 2. Range and frequency of weekly music therapy sessions with older adults
Figure 3. Speech goals music therapists work on with older adults
Figure 4. Communication goals music therapists work on with older adults
Figure 5. Physical/motor goals music therapists work on with older adults
Figure 6. Social/emotional goals music therapists work on with older adults
Figure 7. Cognitive goals music therapists work on with older adults
Figure 8. How often music therapists use songwriting in older adult sessions
Figure 9. Speech goals using songwriting interventions with older adults
Figure 10. Communication goals using songwriting interventions with older adults
Figure 11. Physical/motor goals using songwriting interventions with older adults
Figure 12. Social/emotional goals using songwriting interventions with older adults
Figure 13. Cognitive goals using songwriting interventions with older adults
Figure 14. Goal area addressed by songwriting most often in older adult sessions
Figure 15. Most effective and least effective goal areas for using songwriting interventions
Figure 16. Frequency of making take home recordings for clients composed songs
Figure 17. Participants who took an entire course in songwriting
Figure 18. Participants who had songwriting covered as part of a course.
Figure 19. Participant advice on songwriting with older adults

# CHAPTER ONE

# INTRODUCTION

In the United States approximately one in every seven Americans is over the age of 65, an increase of 24.7% since 2003, and these numbers continue to grow as the "baby boomers" reach age 65 (Administration of Aging, 2014). Due to the growing number of Americans over age 65, services including, but not limited to medical care, therapies, and facilities will need to increase in order to satisfy the needs of the growing population. One of these increasing services will be music therapy. Music therapy is "the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional" (American Music Therapy Association, 2015, p.1). Music therapists working with the older adult population may be seen in various settings including: assisted-living facilities/nursing homes, hospice/bereavement services, hospitals, and psychiatric treatment centers (AMTA, 2015). In 1992, the Older Americans Act included information on the provision of music therapy in facilities identifying it as a "support and preventative health service to accomplish the restoration, maintenance, or improvement of social or emotional functioning, mental processing, or physical health of an older individual" (Music Therapy For Older American Act of 1992).

As an evidence-based profession, a growing body of research illustrates the positive effects that music therapy has in the cognitive, physical, social, and emotional domains for older adults (AMTA, 2015). From the four domains, music therapists develop goal areas specific to the needs of their client(s). Goal areas may include managing problem behaviors, stress/pain management, facilitating physical exercise,

procedural support, rehabilitation, spirituality, and caregiver-related objectives (Clair & Memmott, 2008). Music therapists use a variety of interventions and techniques to accomplish these goals and objectives with older adult clients in both individual and group sessions including: (a) active music making, (b) singing, (c) passive music listening, (d) counseling, (e) reality orientation, (f) improvisation, (g) reminiscing, (h) guided music and movement, and (i) relaxation (Clair & Memmott, 2008; Smith, 1990).

In addition to the aforementioned interventions used by music therapists, songwriting is an intervention commonly used in music therapy practice, but there has been limited research on its effectiveness with the older adult population. Research on songwriting in music therapy primarily exists in psychiatry and oncology with frequent goal areas being: (a) experiencing mastery, (b) developing self-confidence, (c) enhancing self-esteem, (d) choice/decision making, (e) developing a sense of self, (f) externalizing thought/emotions, (g) telling the client's story, and (h) gaining insight/clarifying thoughts and feelings (Baker, Wigram, Scott, & McFerran, 2008). There is a distinct absence of songwriting literature with the older adult population (Baker et. al, 2008). Only two studies could be found which examine songwriting with older adults and both show significant beneficial effects on the cognitive functions of older adults with dementia (Hong & Choi, 2011; Silber & Hess, 1995). Silber and Hess (1995) also found that songwriting interventions improved group cohesion, social interaction, and quality of life.

Although the studies by Hong and Choi (2011) and Silber and Hess (1995) both showed significant beneficial effects for older adults while using songwriting interventions, further research on the topic is needed. Since the goals and objectives that

songwriting is frequently used to address are also important goals that music therapists focus on with the older adult population. For example, both of the studies on songwriting practices with older adults (Hong & Choi, 2011; Silber & Hess, 1995) illustrated that songwriting can improve cognitive functioning. Improving or maintaining cognitive functioning is a common goal for older adults, and music therapy may be an effective treatment for this goal (Brotons & Koger, 1997). Furthermore, music therapists have indicated that social (facilitating social interaction, communication, etc.), emotional (emotional stimulation, self-expression, etc.), and active involvement goals are also highly important when working with older adults (Brotons & Koger, 1997; Clair & Memmott, 2008; Smith & Lipe, 1991). Since (a) these goals are indicated to be high priorities with the older adult population and (b) songwriting interventions are commonly used to address these goals (as indicated in Baker's, et. al (2008) study), there is a need for further research on songwriting. As the older adult population continues to increase, a better understanding of songwriting practices with older adults is needed, which provides the rationale for the current study. Since data gained from music therapists via self-report methods information about current songwriting practices, an online survey is an appropriate tool for better understanding songwriting practices with older adults.

**Operational Definitions**

For the purposes of this study, the following operational definitions were used:

*Songwriting* is "the process of creating, notating, and/or recording lyrics and music by the client or clients and therapist within a therapeutic relationship to address psychosocial, emotional, cognitive, and communication needs of the client" (Wigram & Baker, 2005, p. 16). The process of writing/creating lyrics is necessary in the

songwriting process. A composition with no lyrics is not considered a song, for the purposes of this study.

*Fill-in-the-Blank Technique* is a technique using a "familiar song that may be adapted by changing words, lines, etc." (Wigram & Baker, 2005, p. 258).

*Song Parody Technique (Piggy-backing) "*uses the music of a pre-composed song whereby the lyrics of the original song are replaced by client-generated lyrics" (Wigram & Baker, 2005, p. 258-259)

**Purpose**

The purpose of this study was to investigate current songwriting practices of board certified music therapists working with older adults. Specifically, the following research questions were studied:

1. What are the current music therapy practices used by music therapists with the older adult population? Specifically, are there common/frequent goal areas or interventions being addressed/used?
2. Are music therapists using songwriting interventions when working with older adults, and if so:
    (a) for what type of sessions;
    (b) how often; and
    (c) for what goal areas?
3. Do music therapists believe songwriting is an effective intervention when working with older adults?

4. Are music therapists comfortable using songwriting interventions with older adults and have they been taught songwriting techniques/strategies?
5. Is there a relationship between participant demographics and (a) how often participants use songwriting with older adults; (b) comfort level using songwriting techniques, (c) and perceived effectiveness of songwriting with the older adult population?

# CHAPTER TWO

# REVIEW OF LITERATURE

## Older Adults Characteristics

As the number of older adults (over age 65) in the United States continues to increase so does the number who need long term care. By 2050, it is expected that 27 million people in the United States will need some type of long term care (NCHS, 2010), most of whom will be adults over age 65. Furthermore, the 2010 survey of Residential Care Facilities showed that 42% of individuals in residential living facilities have Alzheimer's disease or another form of dementia, which is of particular concern to healthcare providers who serve older adults.

Alzheimer's disease remains a prevalent diagnosis among older adults, with 5.3 million Americans living with the disease. The number of American's diagnosed with Alzheimer's disease is expected to reach 7.1 million in 2025 and nearly triple by 2050. Increasing Alzheimer's diagnoses also directly affect costs to society in caring for those with Alzheimer's disease. In 2015, the direct cost of caring for Americans with Alzheimer's disease was $226 billion dollars and its expected costs could reach $1.1 trillion by 2050 (Alzheimer's Association, 2015). In addition to the costs associated with Alzheimer's disease, it is important to consider and address the high emotional and physical toll on people who have the disease and their caregivers.

In addition to the increased likelihood of dementia, as people age, physical and mental health challenges become more prevalent. Physically, mobility becomes limited, chronic pain may begin, and age-related medical illnesses set in (heart disease, cancers,

arthritis etc.). Age-related physical limitations and diagnoses can result in feelings of isolation, loss of independence, and psychological distress (World Health Organization, 2013). Furthermore, many older adults experience anxiety, depression, and substance abuse problems (Global Burden of Disease Study, 2010). The aforementioned physical and mental health limitations all influence social, emotional, physical, and overall well-being.

In summary, caring for older adults continues to be growing topic of interest for care professionals and caregivers as the older adult population increases. At the present time there is no cure for dementia, which requires care professionals to focus on addressing the individual needs of older adults with dementia as well as those without dementia, whether those needs be physical, social, emotional, or cognitively based. By focusing on individual needs, much can be done to improve the quality of life and maintain the abilities of the older adult population as long as possible. Music therapy is one of the ways to help improve and maintain abilities in the physical, social, emotional, and cognitive domains.

## Music Therapy and Older Adults

Music therapy uses music as the medium for therapeutic intervention while the outcome/goal of therapy is non-musical in nature. Outcomes and goals can be physical, emotional, social, or cognitive. While using music to work on defined goal areas, research illustrates that musical preference is an important aspect of therapy, as using a client's preferred music tends to be most efficacious (Clair & Memmott, 2008). Using preferred music provides familiarity, predictability, and feelings of security (AMTA, 2015). By using preferred music and other music therapy techniques, music therapy has

been shown to (a) provide physical and emotional stimulation; (b) facilitate social interaction; (c) enhance communication and emotional expression; (d) evoke associations; (e) provide diversion from inactivity and discomfort; and (f) allow for cognitive stimulation with older adults (Clair & Memmott, 2008). Research documenting effects of music therapy with older adults is outlined below.

**Treatment Effectiveness in Gerontology**

Most of the recent documented literature examining music therapy treatment effectiveness in gerontology specifically focuses on those with dementia and does not include "healthy" older adults; however, there is a small body of research looking at the healthy older adult population. In 1990, a brief literature review of therapeutic treatment effectiveness in *general* gerontology was completed focusing on the implications for music therapy practice (Smith, 1990). Smith found that of the 32 treatment interventions examined, only three had sufficient empirical evidence to examine treatment effectiveness: reality orientation, reminiscence, and behavioral interventions. Smith suggested that music therapists use behavioral techniques with older adults, since reality orientation and reminiscence have been documented as valuable but not necessarily effective, due to "lack of agreement between operational definitions, underlying assumptions, and overall function" (Smith, 1990, p.39)

More recently, Alicia Ann Clair and Jenny Memmott (2008) published a book outlining therapeutic uses of music with older adults. Within, they provided a comprehensive summary of uses of music therapy with older adults, including (a) managing problem behaviors, stress and pain; (b) facilitating exercise; (c) providing palliative care; (d) supporting spiritual needs; (e) assisting with rehabilitation; and (f)

enhancing wellness. Smith and Lipe (1991) have likewise written about the goal areas addressed by music therapists with older adults, based on a survey of 176 trained music therapists who worked with older adults. Music therapists reported most frequently addressing (a) development of socialization skills, (b) sensory stimulation, and (c) maintenance of cognitive skills. Goal areas addressed least often included, addressing problem behaviors and providing spiritual affirmation (Smith & Lipe, 1991).

For healthy older adults, the development or re-developmental of musical skills can be beneficial for wellness purposes, as well as for the purpose of maintaining current functioning levels. Re-development of musical skills along with group music making can lead to increased social cohesion, self-expression, cognitive stimulation, peer support, and intergenerational experiences (Clair & Memmott, 2008, p. 37-65). In addition, nursing home residents who received music therapy sessions two times per week for five weeks showed improvement in scores for life satisfaction, music attitude, and self-concept in music (VanderArk, Newman, & Bell, 1983).

Many older adults, while healthy by medical standards, may actually be suffering from other problems including, depression, insomnia, agitation, and eating problems. Many music therapy interventions have been shown effective in managing behaviors associated with the aforementioned conditions. Music paired with relaxation techniques guided and structured by a music therapist have been shown to decrease depression and insomnia with older adults (Clair & Memmott, 2008, p. 104-109). The structure and predictability of music through its rhythm, form, and familiarity have been shown to decrease agitation with older adults while also providing opportunities for singing, instrument playing, or moving to the music (Clair & Memmott, 2008, p. 110-111).

Furthermore, Suzuki (1999) found after nine 45-minute music therapy sessions a significant reduction in negative affect scores and recall of unpleasant memories in eight older adults over the age of 75. Music can even be used to enhance the eating environments in assisted-living facilities by providing a positive mood, focusing attention, and stimulating responses in older adults with cognitive declines. The characteristics of the music including its tempo, rhythm, and dynamics are important in this setting in order to not cause disruption. Furthermore, music in this setting may decrease or stop repetitive motor pacing of older adults in addition to providing verbal prompts (Clair & Memmott, 208, p. 114-116).

Another common targeted goal area for older adults in various settings is pain management. Numerous music therapy interventions and techniques have demonstrated effectiveness in managing pain with this population including music: (a) paired with relaxation techniques (such as progressive muscle, meditative, jaw drop, or guided imagery); (b) as a distraction; (c) for structure and guided listening; (d) to provide stimulation of thoughts, ideas, or memories; (e) to encourage interactions with other people; and (f) as procedural support (Clair & Memmott, 2008, 131-161). In addition to pain management, enhancing physical exercise is a goal commonly addressed with older adults through music therapy.

Physical exercise remains an important aspect throughout the lifespan and should continue into older adulthood. Music can effectively be used to help facilitate and motivate older adults to participate in physical exercise. Research has shown that music can support specific exercise movements, encourage participation, and be a strong motivation for older adults (Clair & Memmott, 2008, p. 176-185). In addition to physical

exercise, music therapy can also be used to address a wide range of goals for older adults in the palliative care setting.

The benefits of music therapy in a palliative care setting are important to consider when studying treatments for older adults, since a majority of patients receiving palliative care are older than 65 (National Hospice and Palliative Care Organization, 2013) . Music therapy can "provide a basis for reminiscence and life review, provide a means for relating to others, offer a distraction from physical pain/discomfort, provide emotional comfort and relief from anxiety, enhance mood, and coping mechanisms/strategies" (Clair & Memmott, 2008, p. 208).

In addition to palliative care, music therapy can be used with rehabilitation goals. Much research has been done involving music therapy and stroke rehabilitation. Clair and Memmott summarize the use of music therapy in this setting, discussing the benefits of music therapy for speech rehabilitation, through singing, and for physical rehabilitation, through instrument playing (Clair & Memmott, 2008, p. 228-239). Confrancesco (1985) observed hand grasp strength and task performance of three stroke patients throughout a three-week music therapy treatment. The music therapy interventions included playing instruments coinciding with physical therapy goals. Cofrancesco noted marked improvement in functioning of both hands' for the three patients. Furthermore, in regards to rehabilitation goals, rhythmic entrainment is a music therapy technique used to improve steadiness of gait in Parkinson's patients (McIntosh, Brown, Rice, & Thaut, 1997).

## Music Therapy and Dementia

As previously discussed, the majority of studies examining music therapy and the older adult population focus on older adults with dementia. Between the years of 1985 and 1996, at least 69 studies were published which addressed music and the dementias (Brotons & Koger, 1997). A review of this literature indicated music therapy to be an effective intervention to maintain and improve active involvement; enhance social, emotional, and cognitive skills; and decrease problem behaviors (Brotons & Koger, 1997). In 1999, Koger, Chapin, and Brotons updated the original review, adding 21 empirical studies. In these more recent studies, music therapy was shown to be effective, but researchers were unable to determine the source of effectiveness. It was unclear whether music therapy was effective due to: (a) type of therapeutic intervention; (b) live or taped music; (c) therapist training; (d) length of treatment; or (e) or a behavioral, cognitive, or social variable (Koger, Chapin, & Brotons, 1999). However, the authors of the two-year compilation did draw the following conclusions: (a) patients diagnosed with a form of dementia can participate in structured music activities even if they are in late stages of the disease; (b) instrument playing and dance/movement tend to be preferred activities; (c) modeling increases participation; (d) individual and small groups are most useful; (e) social/emotional, communication skills, and cognitive skills can be enhanced through music therapy; and (f) music therapy can be an alternative to restraints (pharmacological or physical) (Koger, Chapin, & Brotons, 1999).

One of the studies included in Koger et al.'s (1999) literature review examined music activity preferences of patients with Alzheimer's disease. Twenty female patients attended five or six music therapy sessions. During each session, a new activity was

presented: singing, instruments, dance/movement, games, or composition/improvisation. At the end of each session, time spent actively participating in the activity was document and participants were asked to state how much they enjoyed the activity for the day. The researchers found that time actively spent participating was lower during the composing/improvisation sessions compared to other sessions; however, there was no relationship between verbal preference and time spent in the musical activities. The researchers suggested that either participants enjoyed all activities equally or they were not discriminating at the verbal level (Brotons & Cooper, 1994).

Although the aforementioned study by Brotons and Cooper targeted short-term musical activity preference, other studies have examined the long-term effects of music therapy with dementia. Specifically, Takahashi and Matsushita (2006) looked at the long-term effects of music therapy on older adults with moderate to severe dementia. Twenty-four individuals took part in an hour-long music therapy session weekly for approximately two years, with reminiscing being a primary focus for sessions, while nineteen other individuals did not receive music therapy services. Cortisol levels, blood pressure, and intelligence assessments were administered throughout the study. After two years, researchers found that the music therapy group maintained better physical and mental states than the group that did not receive music therapy. The researchers suggested that music therapy could assist in preventing cardiac and cerebral diseases, especially during singing and instrument playing interventions.

One of the most concerning symptoms of dementia, to caregivers and others, is the inability of some people with dementia to identify the faces of familiar people. Although her study was small, Carruth (1997) found that seven dementia patients were

able to recall staff members' names when presented with a photo after music was added to a spaced retrieval memory task. Dementia patients may also face behavioral challenges including indirect, social, and self-directed behaviors. Pollack and Namazi (1992) provided six individual music therapy sessions for two weeks, structured specifically to the patients' preferred music and functioning levels. Direct verbal, direct nonverbal, and indirect behaviors were measured, showing a 24% increase in social behaviors and a 14% decrease in self-directed behaviors after two weeks of music therapy. Cohen-Mansfield, Marx, and Werner (1992) observed 24 agitated and cognitively-impaired dementia patients throughout their day. For 63% of the day, patient's were not involved in any structured activity, but when they were involved in a structured activity, there were fewer agitated behaviors. Music therapy can serve as one of these structured activities. Groene (1993) found that during music therapy sessions wandering patients remained seated or near the treatment area longer compared to reading sessions. In later stages of dementia, observable decline in many domains are noticeable. Clair and Bernstein (1990b) found that three men who participated in music therapy sessions showed substantial deterioration in late stage dementia, but their participation in music activities remained constant or even improved for some activities.

**Caregivers of People with Dementia**

The impact of Alzheimer's disease is felt by caregivers of people with dementia as well. Brotons (2003) examined music therapy with Alzheimer's patients and their family caregivers. Patients were in the early-to-moderate stages of dementia and music therapy interventions included active music listening, singing, active music making, and movement/dance. After 10 music therapy sessions, caregivers perceived an improvement

in the social and emotional areas of their family members. Statistical tests also showed significant positive differences on the (a) dementia scale (assesses the presence of behavior problems); (b) agitation scale (list of 29 agitation behaviors); (c) burden interview (assesses caregiver's perception on how the caring for the patient interferes with their own physical and emotional well-being); (d) memory and behavior problems (30 items which evaluate the frequency at which cognitive and behavior problems have occurred in the last week); and (e) depression inventory after participating in music therapy.

**Summary**

In summary, the older adult population is increasing in the United States, as is the number of individuals diagnosed with dementia. Physical and cognitive limitations may begin to set in as one ages, which in turn affect the social and emotional well-being of older adults. The social, emotional, and physical well-being of older adults, in addition to cognitive functioning in individuals with dementia become critical components of care for the older adult population. Music therapy is a treatment intervention that research supports as effective in improving social, emotional, physical, and cognitive domain areas. Various music therapy interventions may be used for treatment purposes, some of which include active music making, movement, passive music listening, and relaxation techniques. Another music therapy intervention yet to be discussed is songwriting.

## Music Therapy and Songwriting

### Overview

Early research on songwriting in music therapy practice provided some basic foundations for research. Schmidt's (1983) study provided examples of songwriting exercises and how to best implement songwriting techniques. The examples were broken down into categories including: lyric writing; musical settings and melodic construction; and combining words and music. Within each category examples and ideas for songwriting procedures were provided. Farnan (1987) looked at songwriting from a different perspective, presenting a model for music therapists to use when composing music for use in therapy. Farnan emphasized the importance of the composition being specific to the task and stated that music composition should include target words, a concise format, repetition, and a limited range.

In more recent years, surveys have been conducted in order to examine current uses of therapeutic songwriting in music therapy practice. Baker, Wigram, Scott, and McFerran (2008) conducted a survey of 477 music therapists worldwide to examine the therapists' use of songwriting techniques, the population's with which music therapists are using songwriting, and the reasons why songwriting is being used in a therapeutic setting. Although high levels of songwriting were found in music therapy practice, researchers did not find much published literature on songwriting, suggesting that more research needs to be conducted on songwriting in music therapy practice. Results of the survey by Baker et al. (2008) also indicated that songwriting is most frequently employed in music therapists' practice with individuals who have developmental disabilities (DD) and autism spectrum disorders (ASD), but there was,

likewise, minimal research on songwriting with people who have DD and ASD. While there is limited research examining songwriting interventions and its use in music therapy practice, the goal areas most frequently addressed using songwriting by participants in Baker's et al. (2008) survey were consistent with goal areas commonly addressed using songwriting in the current literature base, and included:

(a) experiencing mastery, develop self-confidence, enhance self-esteem;

(b) choice and decision making;

(c) develop a sense of self;

(d) externalizing thoughts, fantasies, and emotions;

(e) telling the client's story; and

(f) gaining insight or clarifying thoughts and feelings (p. 105).

Additionally, the survey by Baker et al. (2008) indicated that songwriting was used least frequently with dementia and aged-care patients. This finding was consistent with the existing literature base because at the time of Baker's et al. (2008) survey, songwriting use with older adults was only documented in the literature by one author. Baker et al. (2008) also discussed the observation that music therapists in the U.S. and Canada were less likely to use songwriting as frequently as music therapists in Australia and Northern Europe, who typically use songwriting one to two times per week.

Baker, Wigram, Scott, and McFerran (2009) followed up on their earlier study by surveying 419 music therapists, in order to compare existing literature with music therapy practice across diverse populations. Overall, the researchers found that the current literature was consistent with what was occurring in practice, generally, songwriting is used with individual clients in individual sessions with lyrics written prior to the music.

Music therapists have an important role in creating the music by using predetermined structures. Additionally, the survey by Baker et al. (2009) indicated that brainstorming and fill-in-the-blank techniques were the most frequently used. Once again, the researchers found a distinct absence of literature for songwriting with older adults and individuals who have developmental disabilities, or ASD.

**Populations with Whom Music Therapists Implement Songwriting**

While the aforementioned survey by Baker et al. (2009) provided a clear overview of songwriting practices, it did not address specific populations and the use of songwriting. Additional songwriting research has been completed with specific populations, with the dominant portion of the literature having been conducted in the field of psychiatry/mental health (Baker, Wigram, Scott, & McFerran, 2008; Freed, 1987; Lindberg, 1995; Robb, 1996; Silverman, 2013). Research has illustrated prominent treatment approaches in working with psychiatry/mental health patients and facilitating techniques (Freed, 1987; Robb, 1996). For music therapists working with abused adolescents, songwriting was shown to increase clients' self-esteem, assertiveness, decision-making, and expression of feelings (Lindberg, 1995). Furthermore, inpatients in an acute psychiatric setting who participated in songwriting had the highest mean quality of life and depression scores when compared with those who experienced other treatment approaches (psychoeducation or recreational music therapy) (Silverman, 2013). In addition to engaging in songwriting with clients, music therapists have been shown to compose their own songs for use in therapy (Jones, 2006). The results of a survey by Jones (2006) indicated that songs composed for use in music therapy were most likely completed by music therapists working with adolescents/children in schools, and least

likely used in a long-term care/assisted living setting. Furthermore, the majority of the music therapists stated that songwriting was easy but only 37% acquired the skill in their undergraduate program.

**Songwriting Techniques**

Several scholars in the field of music therapy have also provided suggestions for songwriting techniques and new approaches to the intervention (Edgerton, 1990; Schmidt, 1983; Tamplin, 2006). Techniques such as successive approximation, providing choices, using visuals, and using pre-existing structures, melodies and rhythms have all been suggested for using songwriting as a therapeutic procedure (Schmidt, 1983). Results of another study by Edgerton (1990) suggested a successful process for group songwriting that increased self-expression, development of group cohesiveness, and self-esteem in emotionally impaired adolescents. Edgerton's approach consisted of: (a) lyric analysis and interpretation of a popular song; (b) music analysis of the chosen popular song; (c) theme and style selection for composed song; (d) lyric writing; (e) music composition; and (f) culmination (Edgerton, 1990). Tamplin (2006) suggested a new approach to songwriting called the Song Collage Technique. In contrast to original songwriting, the Song Collage Technique involves collation of lyrical fragments from pre-existing songs, followed by grouping the lyrics based on thematic ideas in order to have a music creation. Tamplin suggested the Song Collage Technique could be key for clients who have difficulty articulating feelings or fear of emotional expression, cognitive difficulties, or time restrictions for sessions.

### Factors Effecting Songwriting

Many outside factors have also been shown to impact the songwriting process. Outside factors may be environmental, sociocultural, or group-related. Baker (2013, 2014) interviewed 45 music therapists with expertise in songwriting to analyze how outside factors supported or constrained the therapeutic songwriting process. Baker (2013) found that organizational structures, the physical space, the private space, and organizational culture impacted the songwriting environment. Baker (2014) also found that sociocultural factors impacting the therapeutic songwriting practice included: (a) music roles in diverse groups, (b) the music therapist's knowledge and skills of multicultural music, (c) cultural diversity of group members, (d) language barriers, (e) social diversity in the therapeutic relationship, (f) religious beliefs, and (g) gender/generational issues. In regard to group factors, music therapists perceived that group size, group cohesion, group conflicts, and group composition impact the therapeutic songwriting process (Baker, 2013). These outside factors are important to consider when songwriting with any individual or group.

## Therapeutic Songwriting with Older Adults

Only a handful of studies have specifically examined therapeutic songwriting with the older adult population; many studies only mentioned the lack of research on songwriting with older adults and a mere two quantitative studies examined the use of songwriting interventions with older adults. Furthermore, the majority of the literature has focused on people with dementia and not "healthy" older adults. Brotons and Cooper's (1994) study indicated that there was no relationship between verbal preference and time spent in a music activity for patients with Alzheimer's disease when presented

with singing, instruments, dance/movement, games, and composition/improvisation in separate sessions. The composition/improvisation session in the study by Brotons and Cooper involved asking participants to play their name on instruments, make up a melody on tone bars, and play emotions on a drum. Several surveys indicated that songwriting is used least frequently with the older adult population, relative to other populations with whom music therapists work (Baker, Wigram, Scott & McFerran, 2008, 2009; Jones, 2006). Music therapists frequently opt to use the client's familiar music rather than songwriting with the older adult population (Jones, 2006). Music therapists who have reported using songwriting with the older adult population indicated that (a) songs were normally created in a single session, (b) the therapist often offered choices for the client to accept or reject, (c) song parody and fill-in-the-blank were the most frequently endorsed methods for lyrics, (d) songs were predominately limited to pre-composed melodies or structures, and (e) compositions were only occasionally recorded and/or performed (Baker, Wigram, Scott, & McFerran, 2009).

Both the study by Baker et al. (2009) and the study by Jones (2006) specifically focused on songwriting with older adults and studied the use of the intervention on older adults with dementia. Furthermore, both studies found significant positive results. During a review of the literature, the only early study examining songwriting with older adults that could be found was published in 1995. Silber and Hes (1995) found that when using songwriting with patients diagnosed with Alzheimer's disease, patients were able to write songs when assisted by appropriate stimuli and provided encouragement. In addition, the researchers found that songwriting provided pleasure, improved group cohesion, and allowed for social interaction. Silber and Hes (1995) also made an

important statement about the function of songwriting with this population: “although cognitive functions in patients with Alzheimer’s disease are impaired, the capacity to express feelings in one way or another remains. Based on free expression and creativity, songwriting is a non-threatening activity that gives these patients the opportunity to counteract some of the negative aspects of the disease emotionally, socially, and cognitively” (p. 31). For many years, no studies were completed to further examine the results of this study.

In 2011, Hong and Choi examined the use of songwriting to improve the cognitive functions of the aged with dementia. For 16 weeks, 15 patients participated in a weekly 60-minute music therapy session using the songwriting intervention. Another 15 patients were in a control group and did not receive music therapy services. The patients in the music therapy group showed a significant increase in cognitive functioning scores (measured by the Mini Mental State Examination-Korean version or MMSE-K), specifically in language function, orientation, and memory. In addition, the control group actually showed a statistically significant 5.8% decrease in MMSE-K scores.

Two studies showed significant improvements in cognitive, social, and emotional domains of older adults when the songwriting intervention is used. Music therapists reported using songwriting with the older adult population, but the use of songwriting with older adults is less frequent compared to other populations (Baker et. al, 2008). The literature base reflects this idea. It is unclear why there is such a lack of research, since the goals that music therapists frequently use songwriting to address directly coincide with major goal areas for the older adult population:

(a) experiencing mastery, develop self-confidence, enhance self-esteem;

(b) choice and decision making;

(c) develop a sense of self;

(d) externalizing thoughts, fantasies, and emotions;

(e) telling the client's story; and

(f) gaining insight or clarifying thoughts and feelings.

Recent research has indicated that songwriting can positively affect cognitive processes in addition to the listed goal areas above. A gap in the literature exists and this study aims to fill that gap in order to provide a base for future research to be conducted on this topic. By understanding current music therapy practices with older adults and how those relate to songwriting practices, future studies can be conducted to gain concrete data for evidence-based practice. Furthermore, the present study explores music therapists' opinions regarding the effectiveness of songwriting with older adults and associated comfort levels. As previously stated, the following research questions were studied:

1. What are the current music therapy practices used by music therapists with the older adult population? Specifically, are there common/frequent goal areas or interventions being addressed/used?
2. Are music therapists using songwriting interventions when working with older adults, and if so:
    (a) for what type of sessions;
    (b) how often; and
    (c) for what goal areas?
3. Do music therapists believe songwriting is an effective intervention when working with older adults?

4. Are music therapists comfortable using songwriting interventions with older adults and have they been taught songwriting techniques/strategies?
5. Is there a relationship between participant demographics and (a) how often participants use songwriting with older adults; (b) comfort level using songwriting techniques, (c) and perceived effectiveness of songwriting with the older adult population?

# CHAPTER THREE

# METHODOLOGY

The study was submitted to the Institutional Review Board (IRB) of the University of Kentucky for exemption certification as the study posed no more than minimal risk, collected no identifying information, and was in survey format. Prior to conducting this study, an exemption from approval was received from the IRB (Appendix C). This study was determined to be exempt because the participants could not be identified directly or through identifiers after taking the survey.

## Participants

A non-randomized, convenience sample of board-certified music therapists were asked to participate in this study ($N$ = 515). The sample comprised the entire population of board-certified music therapists who opted to receive emails through the Certification Board for Music Therapists (CBMT) and worked with the older adult population (65+). A total of 118 board-certified music therapists completed the online survey and no participants were excluded from data analysis.

## Instrumentation

The researcher created a 40-question survey tool for this study, which consisted of four different sections: (a) demographic information; (b) music therapy background/current work; (c) music therapy practices with older adults; and (d) music therapy songwriting practices with older adults. The survey was designed to collect data in order to better understand music therapy songwriting practices with the older adult

population. Further explanation of the survey instrument used in this study is discussed below. The full survey instrument can be found in Appendix B.

**Demographic Information**

The survey began by collecting general information in a three-question multiple-choice format. The questions and response choices for these questions were based on the American Music Therapy Association 2014 Workforce Analysis (AMTA Workforce Analysis, 2014), which is a survey of all members of the American Music Therapy Association. Demographic information collected for this study included: sex, age, and ethnicity.

**Music Therapy Background/Current Work**

This section was used to assess each participant's professional music therapy background in a five-question, multiple-choice format. As with the demographic questionnaire section, questions and response choices were based on the American Music Therapy Association 2014 Workforce Analysis (AMTA Workforce Analysis, 2014). Questions included: highest level of education, primary orientation, affiliated region, years of experience as a music therapy professional, and hours worked per week in a music therapy setting.

**Music Therapy Practices With Older Adults**

This section was used to collect data on the current music therapy practices being used with the older adult population, including targeted goal areas, common treatment interventions, and session format. Furthermore, this section collected participant data regarding years spent working with the older adult population in a music therapy setting,

number and type of sessions, and primary work setting. This section included a total of 11 questions in check-box, multiple-choice, and short-answer format.

### Music Therapy Songwriting Practices With Older Adults

The final survey section was used to assess the current music therapy songwriting practices being used with the older adult population, including targeted goal areas, types of songwriting interventions, and session formats. This section also collected participant data and opinions regarding songwriting practices with older adults. Questions inquired whether or not participants used songwriting in practice, whether participants believed songwriting to be effective with older adults, the degree of training participants had received in songwriting, and participant comfort levels when using songwriting interventions. This section included a total of 20 questions in check-box, multiple-choice, and short-answer format.

## Procedure

The principal investigator obtained e-mail addresses from CBMT for all board-certified music therapists who had opted to receive emails through CBMT and worked with the older adult population ($N$ = 515). A cover letter was included in the email text that explained the nature of the survey, the instructions for survey participation, and terms of consent. Participants completed the four sections of the survey and were allowed to skip questions. Survey submission indicated consent for this study. Upon closure of the survey tool, there were a total of 118 submitted surveys. Incomplete surveys were not excluded. Of the surveys submitted, 89 were complete and 29 were incomplete.

The REDCap survey tool was published online for a period of five weeks after the initial e-mail was sent to potential participants. Three weeks after the initial e-mail, the principal investigator sent a reminder e-mail to all potential participants, thanking those who had participated and reminding others that the survey would close after two more weeks. After the end of the five week period the survey was closed and no further responses were accepted into the database. All surveys were submitted through REDCap in a non-identifying format. Data were compiled through the REDCap survey software.

## Data Analysis

Data collected were analyzed using descriptive statistics. A Spearman's rank order correlation was conducted as well, with alpha levels set to $p < .05$. Spearman's rank order correlations were used to examine relationships between participant age, years of music therapy experience, number of hours worked per week in a music therapy setting, how often the participant used songwriting, participant's comfort level using songwriting, and how effective the participant believed songwriting was for use with the older adult population. The correlations were conducted in order to determine whether a significant relationship existed between any of the selected music therapist demographics (age, years of music therapy experience, number of hours worked) and perceived songwriting effectiveness with older adults, frequency of songwriting use with older adults, and comfort levels using songwriting techniques.

# CHAPTER FOUR

# RESULTS

In this study, music therapy songwriting practices of board-certified music therapists were examined. Descriptive statistics were computed for all variables in the survey tool. The survey was sent out to 515 board certified music therapists. After the five week response period ended, a total of $N = 118$ individuals participated and submitted a survey, for a 23% response rate.

## Demographic Information

As previously mentioned, 118 participated in the online survey through REDCap. As described in the informed consent letter, participants were allowed to skip any questions. For this reason, some participants did not answer every question. Results are based off of the total number of participants for each question individually.

Of the survey participants 94% were female ($n = 109$), 6% were male ($n = 7$), and two participants did not indicate a gender. Participants ranged from 21-64+ years ($N = 113$), and five individuals did not provide an age range. The largest number of participants were between the ages of 25-29, accounting for 22.1% of responses. The majority of participants (57.5%) were under age 40. See Table 1 for age composition in this study.

Table 1

*Ages of Participants (N = 113)*

| **Age Range** | ***n* (%)** |
|---|---|
| 21-24 years | 4 (3.5%) |
| 25-29 years | 25 (22.1%) |
| 30-34 years | 22 (19.5%) |
| 35-40 years | 14 (12.4%) |
| 41-44 years | 9 (8.0%) |
| 45-49 years | 7 (6.2%) |
| 50-54 years | 9 (8.0%) |
| 55-59 years | 12 (10.6%) |
| 60-63 years | 5 (4.4%) |
| 64+ years | 6 (5.3%) |

The majority of participants (*N* = 115) were Caucasian/White (*n* = 107, 93%) with the remaining participants defining themselves as Asian/Asian American (*n* = 3, 2.6%), Hispanic/Latino (*n* = 4, 3.5%), or other, including Russian (*n* = 1, 0.9%). Over half of participants (*N* = 116) reported that a Bachelor's degree was the highest degree they held (*n* = 64, 55.2%), while the rest of participants held either a Master's degree (*n* = 49, 42.2%) or a Doctoral degree (*n* = 3, 2.6%).

In terms of primary therapy orientation, the most frequently selected responses were cognitive behavioral and eclectic, each of which received 42 responses (38.9%). No participants selected Orff, Dalcroze, or Kodaly as their primary therapy orientation. See Table 2 for the primary therapy orientation breakdown of participants in this study.

Table 2

*Primary Orientation of Participants (N = 108)*

| **Orientation** | ***n* (%)** |
|---|---|
| Psychodynamic | 9 (8.3%) |
| Cognitive-Behavioral | 42 (38.9%) |
| Nordoff-Robbins | 3 (2.8%) |
| Neurologic | 6 (5.6%) |
| Eclectic | 42 (38.9%) |
| NMT | 6 (5.6%) |
| Orff | 0 (0.0%) |
| Dalcroze | 0 (0.0%) |
| Kodaly | 0 (0.0%) |

Regional AMTA affiliations are defined by the American Music Therapy Association (AMTA, 2015). An equal number of participants reported being from the Great Lakes region ($n$ = 29, 25%) and the Mid-Atlantic region ($n$ = 29, 25%). A full breakdown of participants' ($N$ = 116) affiliated regions are found in Table 3 below.

Table 3

*Affiliated Region of Participants (N = 116)*

| **Affiliated Region** | ***n* (%)** |
|---|---|
| Great Lakes | 29 (25.0%) |
| Mid-Atlantic | 29 (25.0%) |
| Midwestern | 17 (14.7%) |
| New England | 8 (6.9%) |
| Southeastern | 10 (8.6%) |
| Southwestern | 4 (3.4%) |
| Western | 19 (16.4%) |

A total of 39 (34.5% of 113) participants reported working full-time (34-40 hours per week) in a music therapy setting. See Table 4 for full breakdown of hours worked per week in a music therapy setting.

Table 4

*Hours Worked per Week in a Music Therapy Setting (N = 113)*

| **Hours Worked per Week** | ***n* (%)** |
|---|---|
| 1-9 | 21 (18.6%) |
| 10-19 | 17 (15.0%) |
| 20-29 | 15 (13.3%) |
| 30-33 | 12 (10.6%) |
| 34-40 | 39 (34.5%) |
| 41+ | 9 (8.0%) |

Of the participants who listed the number of years they had of music therapy experience ($N$ = 114), 32.5% had 1-5 years of experience while the fewest number of participants had less than one year of experience ($n$ = 2, 1.8%). See Table 5 for the breakdown of years of music therapy experience.

Table 5

*Years of Music Therapy Experience (N = 114)*

| **Years of Experience** | ***n* (%)** |
|---|---|
| <1 | 2 (1.8% |
| 1-5 | 37 (32.5%) |
| 6-10 | 21 (18.4%) |
| 11-15 | 20 (17.5%) |
| 16-20 | 11 (9.6%) |
| 21+ | 23 (20.2%) |

Nearly half of participants had practiced music therapy with older adults for over ten years ($n$ = 53, 49.5%). The fewest number of participants had practiced music therapy with older adults for less than one year ($n$ = 3, 2.8%). See Table 6 for a breakdown of the number of years participants reported they had practiced music therapy with older adults ($N$ = 107).

Table 6

*Number of Years Participants Practiced Music Therapy with Older Adults (N = 107)*

| **Number of Years** | ***n* (%)** |
|---|---|
| <1 | 3 (2.8%) |
| 1-2 | 15 (14.0%) |
| 3-4 | 14 (13.1%) |
| 5-6 | 11 (10.3%) |
| 7-9 | 11 (10.3%) |
| 10+ | 53 (49.5%) |

**Research Question 1**

*What are the current music therapy practices music therapists are using with the older adult population? Are there common/frequent goal areas or interventions being used/addressed?*

The majority of participants indicated that they spent ten or more hours per week practicing music therapy with the older adult population ($n$ = 60, 56.1%). The full breakdown of hours spent per week practicing music therapy with older adults can be seen in Figure 1 ($N$ = 107).

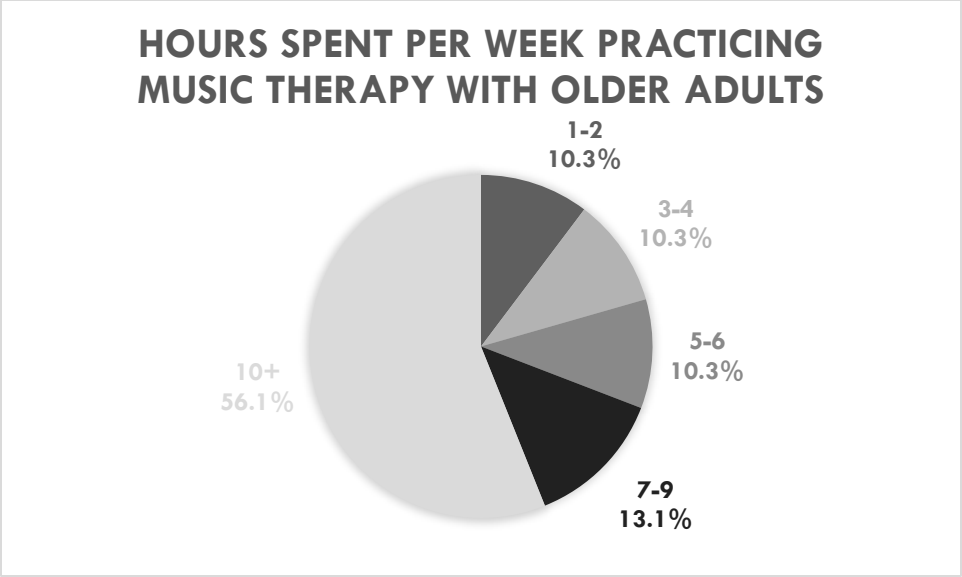


*Figure 1.* Hours Spent per Week Practicing Music Therapy with Older Adults

Participants indicated how many weekly music therapy sessions they led for individuals, groups, family with an older adult present, and inter-generational sessions. Participants indicated that individual (85.3%) and group (86.7%) sessions are led more frequently than family (39.6%) and intergenerational sessions (28.7%). Furthermore, the number of weekly sessions typically falls between 0-5 sessions for all session types. The range and frequency of responses are listed in Figure 2.

| | Individual (*N* = 102) | | Group (*N* = 105) | | Family with Older Adult Present (*N* = 101) | | Inter-generational (*N* = 101) | |
|---|---|---|---|---|---|---|---|---|
| **Frequency (sessions)** | *n* | % | *n* | % | *n* | % | *n* | % |
| 0 | 15 | 14.7 | 14 | 13.3 | 61 | 60.4 | 72 | 71.3 |
| .5-5 | 47 | 46.1 | 51 | 48.6 | 40 | 39.6 | 28 | 27.7 |
| 6-10 | 18 | 17.7 | 28 | 26.7 | 0 | 0.0 | 1 | 1.0 |
| 11-15 | 13 | 12.7 | 7 | 6.7 | 0 | 0.0 | 0 | 0.0 |
| 16-20 | 5 | 4.9 | 5 | 4.7 | 0 | 0.0 | 0 | 0.0 |
| 20+ | 4 | 3.9 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| **Range (sessions)** | 0-40 | | 0-18 | | 0-5 | | 0-6.5 | |

| | | |
|---|---|---|
| **50%-100%** | **20%-49%** | **<19%** |

*Figure 2.* Range and Frequency of Weekly Music Therapy Sessions with Older Adults

The majority of participants provide music therapy services in a skilled nursing/rehab facility (*n* = 70, 65.4%) and many participants also listed skilled nursing/rehab as their primary work setting (*n* = 40, 37.7%). Assisted living (*n* = 52, 48.6%) and hospice (*n* = 41, 38.3%) facilities were the next most frequent work setting and as a primary work setting, with 14.2% listing assisted living (*n* = 15) and 20.8% listing hospice (*n* = 22). Reponses for work setting and primary work setting can be found in Table 7.

Table 7

*Music Therapy Work Setting and Primary Work Setting*

| **Work Setting** | ***n* (%) of responses listing as a work setting (*N* = 107)** | | **Number of responses listing as their primary work setting (*N* = 106)** | |
|---|---|---|---|---|
| | ***n*** | **%** | ***n*** | **%** |
| Adult Day Care | 24 | 22.4 | 5 | 4.7 |
| Assisted Living | 52 | 48.6 | 15 | 14.2 |
| Skilled Nursing/Rehab | 70 | 65.4 | 40 | 37.7 |
| Hospice | 41 | 38.3 | 22 | 20.8 |
| Hospital | 13 | 12.1 | 6 | 5.7 |
| Private Practice | 29 | 27.1 | 10 | 9.4 |
| In-home services | 20 | 18.7 | 0 | 0 |
| Respite/Community Organization | 6 | 5.6 | 2 | 1.9 |
| Other | 11 | 10.3 | 6 | 5.7 |

*Note.* The responses for "other" included: college clinic, support group, memory care, independent living senior residence, outpatient clinic, geri-psych independent living, long term care facilities, CCRC, children with special needs, association management, school, memory care, and geri-psych hospital.

Participants indicated the specific goal areas they worked on with older adults in music therapy sessions. The survey broke goal areas into five categories: speech, communication, physical/motor, social/emotional, and cognitive. The fewest number of participants indicated they worked on speech goals ($N$ =78) compared to all other goal areas: communication ($N$ = 102), physical/motor ($N$ = 101), social/emotional ($N$ = 104), and cognitive ($N$ = 104). Of participants who work on speech goals, more than half ($n$ = 44, 56.4%) focus specifically on speech intelligibility. Reponses for "other" speech goals included: breath support/control, fluency, any form of communication, social connection, initiation, the stimulation of automatic speech, not a typical goal, various aphasia goals, voice, respiration, and palliative care. See Figure 3 for speech goals.

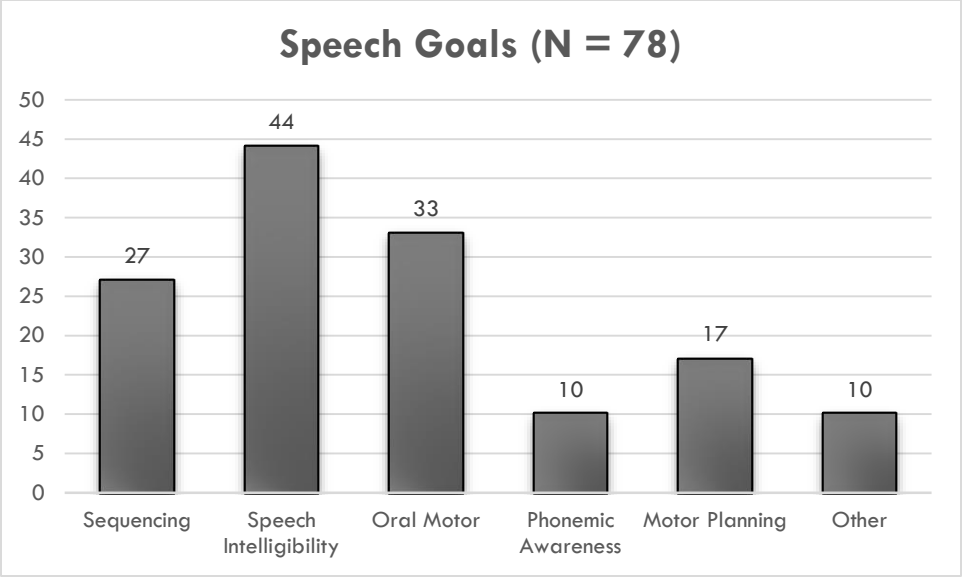


*Figure 3.* Speech Goals Music Therapists Work on with Older Adults

Participants who work on communication goals indicated a focus on answering questions (*n* = 82, 80.4%), expressive skills (*n* = 92, 90.2%), and choice making (*n* = 86, 84.3%). "Other" responses included: life review and communicating needs. See Figure 4.

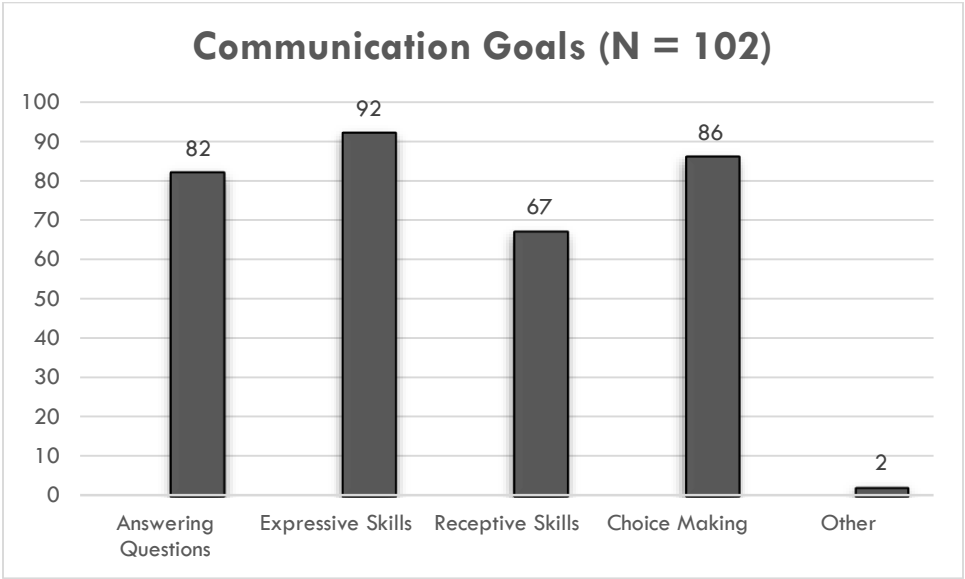


*Figure 4.* Communication Goals Music Therapists Work on with Older Adults

Participants indicated that when working on physical/motor goals, gross motor (n = 70, 69.3%), range of motion (n = 67, 66.3%), functional skills (*n* = 58, 57.4%), and fine motor (n = 55, 54.5%) were worked on most frequently. See Figure 5.

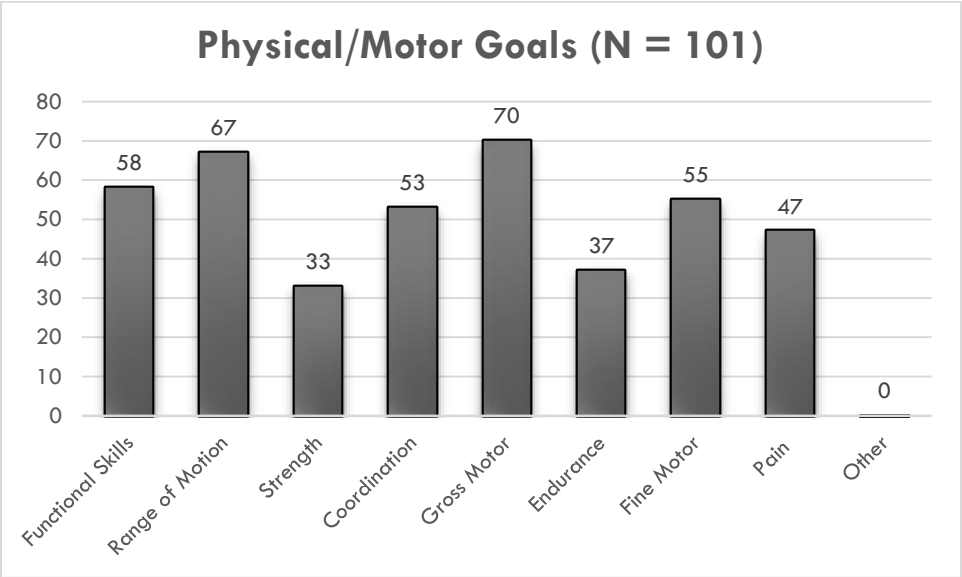


*Figure 5.* Physical/Motor Goals Music Therapists Work on with Older Adults

Participants indicating social/emotional as a goal area in their music therapy practice worked on specific objectives fairly equally as seen in Figure 6. Bonding (family/caregivers) was worked on least frequently, but was indicated by over half of participants working on social/emotional goals (*n* = 55, 52.9%). Quality of life was selected by almost all participants (*n* = 103, 99%). "Other" responses included: teamwork, participating/interacting with peers, behavior, insight, existential reflection, reconciliation, life review/legacy, spirituality/spiritual support, and emotional expression.

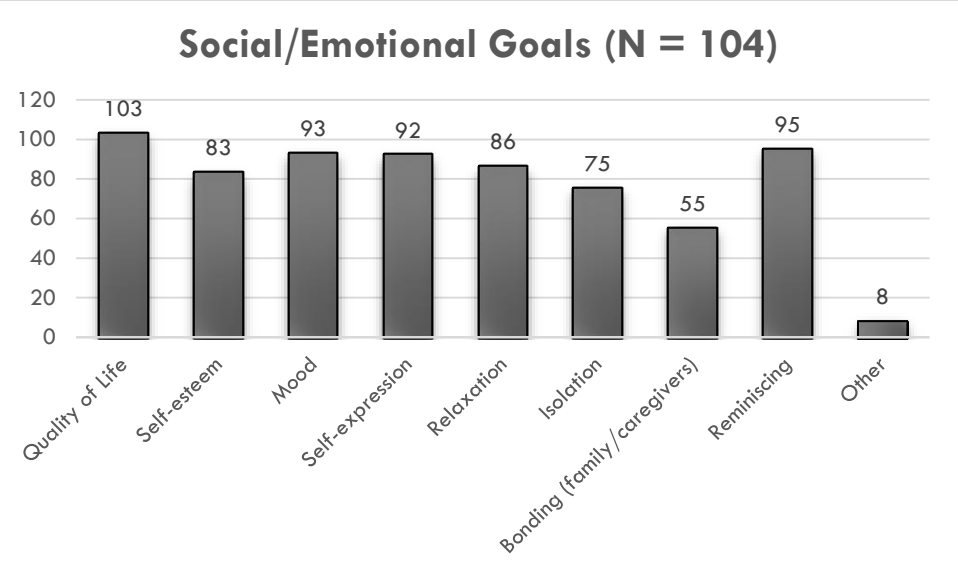


*Figure 6.* Social/Emotional Goals Music Therapists Work on with Older Adults

Participants working on cognitive goals most frequently focused on reminiscing (*n* = 96, 92.3%), active engagement (n = 95, 91.3%), and memory care (*n* = 84, 80.8%). The "other" response listed was: reality orientation vs. resident-focused reality based on cognitive functioning level of the individual(s). See Figure 7.

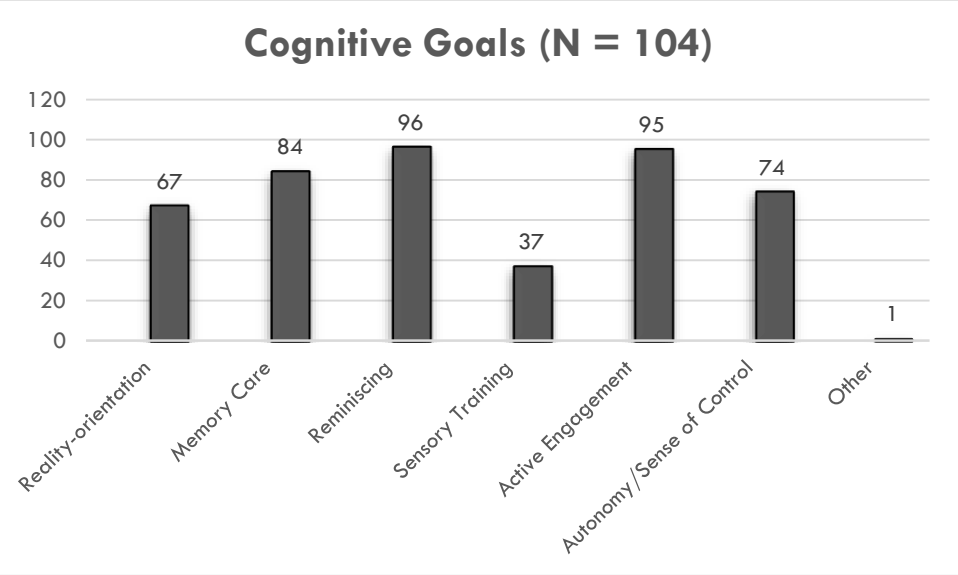


*Figure 7.* Cognitive Goals Music Therapists Work on with Older Adults

Participants (*N* = 104) also indicated that social/emotional goals were worked on more (*n* = 74, 71.2%) than any other goal area. Speech goals (*n* = 0, 0%), communication goals (*n* = 3, 2.9%), cognitive goals (*n* = 9, 8.7%), and working on all goals equally (*n* = 15, 14.4%) were worked on much less than social/emotional goals.

In response to the question regarding interventions used with the older adult population, 100% of participants selected singing (*n* = 104), followed closely by active music making/instrument playing (*n* = 101, 97.1%) and music-assisted movement (n = 88, 84.6%). Over half of participants also indicated that singing was the intervention they used most often (*n* = 56, 53.8%). See Table 8.

Table 8

*Interventions Used When Working with Older Adults*

| **Intervention** | **Number of responses listing as an intervention (*N* = 104)** | | **Number of responses listing as the intervention used most often (*N* = 104)** | |
|---|---|---|---|---|
| | ***n*** | **%** | ***n*** | **%** |
| Active music making/instrument playing | 101 | 97.1 | 27 | 26.0 |
| Music listening | 84 | 80.8 | 10 | 9.6 |
| Singing | 104 | 100 | 56 | 53.8 |
| Music-assisted movement | 88 | 84.6 | 5 | 4.8 |
| Songwriting | 75 | 72.1 | 0 | 0.0 |
| Lyric Analysis | 44 | 42.3 | 1 | 1.0 |
| Improvisation | 65 | 62.5 | 1 | 1.0 |
| Counseling | 33 | 31.7 | 0 | 0.0 |
| Music-assisted relaxation | 70 | 67.3 | 2 | 1.9 |
| Other | 7 | 6.7 | 2 | 1.9 |

Note: Other responses included: cognitive recall; lyric substitution; melodic intonation therapy; cognitive music games/trivia; memory/focuses exercises; interactive singing and instrument playing (focusing on social interaction); and music legacy projects. The two who marked "other" as their primary intervention indicated: "too difficult to discriminate" and ventilator support/weaning trials.

**Research Question 2**

*Are music therapists using songwriting interventions when working with older adults and, if so:*

*(a) For what type of sessions;*

*(b) how often; and*

*(c) for what goal areas?*

The majority of participants (*N* = 102, 93.1%) stated that they have used songwriting in older adult sessions. More participants (*N* = 95) use songwriting in group sessions (*n* = 73, 76.8%) compared to individual sessions (*n* = 64, 67.4%), family sessions (*n* = 20, 21.1%), or inter-generational sessions (*n* = 11, 11.6%). Furthermore, well over half of participants (*N* = 96) indicated that they use songwriting most frequently in group sessions (*n* = 63, 65.6%) compared to individual sessions (*n* = 32, 33.3%), family sessions (*n* = 1, 1%), and inter-generational sessions (*n* = 0, 0%).

When using songwriting in older adult sessions, the majority of participants indicated they used songwriting "sometimes" (*N* = 100, 44%). See Figure 8.

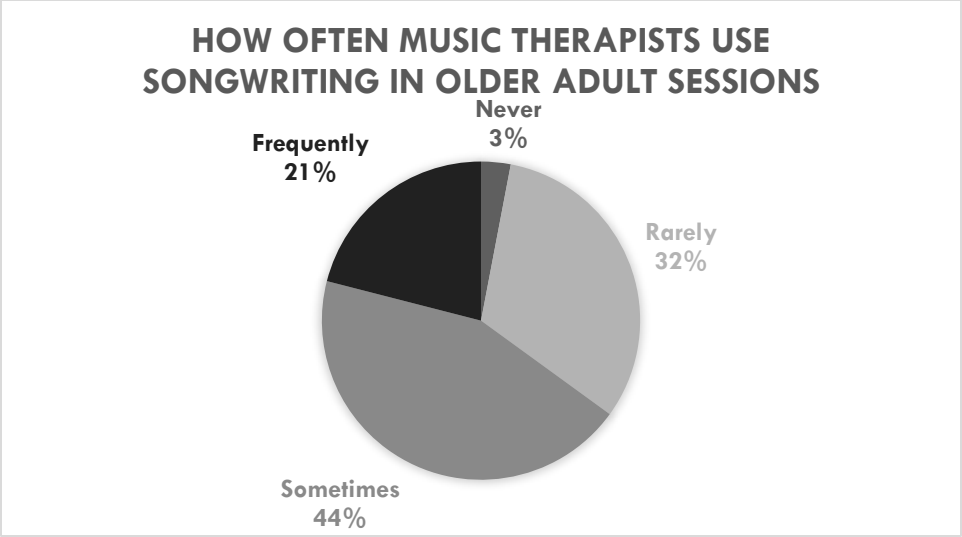


*Figure 8.* How Often Music Therapists Use Songwriting in Older Adult Sessions

For those participants who indicated they rarely or never use songwriting in older adult sessions, 39 provided written explanations. These descriptions could be categorized into five major themes: (1) session constraints (time, facility, group size); (2) patient capabilities (cognitive and communication); (3) music therapist comfort level/knowledge; (4) patient/family preference; and (5) targeted goal areas. Nearly half of these respondents ($n$ = 18, 46.2%) made a statement regarding the perception that since their clients have low cognitive or communication abilities, songwriting would not be effective for their sessions. The next most frequent responses referred to session restraints, such as not having enough time, the size/environment of the facility not being conducive, and having too large of a group with different functioning levels ($n$ = 8, 20.5%). An equal number of respondents commented on not feeling comfortable or having enough knowledge to use songwriting ($n$ = 5, 12.8%) and that songwriting could not target their goal areas ($n$ = 5, 12.8%). The smallest number of respondents commented on their patients or patients' families wanting a different intervention ($n$ =3, 7.6%).

For those participants who indicated they often use songwriting in older adult sessions, 37 provided written explanations. These descriptions can be also be categorized into five major themes: (1) promote social/emotional goals (self-expression, self-esteem, engagement, group cohesiveness, reminiscing); (2) promote creativity; (3) provide success/sense of achievement/satisfaction; (4) promote cognitive/communication goals (speech, communication, executive functioning); and (5) provide a legacy gift. The majority of respondents commented on multiple themes in their responses. The largest number of descriptions mentioned songwriting promoting social/emotional goals ($n$ = 28, 75.7%). The next most frequent description centered around improving/maintaining/assessing cognitive and communication goals ($n$ = 10, 27%). Of the 37 respondents who provided written responses to this question, 18.9% mentioned using songwriting as a gift or to leave a legacy ($n$ = 7). An equal number of responses mentioned creativity ($n$ = 5, 13.5%) and success within a session ($n$ = 5, 13.5%).

When asked about goal areas targeted when using songwriting, the majority of participants selected areas listed under the social/emotional ($N$ = 90), communication ($N$ = 82) and cognitive ($N$ = 79) domains. Few participants selected specific goal areas in the domains of physical/motor ($N$ = 22) and speech ($N$ = 46).

Over half of the participants who selected goal areas under speech focused on sequencing ($n$ = 24, 52.2%). See Figure 9.

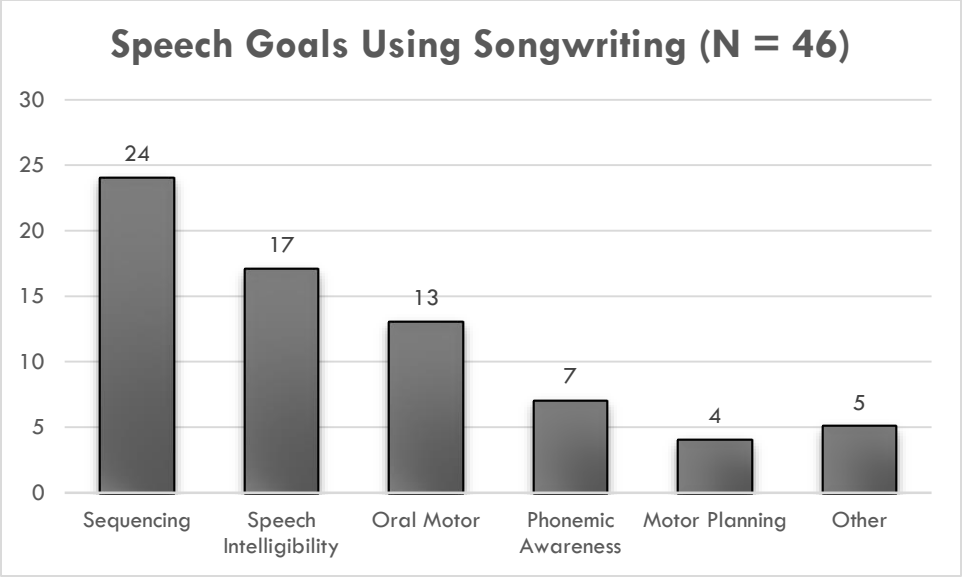


*Figure 9.* Speech Goals Using Songwriting Inventions with Older Adults

When using songwriting interventions for communication goals, nearly all participants used songwriting for expressive skills (*n* = 81, 98.8%). See Figure 10.

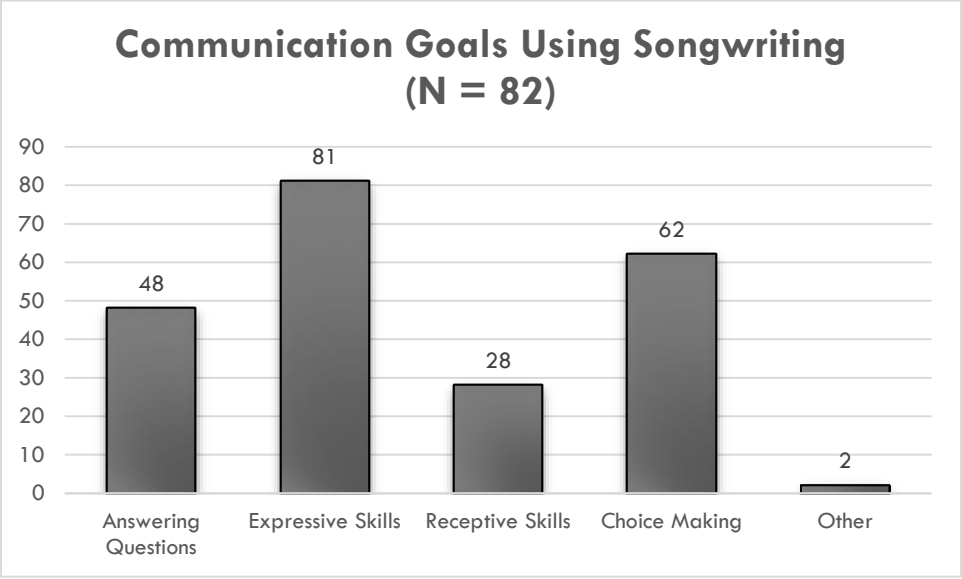


*Figure 10.* Communication Goals Using Songwriting Interventions with Older Adults

About half of participants using songwriting for physical/motor goals stated that they are using the intervention for pain (*n* = 11, 50%) and functional skills (*n* =12, 54.5%). See Figure 11.

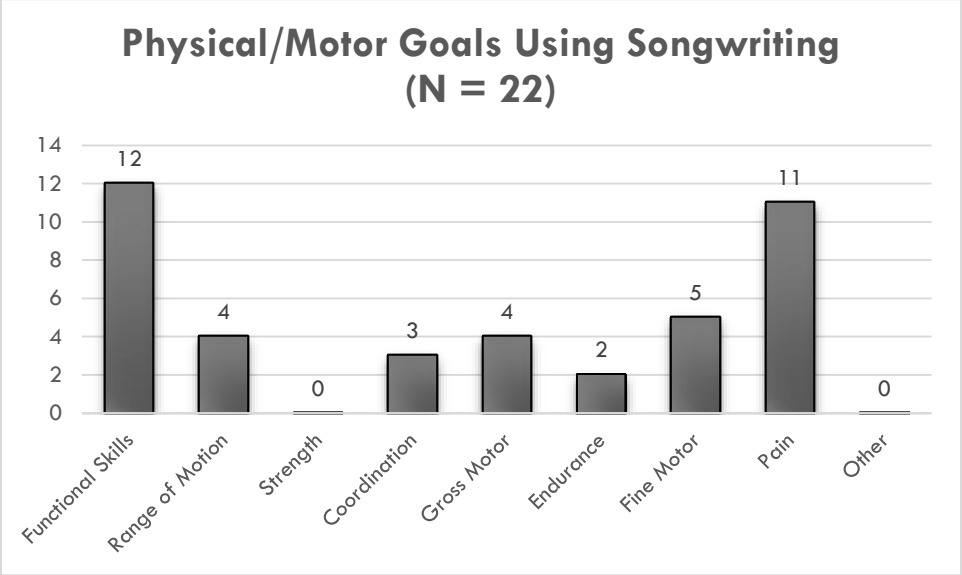


*Figure 11.* Physical/Motor Goals Using Songwriting Interventions with Older Adults

Under social/emotional goals, self-expression was targeted by 97.8% of responding participants (*n* = 88). See Figure 12.

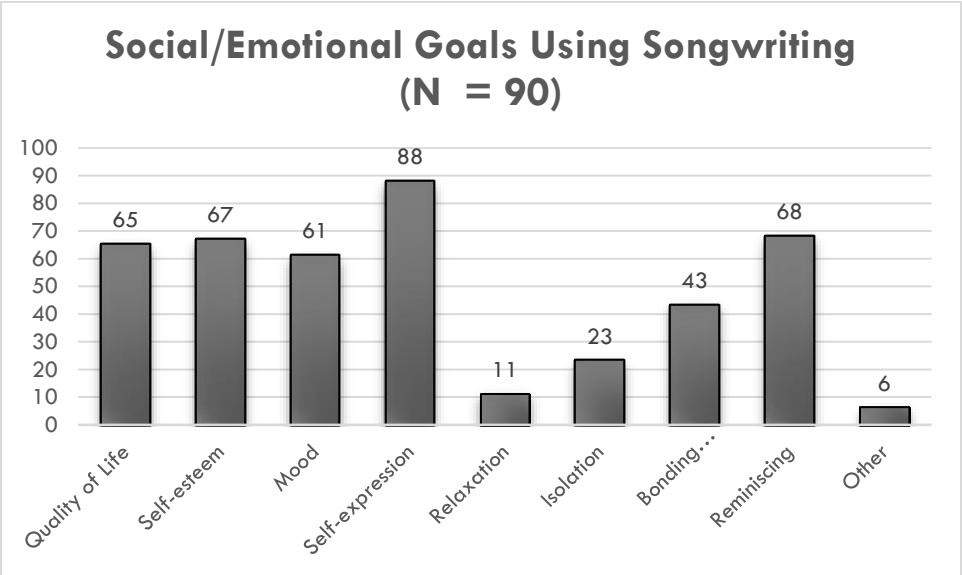

*Figure 12.* Social/Emotional Goals Using Songwriting Interventions with Older Adults

Of the participants working on cognitive goals with songwriting interventions, the majority of participants indicated those goals were primarily reminiscing (*n* = 65, 82.3%) or active engagement (*n* = 67, 84.8%). See Figure 13.

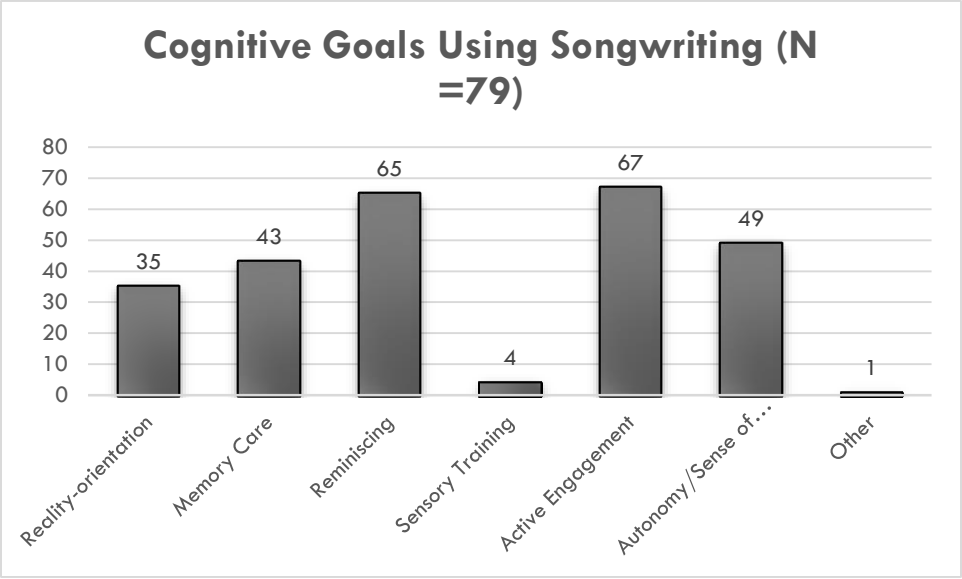


*Figure 13.* Cognitive Goals Using Songwriting Interventions with Older Adults

Social/Emotional goals were identified to be worked on most frequently using songwriting interventions (*N* = 91, 76.9%) compared to the other four goal areas. See Figure 14.

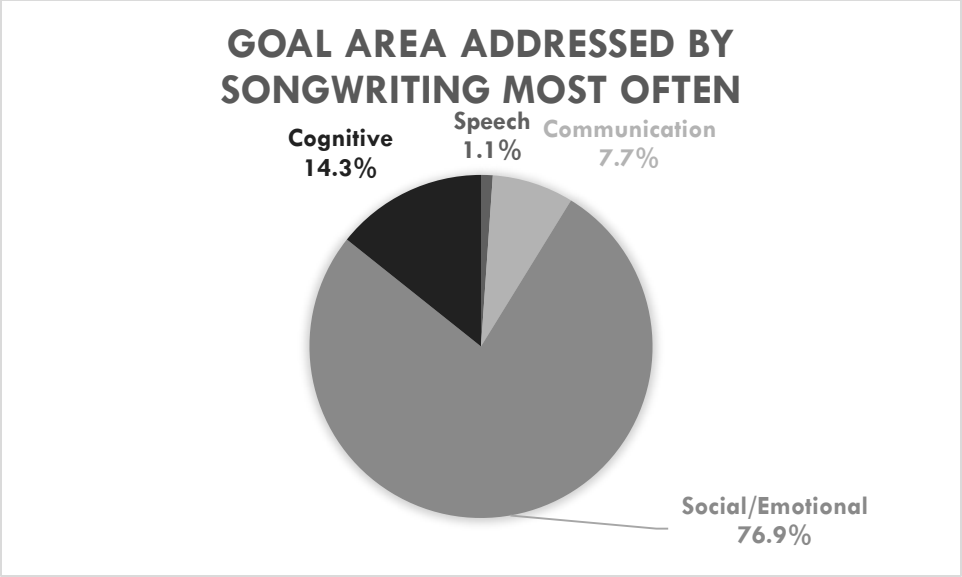


*Figure 14.* Goal Area Addressed by Songwriting Most Often in Older Adult Sessions

Participants' responses for goal areas they believe songwriting addresses most effectively and least effectively are displayed in Figure 15. Participants identified self-expression (*n* = 90, 97.8%) and expressive skills (*n* = 71, 91%) to be the most effective goal areas for songwriting with older adults while relaxation (*n* = 24, 80%) and sensory training (*n* = 36, 80%) were identified to be the least effective. Goals listed in the social/emotional, cognitive, and communication domains had the greatest percentages of participants who believed songwriting was effective in these areas; while the speech and physical/motor domains had the greatest percentages of participants who believed songwriting was least effective in these areas.

| | Most Effective | | Least Effective | |
|---|---|---|---|---|
| | ***n*** | **%** | ***n*** | **%** |
| **Social/Emotional** | | | | |
| Self-expression | 90 | 97.8 | 0 | 0.0 |
| Quality of Life | 61 | 66.3 | 0 | 0.0 |
| Self-esteem | 61 | 66.3 | 0 | 0.0 |
| Reminiscing | 60 | 65.2 | 1 | 3.3 |
| Mood | 47 | 51.1 | 1 | 3.3 |
| Bonding (family/caregivers) | 43 | 46.7 | 1 | 3.3 |
| Isolation | 18 | 19.6 | 5 | 16.7 |
| Relaxation | 8 | 8.7 | 24 | 80.0 |
| Other | 3 | 3.3 | 0 | 0.0 |
| **Cognitive** | | | | |
| Active engagement | 64 | 76.2 | 1 | 2.2 |
| Reminiscing | 57 | 67.9 | 0 | 0.0 |
| Autonomy/sense of control | 43 | 51.2 | 1 | 2.2 |
| Reality-orientation | 32 | 38.1 | 6 | 13.3 |
| Memory care | 30 | 35.7 | 5 | 11.1 |
| Sensory training | 3 | 3.6 | 36 | 80.0 |
| Other | 0 | 0.0 | 1 | 2.2 |
| **Communication** | | | | |
| Expressive skills | 71 | 91.0 | 0 | 0.0 |
| Choice making | 51 | 65.4 | 2 | 7.7 |
| Answering questions | 37 | 47.4 | 7 | 26.9 |
| Receptive skills | 16 | 20.5 | 19 | 73.1 |
| Other | 0 | 0.0 | 0 | 0.0 |
| **Speech** | | | | |
| Sequencing | 30 | 63.8 | 7 | 15.2 |
| Speech intelligibility | 15 | 31.9 | 15 | 32.6 |
| Oral motor | 13 | 27.7 | 15 | 32.6 |
| Phonemic awareness | 10 | 21.3 | 19 | 41.3 |
| Motor planning | 4 | 8.5 | 28 | 60.9 |
| Other | 0 | 0.0 | 1 | 2.2 |
| **Physical/Motor** | | | | |
| Functional skills | 13 | 48.1 | 27 | 34.2 |
| Pain | 11 | 40.7 | 23 | 29.1 |
| Fine motor | 3 | 11.1 | 38 | 48.1 |
| Endurance | 3 | 11.1 | 40 | 50.6 |
| Coordination | 3 | 11.1 | 45 | 57.0 |
| Gross motor | 3 | 11.1 | 52 | 65.8 |
| Range of motion | 2 | 7.4 | 58 | 73.4 |
| Strength | 1 | 3.7 | 59 | 74.7 |
| Other | 0 | 0.0 | 3 | 3.8 |

| | | | |
|---|---|---|---|
| 80% - 100% | 50% - 79% | 20% - 49% | 0% - 29% |

Note:

Goal Areas Most Effective for Songwriting Interventions with Older Adults. Participants responses varied per goal area: Speech (*N* = 47), Communication (*N* = 78), Physical/Motor (*N* = 27), Social/Emotional (*N* = 92), and Cognitive (*N* = 84).

Goal Areas Least Effective for Songwriting Interventions with Older Adults. Participants responses varied per goal area: Speech (*N* = 46), Communication (*N* = 26), Physical/Motor (*N* = 79), Social/Emotional (*N* = 30), and Cognitive (*N* = 45).

*Figure 15.* Most Effective and Least Effective Goal Areas For Using Songwriting Interventions

In response to the question regarding types of songwriting interventions used in older adult sessions, participants indicated that all types of songwriting were employed.

Fill-in-the-blank had the largest number of respondents (*n* = 77, 89.5%) and was also selected as being used most frequently compared to other types of songwriting interventions (*n* = 35, 41.2%). Piggy-backing interventions (*n* = 24, 28.2%) and original songwriting interventions

(*n* = 15, 17.6%) were the next most frequent. See Table 9.

Table 9

*Songwriting Interventions Used in Older Adults Sessions*

| **Type of Songwriting Intervention** | **Types of Songwriting Used (*N* = 86)** | | **Type of Songwriting Used Most Frequently (*N* = 85)** | |
|---|---|---|---|---|
| | ***n*** | **%** | ***n*** | **%** |
| Original | 37 | 43.0% | 15 | 17.6% |
| Fill-in-the-blank | 77 | 89.5% | 35 | 41.2% |
| Piggy-backing | 63 | 73.3% | 24 | 28.2% |
| Mad-lib style | 35 | 40.7% | 1 | 1.2% |
| Improvisational | 36 | 41.9% | 4 | 4.7% |
| Instrumental | 18 | 20.9% | 1 | 1.2% |
| Paired with other modalities (poetry, images, etc.) | 28 | 32.6% | 3 | 3.5% |
| Other | 5 | 5.8% | 2 | 2.4% |

Note: Other responses included: formatted (i.e. 12 bar blues), AAB blues structure (original), lyric substitution, song parody, songs the therapist has written to assist with goals, original lyrics, and familiar melody or variations of familiar melody.

When participants were asked if they have made take home recordings for their client's composed song most respondents stated they never have (*n* = 40, 46.5%) or rarely have (*n* = 17, 19.8%). See Figure 16.

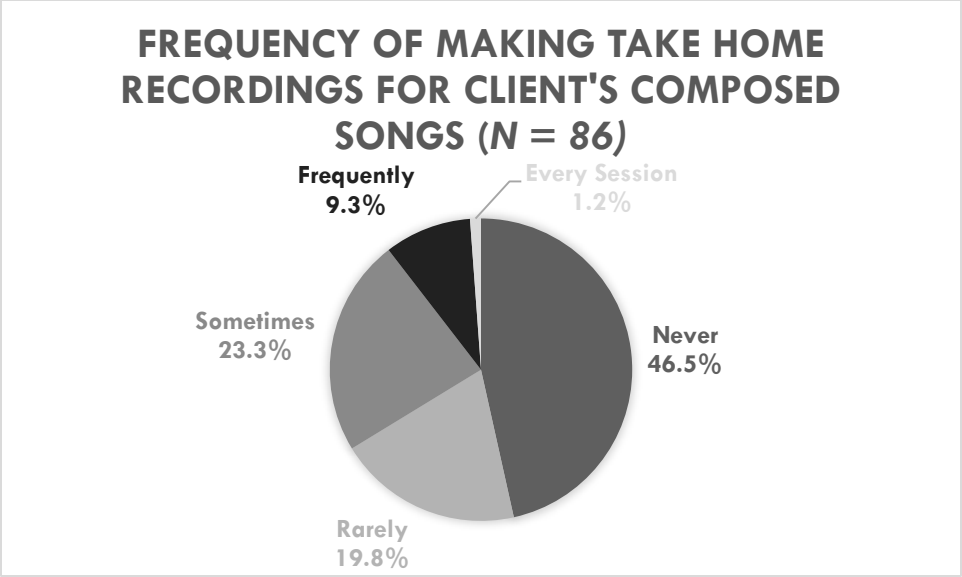


*Figure 16.* Frequency of Making Take Home Recordings for Client's Composed Songs

**Research Question 3**

*Do music therapists believe songwriting is an effective intervention when working with older adults?*

The majority of participants ($N$ = 87) indicated that they believed songwriting was an effective intervention when working with older adults ($n$ = 80, 92%) while a small number believed songwriting was not an effective intervention ($n$ = 7, 8.0%).

**Research Question 4**

*Are music therapists comfortable using songwriting interventions with older adults and have they been taught songwriting techniques/strategies?*

Over half of participants had taken an entire course in songwriting specifically as a conference session ($n$ = 32, 68.1%). Other responses included: "online at musictherapyed.com", "courser course", "internship", "no", "five-day songwriting course

at the Omega Institute", "study with the 'songwriting works' system", and "none". See Figure 17.

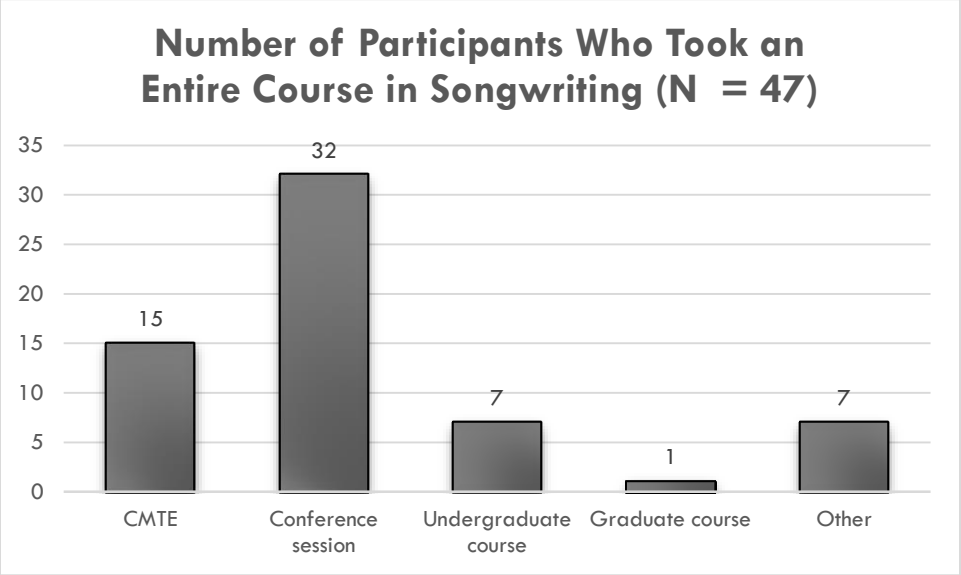


*Figure 17.* Participants who took an entire course in songwriting

When asked if songwriting had been covered as part of a course over half of respondents indicated it was covered in an undergraduate course ($n$ = 67.5%). Other responses included: "internship and no". See Figure 18.

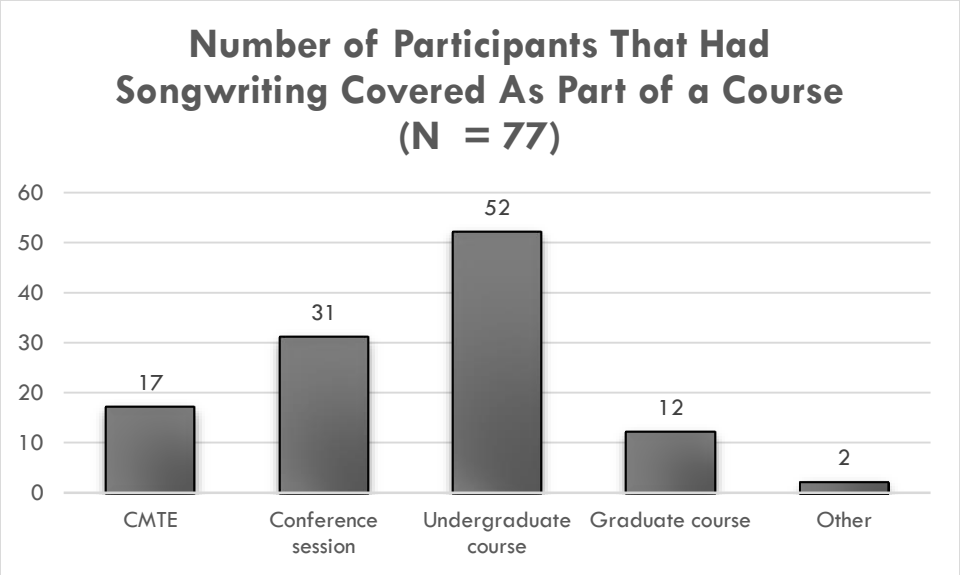


*Figure 18*. Participants who had songwriting covered as part of a course.

Approximately half of participants have had their own songwriting experience outside of music therapy (*n* = 48, 55.2%) while the rest of participants had none (*n* = 39, 44.8%). Descriptions of outside experiences related to songwriting included these major themes: personal enjoyment/expression; volunteer experiences; trainings and presentations; self-care, performances; and careers other than music therapy.

Half of participants felt somewhat comfortable using songwriting in a session with older adults (*n* = 44, 50.6%) while the rest of participants felt very comfortable (*n* = 37, 42.5%) or not comfortable (*n* = 6, 6.9%). Furthermore, the majority of participants were interested in receiving more training in songwriting (*n* = 77, 88.5%), while only 11.5% (*n* = 10) were not.

See Appendix D for participant's responses to "is there anything else you would like to share regarding songwriting practices with older adults?"

**Research Question 5**

*Is there a relationship between participant demographics and (a) how often participants use songwriting with older adults; (b) comfort level using songwriting techniques, (c) and perceived effectiveness of songwriting with the older adult population?*

A Spearman's rank order correlation was conducted using SPSS software on selected demographic information (participant age, years of music therapy experience, and hours worked per week in a music therapy setting), how often participants used songwriting with older adults, participant comfort level using songwriting techniques, and how effective participants believed songwriting was with the older adult population. These correlations were conducted in order to identify whether any significant relationships existed between selected demographics and (a) songwriting use, (b) perceived effectiveness, or (c) comfort levels using songwriting.

A significant positive correlation ($r_s$ = .54) was found between how often participants used songwriting in music therapy practice and how comfortable they felt using songwriting in older adult sessions ($p$ < .01). Significant positive correlations ($r_s$ = .24) were also found between years of experience practicing music therapy and comfort levels using songwriting with older adults; how often participants use songwriting with older adults and how effective they believe songwriting is for older adults ($r_s$ = .24); and comfort levels using songwriting with older adults and how effective participants believe songwriting is for older adults ($r_s$ = .22) ($p$ <.05). See Table 10 for correlations.

Table 10

*Correlations*

| | Age | Years of music therapy experience | Hours worked per week in a music therapy setting | How often you use songwriting | Comfort level using songwriting | How effective you believe songwriting is for older adults |
|---|---|---|---|---|---|---|
| **Age** | 1.000 | .780** | -.338** | -.095 | .153 | .024 |
| **Years of music therapy experience** | .780** | 1.000 | -.226** | -.027 | .242* | .060 |
| **Hours worked per week in a music therapy setting** | -.338** | -.226* | 1.000 | .154 | .055 | .057 |
| **How often you use songwriting** | -.081 | -.027 | .154 | 1.000 | .544** | .245* |
| **Comfort level using songwriting** | -.016 | .242* | .055 | .544** | 1.000 | .223* |
| **How effective you believe songwriting is for older adults** | -.013 | .060 | .057 | .245* | .223* | 1.000 |

*****significant at the .05 level
**significant at the .01 level

# CHAPTER 5

# DISCUSSION

As previously discussed, little published research exists looking at the older adult population and songwriting practices in music therapy. This study aimed to develop a better understanding of music therapy practices with the older adult population in general and specifically in regard to songwriting practices. This study showed consistencies with published research while also providing new insights into music therapy practices with older adults.

## Research Question 1

*What are the current music therapy practices used by music therapists with the older adult population? Specifically, are there common/frequent goal areas or interventions being addressed?*

In the present study, participants reported that communication, physical/motor, social/emotional, and cognitive goals and their respective specific objectives were commonly addressed in music therapy sessions with older adults. Results of the present study are fairly consistent with the majority of published research, which suggests that social/emotional, cognitive, and physical/motor goals are frequently addressed through music therapy sessions (Brotons & Kroger, 1997; Clair & Memmott, 2008; Confrancesco, 1985; Smith & Lipe, 1991; Takahasi & Matsushita, 2006). When participants were asked to indicate which goal area was worked on most frequently social/emotional goals were reported to be the primary focus area. The current research that exists in both general older adult settings and dementia care consistently mentions

social skills to be a primary goal area, along with cognitive skills (Brotons & Kroger, 1997; Clair & Memmott, 2008; Confrancesco, 1985; Smith & Lipe, 1991; Takahasi & Matsushita, 2006). It should be noted that cognitive skills may be mentioned frequently in current research because of the high volume of individuals with dementia, where cognition is largely effected. The current study did not differentiate between "typical" older adults and people with dementia.

As discussed, social/emotional goals tend to be addressed most frequently, but communication, physical/motor, and cognitive goals also receive high levels of attention in music therapy practice according to the present study. Specifically, participants indicated that when targeting communication, expressive skills are frequently addressed, followed very closely by answering questions and making choices. Gross motor and range of motion are commonly targeted physical/motor objectives while reminiscing and active engagement are commonly targeted cognitive objectives. In the social/emotional goal area, most objectives were rated highly and equally, with the exception of bonding. This suggests music therapists are primarily targeting social/emotional goals with older adults.

Speech goals were listed less frequently than the aforementioned goal areas in the present study. In spite of these findings, Clair and Memmott (2008) have discussed at length the benefits of speech rehabilitation through music therapy. When participants in the present study did indicate working on speech goals, most responded that speech intelligibility was the primary focus.

Few existing studies focus on therapeutic interventions used with older adults. Those that do indicate that instrument and movement interventions tend to be preferred

by older adults (Brotons & Kroger, 1997) and that singing helps improve speech rehabilitation while playing instruments can improve physical rehabilitation (Clair & Memmott, 2008). The results of the current study remain consistent with this existing research, as 100% of participants said they use singing interventions in their older adult sessions followed closely by active music making and movement interventions.

This study also inquired about the settings in which music therapists work with older adults. Respondents reported that they primarily work in skilled nursing/rehabilitation facilities, followed by assisted living and hospice facilities. This is important to note when analyzing the results because targeted goal areas may differ depending on the setting in which a music therapist works. It is possible that frequently addressed goal areas in this study would be different if more participants worked in a different setting. However, the results of this study regarding general music therapy practices with older adults remain fairly consistent with the existing research.

## Research Question 2

*Are music therapists using songwriting interventions when working with older adults? If so, (a) what type of sessions; (b) how often; and (c) for what goal areas?*

### Type of Sessions

Brotons and Kroger (1997) indicated that individual and small group sessions appeared to be the most useful for older adults. Consistently, the present study indicated that individual and group sessions for older adults were done far more frequently than family or inter-generational sessions. This suggests that individual and group sessions

continue to be used the most frequently for therapeutic objectives with the older adult population.

**Targeted Goal Areas**

Two known studies have examined songwriting interventions with the older adult population (Hong & Choi, 2011; Silber & Hes, 1995), both of which showed positive social and cognitive improvements for participants. Both of these studies focused on the dementia population; however, Baker, Wigram, Scott, and McFerran (2008) created a comprehensive survey examining songwriting practices across music therapy practice, including a section on music therapy with older adults. With minimal existing research, the current study results provide further insight for music therapists using songwriting with this population.

The study by Baker and colleagues (2008), showed high levels of songwriting use in music therapy practice but not an equal predominance in the literature. Consistently, 93.1% of the current study's participants indicated that they have used songwriting in music therapy practice with older adults. Furthermore, in the current study, most participant's indicated that songwriting was used "sometimes" in sessions, while few participants said "never" or "rarely." The high percentage of participants practicing songwriting with this population suggests that music therapists are employing songwriting techniques to address goals that have not been documented in a literature base.

When comparing targeted goal areas for which songwriting is used, music therapists indicated that social/emotional goals were targeted the most frequently.

Cognitive and communication goals were the next most selected goal areas when using songwriting interventions. The same three goal areas were also indicated when working with older adults in general. Participants indicated that songwriting is the most effective at addressing self-expression, expressive skills, quality of life, self-esteem, reminiscing, mood, active engagement, autonomy/sense of control, choice making, and speech sequencing, with over 50% of participants selecting these areas. Baker and colleagues (2008) found that the most frequently endorsed goal areas for songwriting in music therapy practice included: experiencing mastery/self-esteem/expression, choice/decision making, developing a sense of self, externalizing thoughts/emotions, telling the client's story, and gaining insight/clarity to thoughts and feelings. The goal areas identified by Baker et al. (2008) are fairly consistent with the goal areas indicated to be effective by participants in the current study, suggesting that songwriting goals deemed to be effective across populations are also effective when working with older adults. While a strong research base may not exist for songwriting with older adults, the consistency of these targeted goal areas for songwriting interventions suggests that other songwriting literature may be helpful for music therapists practicing with this population.

**Songwriting Techniques**

Baker et- al. (2009) indicated that fill-in-the blank songwriting techniques were used most frequently with the older adult population when songwriting was employed. This is consistent with the current study, as participants used fill-in-the blank techniques most frequently, followed by piggy-backing and original songwriting. It should be noted that all types of songwriting were selected as being used with the older adult population, with varying frequencies. Since all types of songwriting techniques are being used, more

research needs to be done to address the various types of songwriting and the effects they have on goal areas for older adults.

**Frequency of Using Songwriting with Older Adults and Perceived Effectiveness**

Much can be learned from the comments provided by participants regarding why they rarely or often use songwriting in their older adult sessions. For those participants who rarely used songwriting, session constraints were indicated as a reason why. This is consistent with the constraints discussed by Baker (2013, 2014) involving facility space/structure, group diversity, group size/composition/cohesion, and music therapist knowledge. More than half of participants in the present study commented that they do not use songwriting because of the low cognitive and communication abilities of their clients. However, participants who indicated that they used songwriting often commented specifically on using the intervention to increase cognitive and communication abilities. The comments provided by participants in the current study show a contradiction in music therapists' beliefs about songwriting interventions; specifically, the use of songwriting to increase cognitive and communicative functions or the general ability of their client's to complete a songwriting task due to level of cognitive or communicative functioning. This contradiction is displayed by some participants discussing in-depth how songwriting could not be used for cognitive and communication goals, yet other participants discussing how songwriting could be used effectively to address cognitive and communication goals. Furthermore, the two known studies that focused on songwriting with older adults showed improved cognitive and

communication functions, along with the ability to write songs (Hong & Choi, 2011; Silber & Hes, 1995).

Participants who reported rarely using songwriting also indicated that they did not use the intervention because goal areas they targeted in their sessions did not align with goal areas they believed songwriting could be used to achieve. On the other hand, music therapists who indicated that they used songwriting often did so to address various goal areas, including social/emotional, cognition, communication, sense of achievement/success, creativity/expression, and to leave a legacy.

Participants in this study indicated that when working with older adults they were using songwriting interventions primarily in groups sessions and were employing all songwriting techniques. They tended to believe that songwriting interventions are most effective in achieving social/emotional goals followed closely by cognitive and communication goals. They indicated songwriting is least effective in physical/motor goal areas and relaxation objectives.

## Research Question 3

*Do music therapists believe songwriting is an effective intervention when working with older adults?*

An overwhelming majority of participants in the current study believed that songwriting is effective when working with older adults (92%). This belief was reflected when participants were invited to share any additional information, questions, or comments at the end of the survey. One participant wrote, "IT WORKS WONDERS! One of the best modalities for older adults - particularly with those diagnosed with

depression." Participants also commented on the experience and "light" reflected in their client's eyes when songwriting is used. One participant wrote, "I wish there was a way to effectively express the light you see in a pt's [*sic]* eyes, or that of their family's [*sic]* when you compose and share a song. The experience is often an empowering and validating one." Another said, "I think that songwriting is a surprising intervention to our older adults. They tend to think they can't write songs, and that it would be too hard, especially if they were never musicians. But when the songwriting is completed, there's nothing like seeing that sense of accomplishment in their mood, posture, facial affect, etc. It's beautiful!"

One of the more interesting findings of this study was the contradiction in participant opinion regarding cognition and communication abilities. Of the 8% of participants who reported songwriting was not an effective intervention with older adults, 71% commented on low functioning ability of their clients or songwriting not being appropriate for targeted goal areas. Some of these statements included: "many times songwriting does not relate to the goals of my group;" "low functioning clients usually find songwriting frustrating and beyond their normal attention span;" and "songwriting doesn't seem to fit the client's goals. And I don't feel comfortable doing songwriting with my clients or asking my client's to do songwriting."

## Research Question 4

*Are music therapists comfortable using songwriting interventions with older adults and have they been taught songwriting techniques/strategies?*

Half of participants indicated that they were only somewhat comfortable with songwriting interventions while 88.5% of participants wanted additional training with the

interventions. Participants indicated that the majority of songwriting training occurred either through conference sessions or undergraduate schooling. Furthermore, approximately 55% of participants have outside experience in songwriting and some of them commented on the influence of personal songwriting in their professional practice.

## Research Question 5

*Is there a relationship between participant demographics and (a) how often participants use songwriting with older adults; (b) comfort level using songwriting techniques; and (c) perceived effectiveness of songwriting with the older adult population?*

Spearman's rank order correlations were run in order to determine if relationships existed between variables addressed in the survey. While these correlations don't necessarily imply causation it is important to note which relationships are significant. Significant relationships provide a direction for future experimental research to determine causation. A Spearman's correlation showed that how often music therapists used songwriting interventions with older adults correlated positively to how comfortable they were using songwriting ($r_s$ = .54). Furthermore, a positive correlation was found between years of music therapy experience and comfort level using songwriting with older adults ($r_s$ = .24). This suggests that more experienced music therapists may be more comfortable using songwriting in general. However, since songwriting is being employed by the majority of participants, it is important that action is taken to increase comfort levels of music therapists who may not have as much experience.

A Spearman's rank order correlation also showed a positive relationship between participants using songwriting in music therapy practice and how effective they believed songwriting interventions were with the older adult population ($r_s$ = .24). Additionally, there was a positive correlation between songwriting comfort levels and how effective participants believed songwriting interventions were with the older adult population ($r_s$ = .22). These correlations may suggest that comfort levels for using songwriting interventions and how often one uses songwriting in session's impact music therapist's views of songwriting effectiveness. Alternatively, these correlations could indicate that perceived songwriting effectiveness impacts songwriting comfort levels and frequency of songwriting use in practice.

Since participants indicated they would be interested in more training, perhaps there is a need for more available training opportunities for music therapists in order to increase comfort levels with songwriting. It is also possible that more training may increase help comfort levels for music therapists with less professional practice. Additionally, participants' written responses indicate a possible connection between personal songwriting experience and use of songwriting with older adults. Future studies could examine this relationship.

## Limitations

There are several limitations associated with this study. As with any survey, participants are reporting their beliefs and attitudes through self-report. This study relies on the accuracy of self-report by each participant. Although one hopes that each participant would provide accurate and honest responses, there is no way to ensure this. Furthermore, the survey tool used in this study did not require participants to answer

every question. For this reason, each question did not include responses from every participant. Results should be interpreted with this understanding, as the researcher was unable to determine whether a participant skipped the question or chose not to mark a check box when multiple options were provided.

The survey was emailed to a list of board certified music therapists who had indicated to the Certification Board of Music Therapists that they worked with adults over age 65. This may not be inclusive of all music therapists working with this population, as work settings and other characteristics were not specified by the principal investigator. Also, it is possible that only music therapy professionals who use songwriting or have an opinion towards songwriting practices chose to complete the survey.

## Suggestions for Future Research

There are many areas for future research on songwriting practices with older adults, with great potential to benefit the music therapy profession. As this study and existing research show, songwriting practices are being used with older adults, but their use in practice is not matched in the literature. This study provides a foundation and reference for music therapy practices with older adults, songwriting practices with older adults, and songwriting comfort levels of music therapists. These areas can be used to develop future research to add to the literature base.

Specifically, music therapists are indicating a strong relationship between social/emotional goals and songwriting. No study has examined songwriting's impact on

social/emotional goals specifically. Future researchers could attempt to better understand how to use songwriting to address social/emotional goals.

Furthermore, participants indicated that fill-in-the-blank interventions were used most frequently, yet no study has shown the effectiveness of that technique with older adults. Additionally, according to participants, all songwriting techniques have been used with the older adult population, yet this has not been addressed in the literature. It would be interesting to examine the effects and benefits of different types of songwriting with older adults.

This study did not examine in-depth the various songwriting interventions and how they are employed with older adults. This would be an interesting area for future research. It is possible that songwriting interventions may be modified or enhanced from their "typical" form. Additionally, the music therapist's role in presenting and employing the songwriting technique could be a factor influencing opinions about songwriting's effectiveness.

Lastly, future studies could address comfort levels in songwriting and the effect comfort levels have on achieving therapeutic objectives for older adults. Suggested questions could be: would more training increase comfort levels, exactly what type of training do music therapists desire, and would comfort levels increase as the research base increases? Additionally, future research could address whether or not personal experiences in songwriting contribute to comfort levels and use in practice.

## Implications for Clinical Practice

It is foremost recommended that this study be used as a reference to better understand music therapy songwriting practices with older adults and as a basis for future research. This study expanded on targeted goal areas for songwriting practices with older adults, specific songwriting techniques, songwriting comfort levels of music therapists, and songwriting training desires of music therapists. Future researchers need to expand on the current study's findings to better understand music therapy songwriting practices with the older adult population.

While it is clear that future research is needed, the results of this study also provide clear implications for current clinical practice in music therapy. First, the results of the current study show an implication for music therapy educators in regard to music therapists' training in songwriting techniques. Participants indicated that they wished to receive more training in songwriting. It is possible that more training in songwriting techniques would lead to higher usage of songwriting in practice. This study showed a positive correlation between use of songwriting in practice and comfort levels. This suggests that if music therapy educators provide more training for music therapy students and professionals, the use of songwriting with older adults and associated comfort levels could increase. The most participants in this study indicated they had taken entire courses in songwriting as part of conference sessions and songwriting was covered as part of a course during their undergraduate degree. Music therapy educators could begin to incorporate lessons on songwriting into other education avenues including graduate courses and CMTE's. It may also be beneficial to increase the number of entire courses

on songwriting offered. Furthermore, courses could be focused examining songwriting with specific populations.

The second clinical implication of this study is for music therapists who are hesitant to incorporate songwriting into music therapy practice with older adults. The results of this study may be of comfort to those music therapists because this study shows that music therapists are somewhat frequently using songwriting interventions with older adults and many believe that songwriting is an effective intervention for accomplishing a variety of goals. Music therapists experiencing this hesitation or who are looking for more information on songwriting's effectiveness with the older adult population can use this study as a starting point in order to implement songwriting techniques into their practice.

The third clinical implication of this study is for music therapists who do not believe songwriting is an effective intervention when working with the older adult population. Many participants who stated songwriting was not an effective intervention for older adults said it was because songwriting did not address the targeted goals areas of older adult population, specifically cognitive and communication goals. This study can be used as a reference to better understand how songwriting can be used to achieve cognitive and communication goals with older adults and songwriting techniques that may be beneficial in doing so. Social/emotional goals were largely indicated to be the most effective areas for implementation of songwriting techniques. Information presented in this study focusing on the social/emotional goal areas may be a good starting point for music therapists who do not believe the songwriting intervention can be effective with older adults. Furthermore, the goal areas in this study were broken down

into specific objectives, so music therapists can easily locate targeted areas when thinking about how to incorporate songwriting into their sessions. For example, within cognitive goals, music therapists in this study believed songwriting was more effective in working on active engagement, reminiscing, and autonomy/sense of control objectives than sensory training objectives.

A fourth and final clinical implication for this study is for music therapists who are not comfortable using songwriting techniques in music therapy practice with older adults. Similarly to music therapists who are hesitant to incorporate songwriting into practice, this study can be used as a starting point. Spearman's rank order correlations in this study indicated a relationship between years of experience and comfort levels using songwriting interventions. As music therapists who are not comfortable using songwriting get more experience in the field of music therapy, it is likely that they will become more comfortable using songwriting interventions. If music therapists are wanting to feel more comfortable before gaining more experience, this study can provide references for common goal areas songwriting can be used to address and specific songwriting techniques to address those goal areas.

Participants also suggested techniques and offered advice when using songwriting with older adults, which could be useful for music therapists who are hesitant to incorporate songwriting, don't believe songwriting is effective with older adults, or are not comfortable using songwriting interventions. The following chart summarizes this advice.

*Figure 19.* Participant Advice on Songwriting with Older Adults

| | |
|---|---|
| Participant A | "In some instances, old familiar songs bring back sad memories and sometimes writing something original is more beneficial. Definitely takes more planning and musical skills to write something original." |
| Participant B | "I believe the structure of new compositions for older adults should be somewhat similar to the structure of the songs that had been popular during their young adult years and/or are similar to ones they seem to respond well to and enjoy the most." |
| Participant C | "Be patient. Sometimes it takes multiple sessions to write a song." |
| Participant D | "I try to get any emotional content the individual may wish to express and help that individual paraphrase or put that emotional content into some new words to share with the group." |
| Participant E | "Older adults (mainly with dementia) need very simple songwriting. Taking a folk song and changing a word or phrase in the moment for each verse seems to be the most effective." |
| Participant F | "I have used song writing with older adults in short term rehabilitation for self-expression, to elevate mood, and to increase social interaction. It is received very well and I have had requests from the residents to include it in sessions. Recently we wrote a blues song about wanting to go home and much giggles were had over lines complaining about food and therapy. Also real emotions were expressed about longing for home, but also for recognizing the desire to get better and being grateful for friends and the beauty of the day. Two visitors also engaged in the session, adding to the song, smiling, and expressing great pleasure and gratitude for the experience." |
| Participant G | "I have the Elders write the lyrics and I put them to music. I found a free site where I can type in the music. I then make a copy for each Elder and laminate it so they all have a copy of the song we wrote together. They appear proud of what they have accomplished especially when they see it on paper. They ask to sing it often. |
| Participant H | "I've found that as long as you structure the songwriting appropriately for different abilities within your group or clientele, it can be an excellent tool." |
| Participant I | "A good way to honor and affirm each client – in group settings, with family & at memorials." |
| Participant J | "It's hard to convince them, sometimes, that they can do it. Country-western format has been most successful for my clients." |
| Participant K | "One of the challenges of course is the degree to which the client has progressed in term of dementia. Oftentimes, with an individual with dementia, they will fill in the original lyrics. In a group of apparent similar functioning, this outcome can be a challenge in terms of how that individual is then viewed by the others. When I see that an individual has simply filled in the original words, I do not expose that fact to the group, but rather try to get at any emotional content the |

| | |
|---|---|
| | individual may which to express and help that individual paraphrase or put that emotional content into some words to share with the group." |

As the field of music therapy continues to grow and the older adult population continues to increase, it will be vital to gain a better understanding of music therapy practices with older adults and treatment effectiveness. The researcher hopes that this study will aid in the desire to better understand music therapy practices with older adults, specifically the use of songwriting, in addition to helping fill the gap in songwriting literature with the older adult population.

Appendix A: Survey Cover Letter

Dear CBMT Member,

**Study Overview**

You are being invited to participate in a research study that will examine current songwriting practices of board certified music therapists working with older adults. You were selected because you are a board certified music therapist who has opted to receive emails though CBMT.

This study is a research project conducted by Kelsey Lownds, MT-BC, to fulfill her thesis requirements as part of the master's degree program at the University of Kentucky.

Your responses to this survey will provide our field with a better understanding of what is being done in the music therapy profession regarding songwriting practices specifically with the older adult population.

**What will you be asked to do?**

If you agree to participate, you will complete a brief survey about your current work with older adults, songwriting practices, and associated goals/objectives. The survey will take about 15-20 minutes to complete. Your participation, completion, and submission of this survey will indicate your consent to take part in this research study.

We hope to receive completed surveys from at least 200 people, so your answers are important to us. Of course, you have a choice about whether or not to complete the survey, but if you do participate, you are free to skip any questions or discontinue at any time.

**Benefits**

Although you may not receive personal benefit from taking part in this research study, your responses may help us understand more about what is being done in the music therapy profession when working with the older adult population.

You will not be paid for taking part in this study.

There are no known risks for participating in this study.

Your response to the survey is anonymous which means no names will appear or be used on research documents, or be used in presentations or publications. The research team will not know that any information you provided came from you, nor even whether you participated in the study.

Please be aware, while we make every effort to safeguard your data once received on our servers via REDCap, given the nature of online surveys, as with anything involving the Internet, we can never guarantee the confidentiality of the data while still en route to us.

**Contacts**

If you have questions about the study, please feel free to ask; my contact information is given below. If you have complaints, suggestions, or questions about your rights as a research volunteer, contact the staff in the University of Kentucky Office of Research Integrity at 859-257-9428 or toll-free at 1-866-400-9428,

Thank you in advance for your assistance with this important project. To ensure your responses/opinions will be included, please submit your complete survey by _____. To participate in the survey please follow the link below:

**Hyperlink goes here**

Sincerely,

Kelsey Lownds, MT-BC
Department of Music Therapy
University of Kentucky
859-457-0066
kelsey.lownds@uky.edu

Lori Gooding, PhD, MT-BC
Thesis Advisor
University of Kentucky
859-323-2905
lori,gooding@uky.edu

Olivia Yinger, PhD, MT-BC
Thesis Advisor
University of Kentucky
859-218-0997
olivia.yinger@uky.edu

Appendix B: Survey

## DEMOGRAPHIC INFORMATION

**1. Sex**

___ Male ___ Female ____Other

**2. Age**

__ 21-24__ 25-29__ 30-34__35-40__ 41-44__ 45-49__ 50-54__ 55-59

__60-63__64+

**3. Ethnicity**

__ African American

__ Asian/Asian American

__ Caucasian/White

__Hispanic/Latino

__Other

## MUSIC THERAPY BACKGROUND/CURRENT WORK

**4. Highest Level of Education**

__ Bachelor's degree __Master's degree __ Doctoral degree

**5. Primary Orientation**

__ Psychodynamic __Cognitive-Behavioral __ Nordoff-Robins

__ Neurologic __Eclectic __ NMT

__ Orff __ Dalcroze __ Kodaly

**6. Affiliated Region**

__Great Lakes __Mid-Atlantic __Midwestern __New England

__Southeastern __Southwestern __Western

**7. Years of experience as a music therapy professional**

__<1 __ 1-5 __6-10 __11-15 __16-20 __21+

**8. Hours worked per week in a music therapy setting**

__ 1-9 __10-19 __20-29 __30-33 __34-40 __41+

## MUSIC THERAPY PRACTICES WITH OLDER ADULTS

**9. How long have you been practicing music therapy with older adults?**

__<1 year __1-2 years __3-4 years __5-6 years __7-9 years

__10+ years

**10. How many hours do you spend per week practicing music therapy with older adults?**

__1-2 __3-4 __5-6 __7-9 __10+

**11. Number of INDIVIDUAL music therapy sessions with older adults conducted weekly _____ (estimated)**
**12. Number of GROUP music therapy sessions with older adults conducted weekly_____ (estimated)**

**13. Number of FAMILY music therapy sessions with older adult present conducted weekly _____ (estimated)**
**14. Number of INTER-GENERATIONAL music therapy sessions conducted weekly _____ (estimated)**

**15. Work Setting (check all that apply)**

__ Adult Day Care __ Hospital

__ Assisted Living __ Private Practice

__ Skilled Nursing/Rehab __ In-home services

__ Hospice __ Respite/Community Organization

__ Other: _____

**16. Please select your primary work setting (check one)**

__ Adult Day Care __ Hospital

__ Assisted Living __ Private Practice

__ Skilled Nursing/Rehab __ In-home services

__ Hospice __ Respite/Community Organization

__ Other: _____

**17. What goals do you work on with older adults? (check all that apply)**

**SPEECH**

__ Speech intelligibility __ Sequencing

__ Motor Planning __ Oral motor

__ Phonemic awareness __ Other: _____

**COMMUNICATION**

__ Receptive Skills __ Answering questions

__ Expressive Skills __ Choice making

__ Other: _____

**PHYSICAL/MOTOR**

__ Endurance __ Gross motor

__ Range of Motion __ Coordination

__ Strength __ Pain

__ Fine motor __Functional skills

__ Other: _____

**SOCIAL/EMOTIONAL**

__ Quality of Life __Self-esteem

__ Mood __ Self-expression

__ Relaxation __ Isolation

__ Bonding (Family/Caregivers)

__ Reminiscing __ Other: _____

**COGNITIVE**

__ Reality-Orientation __ Memory care

__ Reminiscing __ Sensory Training

__ Active Engagement __ Autonomy/Sense of Control

__ Other:_____

**18. Of the boxes you checked above (Question 17), which goal area do you work on most? (check one)**

__ Cognitive __ Communication

__ Speech __ Physical/Motor

__ Social/Emotional __ I work on all equally

**19. What interventions do you use when working with older adults? (check all that apply)**

__ Active music making/instrument playing
__ Lyric Analysis
__ Music listening
__ Improvisation
__ Singing
__ Counseling
__ Music-assisted movement
__ Music-assisted relaxation
__ Songwriting
__ Other: _____

**20. Which intervention do you use most often? (check one)**

__ Active music making/instrument playing
__ Lyric Analysis
__ Music listening
__ Improvisation
__ Singing
__ Counseling
__ Music-assisted movement
__ Music-assisted relaxation
__ Songwriting
__ Other: _____

## MUSIC THERAPY SONGWRITING PRACTICES WITH OLDER ADULTS

For the purpose of this survey songwriting includes both music and/or lyric writing

**21. Have you ever used songwriting in sessions with older adults?**

__ Yes __ No

**22. In which settings do you use songwriting? (check all that apply)**

__ Individual sessions __ Group sessions __ Family
__ Inter-generational

**23. In which setting do you use songwriting most often? (check one)**

__ Individual sessions __ Group sessions __ Family
__ Inter-generational

**24. How often do you use songwriting in your older adult sessions?**

___ Never __Rarely __Sometimes ___Frequently
___Every session

**25. If you never or rarely use songwriting in your older adult sessions please describe why:**
**26. If you often use songwriting in your older adult sessions please describe why:**
**27. For what goals do you use songwriting? (check all that apply)**

**SPEECH** **COMMUNICATION**

__ Speech intelligibility __ Sequencing __ Receptive Skills __ Answering questions

__ Motor Planning __ Oral motor __ Expressive Skills __ Choice making

__ Phonemic awareness __ Other: _____ __ Other: _____

**PHYSICAL/MOTOR** **SOCIAL/EMOTIONAL**

__ Endurance __ Gross motor __ Quality of Life __Self-esteem

__ Range of Motion __ Coordination __ Mood __ Self-expression

__ Strength __ Pain __ Relaxation __ Isolation

__ Fine motor __Functional skills __ Bonding (Family/Caregivers)

__ Other: _____ __ Reminiscing __ Other: _____

**COGNITIVE**

__ Reality-Orientation __ Memory care

__ Reminiscing __ Sensory Training

__ Active Engagement __ Autonomy/Sense of Control

__ Other:_____

**28. Which goal area do you address through songwriting most often? (check one)**

___Speech ____ Communication ____ Physical/Motor ___Social/Emotional _____Cognitive

**29. For what goals do you feel songwriting is most effective? (check all that apply)**

**SPEECH**

__ Speech intelligibility __ Sequencing

__ Motor Planning __ Oral motor

__ Phonemic awareness __ Other: _____

**COMMUNICATION**

__ Receptive Skills __ Answering questions

__ Expressive Skills __ Choice making

__ Other: _____

**PHYSICAL/MOTOR**

__ Endurance __ Gross motor

__ Range of Motion __ Coordination

__ Strength __ Pain

__ Fine motor __Functional skills

__ Other: _____

**SOCIAL/EMOTIONAL**

__ Quality of Life __Self-esteem

__ Mood __ Self-expression

__ Relaxation __ Isolation

__ Bonding (Family/Caregivers)

__ Reminiscing __ Other: _____

**COGNITIVE**

__ Reality-Orientation __ Memory care

__ Reminiscing __ Sensory Training

__ Active Engagement __ Autonomy/Sense of Control

__ Other:_____

**30. For what goals do you feel that songwriting is least effective? (check all that apply)**

**SPEECH**

__ Speech intelligibility __ Sequencing

__ Motor Planning __ Oral motor

__ Phonemic awareness __ Other: _____

**COMMUNICATION**

__ Receptive Skills __ Answering questions

__ Expressive Skills __ Choice making

__ Other: _____

**PHYSICAL/MOTOR**

__ Endurance __ Gross motor

__ Range of Motion __ Coordination

__ Strength __ Pain

__ Fine motor __Functional skills

__ Other: _____

**SOCIAL/EMOTIONAL**

__ Quality of Life __Self-esteem

__ Mood __ Self-expression

__ Relaxation __ Isolation

__ Bonding (Family/Caregivers)

__ Reminiscing __ Other: _____

**COGNITIVE**

__ Reality-Orientation __ Memory care

__ Reminiscing __ Sensory Training

__ Active Engagement __ Autonomy/Sense of Control

__ Other:_____

**31. What type of songwriting do you use in your older adult sessions? (check all that apply)**

__ Original (poetry, images, etc.)

__ Songwriting paired with other modalities

__ Fill-in-the blank __ Improvisational

__ Piggy-backing __ Instrumental

__ Mad-lib style __ Other: _____

**32. What type of songwriting do you use most frequently in your older adult sessions? (check one)**

__ Original __ Songwriting paired with other modalities (poetry, images, etc.)

__ Fill-in-the blank __ Improvisational

__ Piggy-backing __ Instrumental

__ Mad-lib style __ Other: _____

**33. Have you made take home recordings for you client(s) of their composed song?**

___ Never __Rarely __Sometimes ___Frequently ___Every session

**34. Have you taken an ENTIRE course in songwriting? (check all that apply)**

__ CMTE __Graduate course

__ Conference session __ Other: _____

__ Undergraduate course

**35. Has songwriting been covered as PART of a course you have taken? (check all that apply)**

__ CMTE __Graduate course

__ Conference session __ Other: _____

__ Undergraduate course

**36. Do you have your own songwriting experience outside of music therapy?**

__ Yes __ No

**37. How comfortable do you feel using songwriting in a session with older adults?**

__ Not comfortable __ Somewhat Comfortable ___Very comfortable

**38. Would you be interested in receiving more training in songwriting?**

__ Yes __ No

**39. Do you believe songwriting is an effective intervention when working with older adults?**

__ Yes __ No

**40. Is there anything else you would like to share regarding songwriting practices with older adults?**

# Appendix C: IRB Exemption Certification

UK
UNIVERSITY OF
KENTUCKY

Office of Research Integrity
IRB, IACUC, RDRC
315 Kinkead Hall
Lexington, KY 40506-0057
859 257-9428
*fax* 859 257-8995
www.research.uky.edu/ori/

**EXEMPTION CERTIFICATION**

MEMO: Kelsey Lownds, MM
Music Therapy
4128 Katherine Place
Lexington, KY 40515
PI phone #: (859)457-0066

FROM: Institutional Review Board
c/o Office of Research Integrity

SUBJECT: Exemption Certification for Protocol No. 15-0500-X4B

DATE: July 2, 2015

On July 2, 2015, it was determined that your project entitled, *Music Therapy Songwriting Practices with Older Adults*, meets federal criteria to qualify as an exempt study.

Because the study has been certified as exempt, you will not be required to complete continuation or final review reports. However, it is your responsibility to notify the IRB prior to making any changes to the study. Please note that changes made to an exempt protocol may disqualify it from exempt status and may require an expedited or full review.

The Office of Research Integrity will hold your exemption application for six years. Before the end of the sixth year, you will be notified that your file will be closed and the application destroyed. If your project is still ongoing, you will need to contact the Office of Research Integrity upon receipt of that letter and follow the instructions for completing a new exemption application. It is, therefore, important that you keep your address current with the Office of Research Integrity.

For information describing investigator responsibilities after obtaining IRB approval, download and read the document "PI Guidance to Responsibilities, Qualifications, Records and Documentation of Human Subjects Research" from the Office of Research Integrity's IRB Survival Handbook web page [http://www.research.uky.edu/ori/IRB-Survival-Handbook.html#PIresponsibilities]. Additional information regarding IRB review, federal regulations, and institutional policies may be found through ORI's web site [http://www.research.uke.edu/ori]. If you have questions, need additional information, or would like a paper copy of the above mentioned document, contact the Office of Research Integrity at (859) 257-9428.

Appendix D: Reponses to Survey Question #40

| |
|---|
| I believe teamwork and a sense of belonging is an important social/emotional goal for song writing. In groups, the residents work with their peers to create something new. |
| I enjoy using songwriting with caregivers of older adults. I find this intervention allows for a fun way to have a discussion about self-care and other important subjects. |
| IN SOME INSTANCES, OLD FAMILIAR SONGS BRING BACK SAD MEMORIES AND SOMETIMES WRITING SOMETHING ORIGINAL IS MORE BENEFITIAL. DEFINITELY TAKES MORE PLANNING AND MUSICAL SKILLS TO WRITE SOMETHING ORIGINAL. |
| I wish there was a way to effectively express the light you see in a pt's eyes, or that of their family's when you compose and share a song. The experience is often an empowering and validating one. |
| I think songwriting is a great way to work on multiple goals including communication, social/emotional, and even motor (ex. writing a song for the client to move to in entrainment may be more effective if the client writes the song themselves.) I think that an assessment to determine the client's abilities is important, because songwriting may require higher cognitive abilities than someone with an age-related cognitive impairment could do. |
| Not receiving an operational definition of song-writing throughout the course of this survey, I would change all of my answers at the beginning based on later pages. I do not consider mad-lib, fill-in-the-blank, improvisational songs, or any kind of substitution-based intervention to be song-writing. That takes away from those being their own interventions. Thus, my responses probably do not reflect what you seeking. |
| I have used song writing with older adults in short term rehabilitation for self-expression, to elevate mood, and to increase social interaction. It is received very well and I have had requests from the residents to include it in sessions. Recently we wrote a blues song about wanting to go home and much giggles were had over lines complaining about food and therapy. Also real emotions were expressed about longing for home, but also for recognizing the desire to get better and being grateful for friends and the beauty of the day. Two vistors also engaged in the session, adding to the song, smiling, and expressing great pleasure and gratitude for the experience. |
| Most of my clients have moderate to severe dementia, so songwriting ha to be pretty simple for them, to be accomplished in one part of one session |
| more effective in individual sessions |
| I believe the structure of new compositions for older adults should be somewhat similar to the structure of the songs that had been popular during their young adult years and/or are similar to ones they seem to respond well to and enjoy the most. |
| Just curious as to how to make it more understandable to older adults with moderate - severe dementia (see previous comment regarding this). |
| I think my lack of original songwriting in my personal music-making and self-care leads me to be more hesitant in expanding beyond piggy-backing or creating parodies toware more orginial compositions with older adults and in the rest of my music therapy practice. |
| The groups I work with are almost exclusively memory care, and I do not feel that the collective cognitive functioning level lends itself to songwriting - I think it's a very powerful tool with older adults in a one-on-one setting. I have used fill-in-the blanks type songwriting in groups with children, in my practica and internship, with success in meeting a variety of goals,including self-expression, emotional regulation, social interaction, self-esteem. |
| IT WORKS WONDERS! One of the best modalities for older adults - particularly with those diagnosed with depression... |

| |
|---|
| Be patient. Sometimes it takes multiple sessions to write a song. Also, I have found that lyric substitution or fill-in-the-blank works well with people who have Alzheimer's/dementia. Having a general idea or theme can be helpful as well. |
| Because of the cognitive issues of many of my clients it sometimes feels a bit risky, but most all of the time I and my clients enjoy the process and the outcomes. |
| Depending on cognitive skills/dementia whatever is being taught needs to be adaptable for well-seniors to as far into a dementia diagnosis as possible. |
| I feel comfortable turning ideas into lyrics, but not turning chords into melodies (i.e. theory). I would love a CMTE course that works specifically on creating these original songs! |
| Older adults (mainly with dementia) need very simple songwriting. Taking a folk song and changing a word or phrase in the moment for each verse seems to be the most effective. Doing a long songwriting where new lyrics are written up on a board often times is difficult because many can't see, and end up singing the original lyrics anyway if piggybacking is used and the lyric substitution becomes too long |
| I have the Elders write the lyrics and I put them to music. I found a free site where I can type in the music. I then make a copy for each Elder and laminate it so they all have a copy of the song we wrote together. They appear proud of what they have accomplished especially when they see it on paper. They ask to sing it often. |
| I believe songwriting can be a very meaningful and effective tool to use with older adults. Outside of fill-in-the-blank and piggy-backing, I feel it is best suited for small group and individual sessions. Much of what I've been doing for the last 5 years is large group sessions so I've used it very little as of late. |
| I think it can be very effective with older adults, esp. with certain diagnoses and needs. I can even see with alternative goals and using alternative songwriting methods (instrumental) that songwriting (or at least improvisation) would be effective for those with dementia. |
| I think that song writing is a surprising intervention to our older adults. They tend to think they can't write songs, and that it would be too hard, especially if they were never musicians. But when the songwriting is completed, there's nothing like seeing that sense of accomplishment in their mood, posture, facial affect, etc. It's beautiful! |
| I did not respond in the 'least effective' - I may not utilize those interventions for those purposes, but I would not say it's 'least effective'... only that I have not had the experience in those areas, but would be willing to learn more. |
| It depends on their functioning level. I tend to use songwriting with my moderate to higher functioning older adults. |
| When successful, it can provide a sense of accomplishment, closure, and increased QOL. |
| Although I haven't used songwriting with my clients during sessions, it is certainly something I would consider if it would assist with specific goals for specific groups of clients. |
| Personalizing experiences for elders is so important and song writing can achieve this goal effectively. |
| I have more recently been exploring this and find it to be challenging and fulfilling in my practice and for my patients. |
| I've found that as long as you structure the songwriting appropriately for different abilities within your group or clientele, it can be an excellent tool. |
| a good way to honor and affirm each client - in group settings, with family & at memorials |
| It makes for a good legacy project to be given to grieving families. |
| IT's hard to convince them, sometimes, that they can do it. Country-western format has been most successful for my clients. |

| |
|---|
| I have found that very few of my older adult clients appear to enjoy songwriting. I use it as a therapeutic tool for specific goals, but generally, my clientele would rather engage in a familiar, preferred song (which is why fill-in-the-blank songwriting is most effective for this population). |
| Yes. One of the challenges of course is the degree to which the client has progresses in terms of dementia. Oftentimes, with an individual with dementia, they will fill in the original lyrics. In a group of apparent similar functioning, this outcome can be a challenge in terms of how that individual is then viewed by the others. When I see that an individual has simply filled in the original words, I do not expose that fact to the group, but rather try to get at any emotional content the individual may wish to express and help that individual paraphrase or put that emotional content into some new words to share with the group. |

## Appendix E: Responses to Question #25

| |
|---|
| They tend to enjoy reminiscing music rather than making it up. |
| Many of the residents have limited cognitive and communication abilities. They are most successful at lyric replacement songwriting where they can offer 1 or 2 words that are incorporated into a song. |
| Easiest to do entire unique songs with individuals. In a group setting, piggybacking with a familiar melody. |
| Pt's cognitive functioning doesn't always allow for songwriting. |
| Most of the older adults I visited with had Alzheimers/dementia; family members present asked for familiar music (ie Frank Sinatra, etc.). |
| I mostly work with cognitively impaired older adults so I find other goals more realistic to set |
| Facility not conducive to it. Public lounge area. |
| Most of my hospice patients are not cognitive Enough. |
| Group members have impaired cognition, expressive language. |
| Songwriting doesn't seem to fit the client's goals. And I don't feel comfortable doing songwriting with my clients or asking my clients to do songwriting. |
| low functioning clients usually find songwriting frustrating and beyond their normal attention span |
| Residents have moderate- late stage dementia and appear to become confused while songwriting. Even with a large dry-erase board writing out the lyrics, they still don't always seem to understand the concept of using new words to a familiar song. |
| The size of the majority of my music therapy groups is between 25-30 participants. Songwriting and keeping the group on a cohesive path toward songwriting can be difficult due to the large size of the group. For my smaller groups (8-16 participants), I find that my clients' diverse levels of functioning can make responses dificult to procure and still keep higher-functioning clients from being bored. |
| currently I have only one individual client - all other clients I see in groups |
| The older adults that I work with are fairly low-functioning and have a difficult time coming up with their own ideas. |
| I work as an engagement/activity assistant at my job as well as a music therapist, so I often times do not have time to do as many music activities as I would like. Also, I work primarily with older adults with middle to late stage dementia, so this can be a challenging activity for them. I have tried songwriting with some folks that are higher functioning, but only a few times. |
| cognitive level of clients-ie Alzheimers and dmentia |
| Majority of my work is with larger groups and songwriting with this size group is difficult. I find that I lose the interest of other groups members who are not involved in the songwriting, due to decreased hearing or cognitive challenges. |
| Once a week |
| I work on a physical rehabilitation unit 90% of the time, where songwriting is used more for communication purposes (expression/word finding), but 10% of the time I work in oncology (more songwriting used in that setting). |
| I never use songwriting because the large majority of the older adults with whom I work are struggling with Alzheimers and other memory difficulties, and I have found that it is the old, familiar songs of their youth that elicit the most positive responses. |
| My patients often don't have cognitive abilities to write a song with me. There are times I just write a song for them based on things their families have said. |
| Patients not very capable. not my strong area. |

| |
|---|
| I have been working only 1-2 hours a week for the past 5 years. There hasn't been much opportunity. When I do use it I generally piggy-back another song. I have not been confident in my songwriting abilities. However, I have found my confidence increasing in the past couple of years through my participation in CMTE workshops & with playing with my pre-school age daughter. |
| N/A |
| Majority of my hospice patients either do not express an interest in songwriting. Many also have dementia and are unable to do so. |
| I often work with people with dementia. I've found modifying the lyrics brings more confusion as memory only lasts a couple seconds. The challenge that songwriting brings does not match my goals with the clients. |
| Many times songwriting does not relate to the goals of my group. |
| at times in Hospice care - pts may have progressed beyond the appropriateness of songwriting interventions, cognitively. or they take time to build trust and rapport by utilizing other interventions first. |
| The older adults that I work with are not up to the cognitive level that would be appropriate for song writing. |
| I don't feel as comfortable with songwriting as I do with other interventions. |
| No real reason why not.... It simply hasn't been a priority. It's not as though I would never use it, just that I haven't done so routinely. I have at times used songs that I have written, to meet specific goals of clients. |
| Sing the original words, don't understand changing words to familiar tunes |
| unfortunately the environment is not ideal for songwriting, often nursing staff are very disruptive. |
| Sometimes forget about doing so |
| Clients/patients unable to process at this level |
| Not enough time. |
| I work with elders with Alzheimer's:. |
| The majority of my clients have a communication and/or cognitive impairment. I feel that the lack of structure and open-ended nature of song-writing would not be successful for many of them. |

Appendix F: Responses to Question #26

| |
|---|
| Promotes self-expression, creativity, engagement, group cohesiveness & satisfaction upon completion. |
| Promotes self-expression, reminiscing, group cohesion & satisfaction upon completion. |
| N/a |
| It's a wonderful way to explore memories and self expression |
| Great way to express self without realizing Helps with self esteem and feeling productive Use as gift for family members loved ones and friends |
| I most often use fill in the blank song writing, at times with visuals as additional cue. Song writing is employed to increase self-expression, executive functioning, communication/speech production, social interaction, and self-esteem. The use of partly written lyrics helps to cue thought process and speech production. |
| For expression of thoughts, emotions, creativity. |
| It's a positive experience where residents work together and create a product. |
| My older adults enjoy the song-writing process. It's also allows for opportunities to work toward participation, socialization, cognition and self-esteem goals. |
| With my current client I use songwriting as a way of helping him tell his story and as part of a project to preserve his memories (this project includes a photo album, narrative, artwork, much of which was started with his primary caregiver prior to my professional involvement.) |
| The songs provide a structure to place the memories/lyrics shared. It takes learning a new melody off the table, but rather focuses their attention to the lyrics. Song writing can be fun/funny depending on the lyrics. It allows the client to really say what they want in a safe and familiar sounding tune. It validates their memory. |
| Songwriting provides an opportunity for all participants to respond successfully as there are no wrong answers. Songwriting encourages creativity, can be humorous, and gives participants who may be more withdrawn an opportunity to share ideas and feelings. |
| #NAME? |
| Once a week is a good fit for my particular residents needs/skill sets |
| One of the most powerful tools for self-expression, advocacy and legacy project creation |
| Gives the residents an opportunity to share their memories and be creative. |
| I use songwriting to provide a vehicle for my clients to express their thoughts and emotions in a safe environment. Most of my clients have dementia, and familiar music appears to aide them capture their memories and feelings. |
| We use it when we have a 'theme' that we do not know if there has been a song written. Examples are Mother's Day, Father's Day, and a bowling outing. We wrote songs about all of these as well as a regular day at the facility we are in. |
| Preferred music or music similar to patient situation provides a way to connect with a patient and the songwriting provides a structured way to encourage and contain expression. |
| Giving the patients an opportunity for self-expression. Giving the patient's the opportunity to make choices and be a part of a group process. |
| It helps the group feel like they are accomplishing something lasting, and it's fun for them to work together cooperatively using their creativity (these are client stated benefits). I also use lyric substitution in almost every session, but that's an 'in the moment' activity. |

| |
|---|
| engages individuals to contribute to the group process by choosing words to go with the song, group bonding, cognitive thinking, familiar melodies that we make our own by adding our own lyrics. |
| Great method of promoting autonomy, self-expression, choice making, naming feelings, validating feelings, externalizing feelings and life experiences, creating a lasting and tangible memorial of a loved one; excellent form of empathy from a counseling perspective, repeating, sometimes rephrasing, and echoing a person's thoughts/feelings/experiences; sometimes in determining lyrics for a song the music therapist can give the client a gentle 'nudge' to draw connections, take new steps, gain new awareness and insight, etc. |
| To meet goals of empowerment, self esteem, expression |
| I find that the older adults in group settings who participate in songwriting tend to build a better group cohesion. The groups normally end with the clients expressing their shock and pride in creating a song together, and that they enjoy creating songs with different messages or meanings. We tend to write songs around mantras or mottos, as well as specific emotions. |
| It is an excellent tool for discussions, reminiscing and discussing emotional topics |
| To give them a (familiar) structure which can be adapted to fit their personal feelings/responses. |
| It's fun! My clients always surprise themselves (and me!) with their creativity and enjoy the process of songwriting. |
| Community building  Reminiscing  Emotional expression |
| It presents opportunity for expression of emotion, encourages cognitive stimulation, and allows for social interaction |
| I use music therapy to facilitate self-expression, to reminisce, and facilitate self-examination and communication. It also continues to exist as legacy work. |
| It is a great way for self expression, group connection, and for me to check in to see where they are/what they are thinking. |
| Gives them self worth after completing the songwriting exercise.  Helps residents use cognitive skills to fill in words to fit into the song |
| Songwriting is such an important part of expressing yourself and receiving validation. Older adults need to feel that their thoughts are still valid, and songwriting can really achieve that validation goal more so than just verbal validation. |
| It promotes group socialization, sense of accomplishment and helps me to know where they are cognitively and emotionally. |
| Hospice patients...to leave legacy. Some patients have written poems they wish put to music. |
| Songwriting can be a good tool for self-expression; it can personalize the session, highlight a patient/client's strengths, and stimulate memory; songs written by patients/clients can be an excellent legacy gift for family members to remember their loved ones by |

# REFERENCES


Alzheimer's Association. (2015). *Facts and Figures Page.* Retrieved October 13, 2015 from www.alz.org/facts/overview.asp

American Music Therapy Association. (2014). *American Music Therapy Association Member Sourcebook.* Silver Spring, MD.

American Music Therapy Association. (2015). *Homepage.* Retrieved October 13, 2015 from www.musictherapy.org

American Music Therapy Association. (2015). *AMTA Regions and Student Organizations Page.* Retrieved October 13, 2015 from www.musictherapy.org/about/regions/

Baker, F. A. (2014). An investigation of the sociocultural factors impacting on the therapeutic songwriting process. *Nordic Journal of Music Therapy*, *23*(2), 123-151.

Baker, F. A. (2013). Music therapists' perceptions of the impact of group factors on the therapeutic songwriting process. *Music Therapy Perspectives*, *31*(2), 137-143.

Baker, F. A. (2013). The environmental conditions that support or constrain the therapeutic songwriting process. *The Arts in Psychotherapy*, *40*(2), 230-238.

Baker, F., Wigram, T., Stott, D., & McFerran, K. (2008). Therapeutic songwriting in music therapy: part I: who are the therapists, who are the clients, and why is songwriting used?. *Nordic Journal of Music Therapy*, *17*(2), 105-123.

Baker, F., Wigram, T., Stott, D., & McFerran, K. (2009). Therapeutic songwriting in music therapy, Part II: Comparing the literature with practice across diverse clinical populations. *Nordic Journal of Music Therapy*, *18*(1), 32-56.

Brotons, M., & Picket-Cooper, P. (1994). Preferences of Alzheimer's disease patients for music activities: Singing, instruments, dance/movement, games, and composition/improvisation. *Journal of Music Therapy*, *31*(3), 220-233.

Brotons, M., Koger, S. M., & Pickett-Cooper, P. (1997). Music and dementias: A review of literature. *Journal of Music Therapy*, *34*(4), 204-245.

Brotons, M., & Marti, P. (2003). Music therapy with Alzheimer's patients and their family caregivers: A pilot project. *Journal of Music Therapy*, *40*(2), 138-150.

Carruth, E. K. (1997). The effects of singing and the spaced retrieval technique on improving face-name recognition in nursing home residents with memory loss. *Journal of Music Therapy, 34*(3), 165-186.

Clair, A. A., & Memmott, J. (2008). *Therapeutic uses of music with older adults*. Silver Spring, MD: American Music Therapy Association.

Clair, A. A., & Bernstein, B. (1990). A comparison of singing, vibrotactile and nonvibrotactile instrumental playing responses in severely regressed persons with dementia of the Alzheimer's type. *Journal of Music Therapy, 27*(3), 119-125.

Cofrancesco, E. M. (1985). The effect of music therapy on hand grasp strength and functional task performance in stroke patients. *Journal of Music Therapy, 22*(3), 129-145.

Edgerton, C. D. (1990). Creative group songwriting. *Music Therapy Perspectives*, *8*(1), 15-19.

Groene, R. W. (1993). Effectiveness of music therapy 1: 1 intervention with individuals having senile dementia of the Alzheimer's type. *Journal of Music Therapy, 30*(3), 138-157.

Farnan, L. A. (1987). Composing music for use in therapy. *Music Therapy Perspectives*, *4*(1), 8-12.

Freed, B. S. (1987). Songwriting with the chemically dependent. *Music Therapy Perspectives*, *4*(1), 13-18.

Global Burden of Disease Study (2010). *World Health Oranization Global Burden of Disease Study Page.* Retrieved October 13, 2015 from www.who/int/healthinfo/global_burden_diseas/gbd/en/

Hong, I. S., & Choi, M. J. (2011). Songwriting oriented activities improve the cognitive functions of the aged with dementia. *The Arts in Psychotherapy*, *38*(4), 221-228.

Jones, J. D. (2006). Songs composed for use in music therapy: A survey of original songwriting practices of music therapists. *Journal of Music Therapy*, *43*(2), 94-110.

Klein, C. M., & Silverman, M. J. (2012). With love from me to me: Using songwriting to teach coping skills to caregivers of those with Alzheimer's and other dementias. *Journal of Creativity in Mental Health*, *7*(2), 153-164.

Koger, S. M., Chapin, K., & Brotons, M. (1999). Is music therapy an effective intervention for dementia? A meta-analytic review of literature. *Journal of Music Therapy*, *36*(1), 2-15.

Lindberg, K. A. (1995). Songs of healing: Songwriting with an abused adolescent. *Music Therapy*, *13*(1), 93-108.

Music Therapy For Older American Act of 1992, S.1723, 102nd Cong. (1992). Retrieved from http://thomas.loc.gov/cgi-bin/query/z?c102:S.1723.IS:

National Center For Assisted Living. (2015). *Resources Page.* Retrieved October 13, 2015 from www.ahcancal.org/ncal/resources/Pages/ResidentProfile.aspx

Pollack, N. J., & Namazi, K. H. (1992). The effect of music participation on the social behavior of Alzheimer's disease patients. *Journal of Music Therapy, 29*(1), 54-67.

Robb, S. L. (1996). Techniques in song writing: Restoring emotional and physical well being in adolescents who have been traumatically injured. *Music Therapy Perspectives*, *14*(1), 30-37.

Schmidt, J. A. (1983). Songwriting as a therapeutic procedure. *Music Therapy Perspectives*, *1*(2), 4-7.

Silber, F., & Hes, J. P. (1995). The use of songwriting with patients diagnosed with Alzheimer's disease. *Music Therapy Perspectives, 13*(1), 31-34.

Silverman, M. J. (2013). Effects of group songwriting on depression and quality of life in acute psychiatric inpatients: A randomized three group effectiveness study. *Nordic Journal of Music Therapy*, *22*(2), 131-148.

Smith, D. S. (1990). Therapeutic treatment effectiveness as documented in the gerontology literature: Implications for music therapy. *Music Therapy Perspectives*, *8*(1), 36-40.

Takahashi, T., & Matsushita, H. (2006). Long-term effects of music therapy on elderly with moderate/severe dementia. *Journal of Music Therapy*, *43*(4), 317-333.

Tamplin, J. (2006). Song collage technique: A new approach to songwriting. *Nordic Journal of Music Therapy, 15*(2), 177-190.

Vanderark, S., Newman, I., & Bell, S. (1983). The effects of music participation on quality of life of the elderly. *Journal of Music Therapy, 3*(1), 71-81.

World Health Organization. (2015). *Homepage.* Retrieved October 13, 2015, from www.who.int/mediacentre/factsheets/fs381/en

Kelsey Marie Lownds

CIRRICULUM VITAE

## EDUCATION

| | | |
|---|---|---|
| Bachelor of Science | Centre College, Danville, KY<br>Psychology and Music, Cum Laude | May 2012 |
| Masters of Music | University of Kentucky, Lexington, KY<br>Music Therapy | Expected Degree |

## PROFESSIONAL EXPERIENCE

**Wellness Music Therapy Center,** Lexington, KY

*Music Therapist*

**EDGE Music Therapy,** Lexington, KY

*Music Therapist*

**UK HealthCare,** Lexington, KY

*Music Therapy Intern*

*UK Arts in HealthCare Support Assistant*