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MUSIC THERAPY AMONG THE ELDERLY: WHAT
SOCIAL WORKERS NEED TO KNOW

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Adriana Navarrete-Campos

June 2016

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ABSTRACT

The purpose of this study was to gain a better understanding of music therapy among the elderly. This qualitative study utilized interviews as a means to extract themes from the experiences of music therapists who have provided music therapy to the elderly. Results were transcribed to written form. Qualitative analysis procedures were followed to identify themes and subthemes. Areas of particular interest to the social work profession were the emotional, social, physical, and mental benefits and challenges of music therapy among the elderly. Through the guidance of systems theory and the concept of holism, spiritual benefits and challenges were also introduced.

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Thank you to Dr. Davis, my academic advisor, for sitting with me during the first quarter of this program, Fall 2014, as I debated whether to stay in the program. It was during this advising session that we discovered there is a way to combine two of my passions: music and social work. This discovery was known as music therapy.

Thank you to Dr. McCaslin for showing a clip from “Alive Inside” in gerontology class, Spring 2015, which sparked the idea to learn more about music therapy among the elderly. And thank you for your guidance as my research supervisor.

DEDICATION

This work is dedicated to all human beings who enjoy music and realize its power to bring people closer together, to tell stories, and to express our emotions through melodies.

Thank you to Paul Terrazas, ACSW, MSW, for your huge support during this research project journey. Your experience really helped me get through the academic stress and demands of the program. BEST ONLINE MENTOR EVER.

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TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGMENTS	iv
LIST OF TABLES	viii
CHAPTER ONE: INTRODUCTION	
Problem Statement	1
Purpose of the Study	3
Research Questions	4
Significance of the Project for Social Work	5
CHAPTER TWO: LITERATURE REVIEW	
Introduction	7
Music Therapy among the Elderly with Dementia	8
Music Therapy among the Elderly and Holism	12
Music Therapy among the Elderly and Palliative Care	14
Theories Guiding Conceptualization	15
Summary	17
CHAPTER THREE: METHODS	
Introduction	19
Study Design	19
Sampling	21
Data Collection and Instruments	22
Procedures	23
Protection of Human Subjects	24
Data Analysis	24

Summary	24
CHAPTER FOUR: RESULTS	
Introduction	26
Presentation of the Findings	26
Demographics	27
Benefits.....	32
Domain #1: Emotional Benefits.....	33
Domain #2: Physical Benefits	36
Domain #3: Social Benefits.....	38
Domain #4: Cognitive Benefits.....	41
Doman #5: Other Benefits.....	41
Challenges.....	45
Domain #1: Emotional Challenges.....	46
Domain #2: Physical Challenges	47
Domain #3: Social Challenges	48
Domain #4: Other Challenges.....	49
Domain #5: Cognitive Challenges.....	50
Summary	52
CHAPTER FIVE: DISCUSSION	
Introduction.....	53
Discussion	53
Benefits Category	53
Challenges Category	56
Limitations	59

Recommendations for Social Work Practice, Policy and Research	60
Conclusions	63
APPENDIX A: INSTRUMENT	64
APPENDIX B: INFORMED CONSENT	66
APPENDIX C: DEBRIEFING STATEMENT	68
REFERENCES.....	70

LIST OF TABLES

Table 1.	Demographics of Sample	27
Table 2.	Presenting Disorders of the Elderly as Reported by Sample	28
Table 3.	Facilities Sample Provided Services to the Elderly	29
Table 4.	Preferred Music Therapy Interventions for the Elderly as Reported by Sample.....	30
Table 5.	Benefits by Domain, Theme, and Sub-Theme	31
Table 6.	Challenges by Domain, Theme, and Sub-Theme	44

CHAPTER ONE

INTRODUCTION

The elderly population is one of the fastest growing populations in the nation; it is also a vulnerable population. The elderly are susceptible to many diseases and disorders including Alzheimer's, dementia, cardiovascular diseases, and the most underdiagnosed disease among the elderly, depression. These disorders can be treated pharmacologically, but that can cause side-effects such as headaches and nausea, thus adding more physical pain to an already sensitive individual. Music therapy is an integrative form of therapy. It is not a complete cure of a severe disease or disorder but it can be a supplement to pharmacological treatment. Music therapy is harmless, does not have negative side-effects like medicine, and can help the elderly alleviate some of their physical pain as well as improve their emotional, social, and mental health.

Problem Statement

There is a lack of research in the social work field regarding music therapy and its impact on the elderly population. Gerontology, the study of aging, is in need of more research regarding effective care for the elderly. The elderly population is growing at a rapid rate and with aging comes many illnesses. The elderly become dependent on others for care. Utilization of hospitals, hospices, and retirement homes have become a societal norm for

the elderly with illnesses. With such an increasing population in need of resources and support, it is inevitable that social workers will encounter working with the elderly or the elderly's closest social supports.

The responsibility of a social worker is to offer resources for care that can benefit the client and help him/her reach a level of healthy functioning. Families with elderly members in retirement homes or hospices may be interested to know that music therapy can be an opportunity to improve their loved one's mental and emotional health. Also, a social worker needs to consider what helpful resources are available within the family's budget. Blackburn and Bradshaw (2014) stated "music therapy is a safe and low-cost intervention" (p. 879). Music therapy would be a good option for families that have minimal financial resources while attempting to provide non-pharmacological care for their elderly loved one.

A social worker helps improve the well-being of an individual. Refraining from using traditional medical treatment within the elderly population becomes a challenge, as they are at risk of many illnesses. However, music therapy can provide a significant amount of physical pain reduction, reduce anxiety and depression, and foster social relationships with assisted living staff and social support circles. These benefits have been identified within other professions such as music, education, and medicine. The profession of social work often collaborates with these disciplines and it is recommended that music therapy

be considered an integrative form of treatment within the respective elderly population.

Purpose of the Study

The purpose of this study was to gain a better understanding of music therapy among the elderly. The issues addressed in this study are music therapy's impact on physical, emotional, social, and mental health of the elderly. As mentioned previously, there are studies that research and discuss these respective issues. The American Music Therapy Association (AMTA), for example, reports that aside from the physical benefits of music therapy of reducing painful symptoms, it can also provide "opportunities for emotional intimacy when families share musical experiences" (Blackburn & Bradshaw, 2014, p. 881). Similarly, the British Association for Music Therapy (BAMT) reported that music therapy assists with "increased opportunity for meaningful social activity, increased levels of cognitive stimulation and opportunities to encourage reminiscence and strengthen self-identity" (Blackburn & Bradshaw, 2014, p. 81). However, the profession of social work lacks research in this area.

The information gained in this study was gathered through interviews from certified music therapists. This study utilized a qualitative research method to address challenges of music therapy among the elderly. It is challenging to interview the elderly population who have or are receiving music therapy due to the sensitivity of the population. Certified music therapists

possess valuable knowledge of music therapy among the elderly, as they are the facilitators of the respective treatment.

Systems theory served as a guide in this study of music therapy within the elderly population. Systems theory supports the idea that members of society should work together to solve a problem. Members of society depend on each other for a sense of belonging, resources, and support. Music therapists provide an interpersonal service that serves as a resource of support for the elderly. The individual issue is the well-being of the elderly's physical, social, emotional, and mental health. The solution is having music therapists, social workers, and nursing staff come together to make music therapy available to the respective elderly population.

Research Questions

The following questions guided this qualitative study:

1. How is music therapy different from conventional forms of therapy?
2. What is music therapy's impact on the elderly's physical health?
 - a. mental health?
 - b. social relationships?
 - c. emotional health?
3. What are the benefits of music therapy?
4. What are the disadvantages of music therapy?

Significance of the Project for Social Work

It is recommended that the social work profession gain a better understanding of music therapy among the elderly. It is a social worker's responsibility to be aware of the latest forms of therapy available within various systems of behavioral health care. The results of this study will contribute to the library of research for the field of social work. Social work lacks research on this popularizing form of integrative therapy and this study will aim to represent the profession in the field of gerontology and alternative micro practices.

Music therapy among the elderly is a form of therapy that is being implemented and studied around the world. These international studies have found music therapy to be an effective intervention for improving quality of life, mood, socialization, and reducing physical pain. This study sought to validate such global findings as well as provide insight on the challenges of music therapy among the elderly for the social work profession

This study brought insight on working with the elderly during the evaluation phase of the generalist model. The generalist model consists of engagement, assessment, planning, implementation, evaluation, termination, and follow-up. Music therapy is a legitimate form of therapy because it is a "systematic process; it is goal directed and knowledge based, which helps the client to promote health through the relationships that develop from shared music experiences" (Blackburn & Bradshaw, 2014, p. 880). During the

implementation phase, clients receive treatment that will help them reach their goals as determined in the planning phase. During evaluation, clinicians and clients analyze the effect of the treatment. This study was an assessment of music therapists' evaluations of their work with the elderly population.

The hypothesis was that music therapy conducted in southern California would yield physical, emotional, social, and mental health benefits (i.e., experience a decrease in physical pain, have a better mood, have a sense of belonging, and less anxiety or stress) as was found in existing studies from around the world as well as introduce any spiritual benefits and challenges of music therapy among the elderly.

CHAPTER TWO

LITERATURE REVIEW

Introduction

The following literature review grouped pertinent information related to this study into three categories: music therapy among the elderly with dementia, music therapy among the elderly and holism, and music therapy among the elderly and palliative care. The common themes for the literature include: music therapy is an effective form of therapy for the elderly that can improve their quality of life, although quality of life itself is in need of more research; music therapy reduces anxiety, agitation, and depression for elderly with dementia; and music therapy can encourage a positive relationship between families of the elderly, therapist, caretakers, and the elderly individual. The data collected or reviewed from these articles comes from countries around the world, such as Australia (Horne-Thompson & Grocke, 2008; Ledger & Baker, 2006), Taiwan (Sung, Lee, Chang, & Smith, 2011; Chu et al., 2014), China (Tsang et al., 2014), Spain (Sole, Mercadal-Brotons, Galati, & De Castro, 2014), the U.K. (Blackburn & Bradshaw, 2014; O'Kelly & Koffman, 2007), and the U.S. (Ray & Mittelman, 2015; VanWeelden & Cevasco, 2009). Similar to aging and illnesses that come with aging, music therapy is global. The bulk of the literature presented was about music therapy among the elderly with dementia, which demonstrates that this area of research has been thoroughly explored. However, most of the studies

presented took place outside of the United States, which suggests that there is a need for further music therapy research in the U.S.

Music Therapy among the Elderly with Dementia

Blackburn and Bradshaw (2014) provided a literature review of six studies from Italy, U.S., Taiwan, Australia, and Israel, which looked at the effect of music therapy for the elderly suffering with dementia. The literature argued that music therapy effectively reduces anxiety, depression, and agitated behavior for elderly with dementia and improved quality of life. Not only was music therapy found to be cost-effective, the authors concluded that music therapy was a promising intervention for reducing anxiety, depression, and agitation among people with dementia (Blackburn & Bradshaw, 2014). Blackburn and Bradshaw (2014) recommended that those involved in working with the elderly population, this included social workers, look into music therapy as a treatment option for dementia.

Craig (2014) contributed a literature review of music therapy's effectiveness to reduce agitation in people suffering from dementia. Through her literature review, Craig (2014) concluded that 30-minute music therapy sessions twice a week were the most effective and should be facilitated by a professional music therapist. She also suggested that further research is needed that compares "different music types and their impact on behavior" (Craig, 2014, p. 5-6).

Sung, Lee, Chang, and Smith (2011) also explored music therapy's effect on people with dementia, but included the nursing staff's attitude towards this alternative therapy through a cross sectional study. Their study took place in Taiwan. They argued that the nursing staff holds positive attitudes towards the use of music therapy. The authors believed that the nursing staff could be educated on appropriate techniques of music therapy generating a cost-effective means of providing this service without relying on expensive music therapists. Sung, Lee, Change, and Smith (2011) concluded that music therapy is a staff supported form of alternative therapy that can improve patients' mental health.

Chu et al. (2014) also provided a study of music therapy in the elderly with dementia. This study took place in Taiwan. They used 30-minute music therapy sessions twice a week for six weeks. Their findings suggested that music can serve as a distraction from unpleasant feelings of pain associated with dementia. The authors also encouraged future studies to include larger sample sizes.

Sole, Mercadal-Brotons, Galati, and De Castro (2014) directed a study in Spain that explored the effects of music therapy on the elderly suffering from dementia. They specifically looked at music therapy's effect on quality of life, affect, and participation. The study consisted of 16 participants who received 12, 45-60-minute music therapy sessions facilitated by a trained music therapist. The authors did not find significant results for quality of life or

affect, and participation during the sessions remained high. The authors encouraged future studies to explore the “meaning of quality of life” (Sole, Mercadal-Brotons, Galati, & De Castro, 2014, p. 901) for the elderly with dementia receiving music therapy.

Mendes (2015) contributed a general analysis of music projects around the world with elderly people with dementia. According to Mendes’ report, there were many initiatives to use music as a way to “unlock” a person with dementia. Dementia, a debilitating disease, takes away a person’s ability to communicate with others. “Music allows people with dementia the opportunity to reconnect with their memories, their identities and with the people around them” (Mendes, 2015, p. 514).

Ray and Mittelman (2015) conducted a study of 132 people with moderate to severe dementia living in nursing homes and the impact music therapy had on dementia symptoms of agitation, depression, and wandering. This study took place in the U.S. Guided by the need-driven theory, dementia-compromised behavior model which “suggests providing individuals with activities appropriate to their cognitive and physical abilities and their personal interests” (Ray & Mittelman, 2015, p. 4), this study explored how agitation, depression, and wandering symptoms among the elderly with dementia would be impacted after two weeks of not receiving two weeks of group music therapy interventions. Board certified music therapists used live instruments to play preferred songs by the participants. Participants were

invited to engage in active and passive music interventions. The results of the study showed that music therapy interventions did reduce depressive and agitated symptoms but not wandering symptoms. Ray and Mittelman (2015) argued that the results of their study “suggested that the music therapy interventions had effects on symptoms of depression and agitation, over and above any medication effects” (p. 14). Other findings from the study were “increased attention to task, observable instances of pleasure, and decreased motor activity” (p. 17).

Lou (2001) conducted a literature review on the impact of music to reduce agitation in the elderly with dementia. Lou (2001) wrote that music therapy is particularly of interest in treating agitation among the elderly with dementia because of music’s “multidimensional nature...that touches the individual’s physical psychological and spiritual levels of consciousness” (p. 165). Music “promotes healing, which is reflected by a balanced state of mind and body and spirit” (Lou, 2001, p. 166). For this literature review, Lou (2001) looked at seven studies. These seven studies were quasi-experimental, experimental, and case reports. All studies explored music therapy’s impact on agitation among the elderly with dementia. The locations of where the studies took place were not reported. Lou (2001) found music therapy reduced agitation among the elderly with dementia which improved quality of life. However, Lou (2001) argued that most of the studies lacked theoretical framework to support the studies.

Music Therapy among the Elderly and Holism

Tsang et al. (2014) included music therapy as a mind-body intervention in their review. In their review, they wrote that music has helped patients in intensive care units reduce their perceived pain. The authors encouraged future studies on music therapy's holistic benefits for clients.

O'Kelly and Koffman (2007) conducted a qualitative study in the UK regarding music therapy as it is used in adult palliative care. The authors interviewed 20 professionals and focused on the following four items: 1) attitudes toward music therapy, 2) perceived scope of music therapy, 3) music therapy and holism, and 4) music therapy within palliative care. Their study found positive results in all four categories. The interviewees were supportive of music therapy's holistic approach to improving well-being among patients receiving palliative care. O'Kelly and Koffman (2007) stressed that practitioners "need to be proactive in raising awareness of the nature of their work" (p. 239).

VanWeelden and Cevasco (2009) surveyed 36 "high functioning, relatively healthy and active, and living in noninstitutional settings" elderly people (p. 149) for their musical preferences. VanWeelden and Cevasco (2009) wrote that elderly people are "looking for experts that will lead and tailor activities to meet their needs and preferences" (p. 148). VanWeelden and Cevasco (2009) reported that their study found that elderly people prefer to sing music not from their young adult years, age 18-25, which is contrary to

their literature research. In the author's study, the elderly preferred music from before their young adult years. VanWeelden and Cevasco (2009) recommended that music therapists be more aware of the popular music chosen to be played in music therapy sessions because the perceived popular music may not be what the elderly prefer.

Sorrell and Sorrell (2008) wrote a report on the "healing" powers of music for older adults. The report provided a look at the effect of music in dementia care and music in depression, as well as implications for using music with older adults. The authors wrote that music therapy "is a well-established health care profession that uses music to help meet the physical, emotional, cognitive, and social needs of individuals of all ages" (Sorrell & Sorrell, 2008, p. 22). The authors reported that the "nursing home administrators believe the music activities help bring back the beauty back into residents' lives and enhance residents' communication with others" (Sorrell & Sorrell, 2008, p. 23). However, the authors also noted that music therapy can be complex because there are "cultural influences, private emotions, and personal memories" (Sorrell & Sorrell, 2008, p. 23) addressed with the use of music therapy.

In a short clip for the documentary, "Alive Inside: A Story of Music & Memory," a documentary that looked at the relationship between music and the brain among the elderly, Dr. Oliver Sacks, MD, neurologist and author, commented that "music has more ability to activate the brain than any other

stimulus” ([Movieclips Film Festivals & Indie Film], 2014). In a short clip from the film, Henry, an elderly man in a nursing home suffering from seizures, was seen immobilized on a wheel chair, he was “unresponsive, and almost not alive” ([Movieclips Film Festivals & Indie Film], 2014). After given a pair of headphones playing his favorite religious music, Henry began to move slowly, hum, and his facial expression lightened up. Henry was “animated by the music” ([Movieclips Film Festivals & Indie Film], 2014), he had “reacquired his identity for a while through the power of music” ([Movieclips Film Festivals & Indie Film], 2014). Henry’s speech returned and was awakened by music, an effect that pharmacological medicine may not be able to provide.

Music Therapy among the Elderly and Palliative Care

Horne-Thompson and Grocke (2008) studied the effects of music therapy on anxiety for people who are terminally ill. The authors study consisted of one 20-40-minute music therapy session facilitated by a professional music therapist. Horne-Thompson and Grocke’s (2008) study found that music therapy not only significantly reduced the level of anxiety in patients suffering from a terminal illness but may also improve relationships between families and the patient. A terminal illness affects all members of a family and anxiety can be felt by all members.

Turner (2001) included descriptions of music therapy used in different settings. Of particular importance was music therapy among the elderly in hospice care. Music therapy not only “provide[d] some relief from pain, through

release of endorphins and promotion of relaxation” but also provided “an opportunity for the patient to reminiscence and talk about the fears that are associated with death and dying” (Turner, 2001, p. 1225).

One methodological limitation to the studies reviewed in this chapter was that there were different forms of music therapy that were used for each study. Music therapy can be implemented in many ways. More research would need to be done to identify the most effective therapy intervention to improve holistic health. Another limitation was how much music therapy was received by the participants. For example, Horne-Thompson and Grocke (2008) facilitated their study with just one music therapy session, whereas, Chu et al. (2014), Sole, Mercadal-Brotons, Galati, and De Castro (2014) conducted their study with 12 music therapy sessions. There were variations of length of the music therapy session and number of sessions, but even one music therapy session showed a difference and improvement in feelings (Chu et al., 2014). Furthermore, few of the presented literature suggested music therapy approaches that families can use with their elderly family relatives, and less focused on the spiritual and cultural component of music therapy among the elderly.

Theories Guiding Conceptualization

One major limitation to these studies was that most of the researchers did not discuss the theoretical perspectives that guided their research. This study was influenced by the concept of holism and guided by systems theory.

Holism means whole. Individuals are made up and influenced by many components, social, economic, political, cultural, spiritual, biological, and intellectual. These are all different for everyone. Music therapy has the potential to address each of the previously mentioned components, conducive to a holistic approach. Medications are necessary in some cases, however, they may not assist the individual in a holistic manner.

This study was influenced by ideology from one of social work's most popular theoretical approaches, systems theory. Systems theory holds that "families, couples, and organization members are directly involved in resolving a problem even if it is an individual issue" (Theories Used in Social Work Practice & Practice Models, 2014). In this way, support systems associated with the elderly individual have a part in improving the elderly individual's well-being.

This study built on past research that mentions but did not delve deep enough into music therapy's impact on social relationships among the elderly and staff, the spiritual/cultural component, and challenges of music therapy among the elderly. Sole, Mercadal-Brotons, Galati, and De Castro (2014) as well as Blackburn and Bradshaw (2014) mentioned that music therapy can provide an opportunity for the elderly to increase their socialization. Existing studies showed that music therapy had positive outcomes on physical and mental health; however, there was limited research on music therapy's effect on social relationships among the elderly and staff, and little to no discussion

on music therapy addressing spirituality/culture of clients or the challenges of music therapy among the elderly.

This study differed from past research because it focused on music therapy's effect on social relationships, specifically with staff, which encouraged the holism of music therapy, as well as explored the concerns of music therapy among the elderly, and introduced some insight on music therapy and spirituality. Based on the positive effects music therapy has on relaxation, and reducing anxiety and depression among the elderly, it was hypothesized that music therapy would encourage positive relationships between the elderly and their closest social supports, such as staff and family members. This study also explored the impact of music therapy among the elderly through a qualitative study. Most of the presented studies were quantitative. This study utilized qualitative research methodologies and gathered data directly from the service provider, the music therapists working with the elderly.

Summary

There was an array of research and discussion about music therapy, particularly music therapy among the elderly with dementia. Much of the literature supported that music therapy had a positive impact on recurrent pain, emotional expression, and mental health. Music therapy can be a holistic form of therapy, focusing on the physical, emotional, mental, and spiritual health of an individual. The social work profession promotes cultural

competency in its core values. Music therapy is a service that, due to its holistic features, fits into the repertoire of culturally competent services.

CHAPTER THREE

METHODS

Introduction

This study was designed to contribute knowledge within the social work profession about music therapy among the elderly. Interviews with nine music therapists located in Southern California were conducted in order to gather an in depth understanding about music therapy among the elderly. Data was collected through these interviews regarding the effectiveness of music therapy on the elderly's well-being and identified as what social workers should know about music therapy. Each participant was given an informed consent prior to the interview as well as a debriefing statement post interview.

Study Design

The purpose of this study was to explore music therapy among the elderly and to contribute to the social work profession's knowledge and understanding of music therapy's usefulness for the elderly community. The research method selected for this study were interviews. Interviews show, in depth, what social workers need to know about music therapy among the elderly. This study was designed to investigate the benefits and limitations of music therapy with elderly clients, its usefulness for social workers, and provided music therapists' perspectives. Music therapists are a reliable source of information regarding music therapy among the elderly as evidenced by

their training received in this form of therapy. Music therapists facilitated music therapy services and evaluated the efficacy of their work. This insightful perspective was needed to provide social workers a deeper understanding of music therapy to help determine whether music therapy is beneficial for their elderly clients.

This study was not without its limitations. One limitation was the sample size. The sample consisted of nine music therapists located in Southern California. Further details regarding the sample can be found under the section “Sampling” of this chapter. The small sample size did not represent every music therapists’ perspective on this subject, but did provide a foundation of what music therapy among the elderly is like and how social workers can use it. Another limitation was that not all nine music therapists were interviewed through a face-to-face session or telephone conversation. Three music therapists provided their interview answers via email, limiting communications and thus data collection.

Much of the discussed literature on music therapy among the elderly focused on its impact on the elderly’s well-being. Research has found that music therapy improved the elderly’s emotional, mental, social, and physical health. This study hypothesized that the interviewed music therapists would support the findings as per their experience working with elderly clients as well as provide an evaluation of the challenges of this service to this respective population.

Sampling

The sample for this study ($n = 9$) consisted of music therapists located in Southern California, specifically Orange County, Los Angeles County, and San Diego County. The sample was found by first conducting a search on the American Music Therapy Association (AMTA) website's directory. The researcher of this study was located in San Bernardino County, thus music therapists located in Southern California were preferred for interviews, and those located in San Bernardino County were highly preferred. Unfortunately, there were no music therapists located in San Bernardino County according to AMTA's directory. As of September 27, 2015 there were 167 certified music therapists in California, 25 music therapists located in cities within Orange County and Los Angeles County were contacted via email to participate in a graduate social work study regarding music therapy among the elderly. Out of the 25 therapists contacted, eight responded via email expressing interest to participate in an interview. Four music therapists from these eight were interviewed, the other four were unavailable for follow-up. A second round of recruitment through AMTA's website was done during the month of February 2016, this time expanding the invitation to San Diego County. Four more participants were gathered through this process. One music therapist was recruited through personal contact. The eight music therapists recruited through AMTA's public directory were certified. However, the music therapist recruited from the personal contact was not certified but had past experience

providing music therapy to the elderly. Music therapists were chosen as the sample because of their direct interaction with elderly clients, caretakers, attending staff, and social workers. It was believed that music therapists would be able to elaborate the most on the effectiveness and usefulness of music therapy among the elderly.

Data Collection and Instruments

The data collected for this study were qualitative data. The dependent variable was the effectiveness of music therapy on emotional, social, mental, and physical well-being among the elderly. The dependent variable was measured by the content of the interviewee's answers to open-ended questions. The dependent variable was at a nominal level of measurement. The independent variable was the exposure to music therapy itself. This variable was a nominal level of measurement as well. This independent variable was measured through a close-ended question: Do you (music therapist) conduct music therapy with the elderly? A complete form of interview questions is found in Appendix A.

Culturally sensitive interview questions were selected from the literature (Adenwalla, 1998; Fox, 1994) for this study. The strength of these questions was identified by their ability to allow the interviewees to elaborate on their answers to open-ended questions. A limitation to this questionnaire was that it was unable to encompass all there is to know about music therapy among the

elderly. There are areas still in need of research regarding music therapy, which will be discussed further in Chapter Five.

Procedures

Data from nine music therapists located in the cities of Orange County, Los Angeles County, and San Diego County were gathered for this study. The researcher arranged via email to meet with the participants in person for an interview; three music therapists met for an in person interview, three were interviewed over the phone, and three preferred contact via email. The participants were given an informed consent to sign. Those interviewed in person signed the informed consent in person, those interviewed over the phone gave verbal authorization for the researcher to sign an "X" on their behalf, and those interviewed via email, scanned and sent a copy of the signed informed consent along with their typed responses to the researcher. The participants were asked questions regarding the effectiveness and usefulness of music therapy among the elderly. The researcher interviewed the participants for 20-45 minutes, recorded the audio, and wrote notes for future point of reference. In order to ensure all data was recorded correctly, the researcher clarified questions and asked participants to repeat their answers as needed. After the interview, participants received a debriefing statement and any questions or concerns were addressed.

Protection of Human Subjects

All information from the participants was kept private and confidential through the omission of any identifying markers. The only information that was reported for each participant were the demographics which included: age, ethnicity, location of practice, years of music therapy experience, and others. Tables 1-4 include more information. Participants received an informed consent (Appendix B) prior to the interview and a debriefing statement (Appendix C) following the interview.

Data Analysis

The data collected from the interviews were transcribed in written form. The analysis looked for commonalities and differences among the participants' responses and organized the data into themes. The data were coded for benefits and challenges of music therapy among the elderly. The data were coded for further subdivisions. The analysis detected patterns generating themes. These themes sought to explain the effectiveness of music therapy on the elderly's emotional, physical, mental, and social well-being and how this information is important for social workers working with the elderly.

Summary

This chapter explained the methodology that was used to collect data and analyze the data. This study was a qualitative study. It was designed to gain a better understanding of music therapy among the elderly, its effectiveness on the well-being of the elderly emotionally, socially, mentally,

and physically, as well as its usefulness for social workers by exploring themes among interview responses.

CHAPTER FOUR

RESULTS

Introduction

This chapter presents the results of the transcribed and coded data gathered from the interviewed music therapists. Major themes and sub-themes derived from the transcribed and coded data were quantified. Direct quotes from this study's participants are used to further describe the presented themes and to highlight participants' emphasized points.

Presentation of the Findings

Major themes and sub-themes are outlined in the next section. Table 1 showed the demographics of the participating sample population of this study. Table 2 showed the presenting disorders of the elderly population as reported by the study's participants. Table 3 showed the facilities that the study's participants have facilitated the therapy service with the elderly. Table 4 showed the music therapists' preferred interventions with the elderly. Table 5 showed the benefits of music therapy among the elderly by domain, theme, and sub-themes. Table 6 showed the challenges of music therapy among the elderly by domain, theme, and sub-themes.

Table 1. Demographics of Sample, n = 9

Age		
Mean		42.2 years
Median		43 years
Mode		32 years
Gender		
Female		8
Male		1
Ethnicity		
White/ Caucasian		7
Creole		1
Russian American		1
MT experience with Elderly in years		
Mean		13.1 years
Median		9 years
Mode		2 years; 13 years
Currently working with the elderly		
Yes		7
No		2
County of Practice		
Los Angeles		3
San Diego		3
Orange		2
Unknown		1

Demographics

Table 1 showed the age, gender, ethnicity, music therapy experience with the elderly, and county of practice as reported by the participating sample (n = 9). The mean age was 43 years old. Eight of the nine participants were

female. Seven participants reported a White/Caucasian ethnicity, one identified as Creole, and one as Russian American. The average years of music therapy experience with the elderly was 13 years. The range of music therapy experience with the elderly was two years to 42 years. Seven music therapists reported that they were still providing music therapy services to the elderly at the time of the interview. Two music therapists had previous experience providing music therapy to the elderly. Six participants reported practicing music therapy in Los Angeles (n = 3) and San Diego (n = 3) counties. Two participants practiced in Orange County and one participant's location of practice was unknown.

Table 2. Presenting Disorders of the Elderly as Reported by Sample

Dementia	9
Alzheimer's	8
Stroke	4
Other (Agitation-psychosis management, surgery, cancer, Parkinson's disease, many more)	4
Memory Impairments	2
Major Depression	2
Schizophrenia, Schizoaffective disorder-impulsive type	2
Terminal diagnosis	2
Assistance with Daily Living	2
Anxiety	1

Participants reported working with elderly presenting an array of disorders. Table 2 showed the presenting disorders of the elderly as reported by the sample, rank ordered. Dementia (n = 9) was reported by all participants, followed by Alzheimer's (n = 8). The least reported presenting disorder was anxiety (n = 1).

Table 3. Facilities Sample Provided Services to the Elderly

Skilled nursing facility	5
Assisted living facility	5
Hospitals	4
Nursing home	4
Memory care unit	4
Other (hospice, group home, rehabilitation center, retirement communities, facility for Alzheimer's association, acute inpatient psychiatric unit, residential facilities)	4
Boarding Care	2

Participants reported working in almost every facility available for elderly care. Table 3 showed the reported facilities, rank ordered. The two top reported facilities were skilled nursing facilities (n = 5) and assisted living facilities (n = 5). Hospitals (n = 4), nursing homes (n = 4), and memory care units (n = 4) were other common responses. Boarding care was the most uncommon response (n = 2).

Table 4. Preferred Music Therapy Interventions for the Elderly as Reported by Sample, (n=9)

Singing	7
Songwriting	5
Live music /Active Music Making	5
Guitar	3
Percussion	3
Rhythmic imitation	2
Keyboard	2
Clients' request	2
Music and movement	2
Receptive music listening	1
Lyric analysis	1

Table 4 demonstrated the music therapists' preferred music therapy interventions for the elderly. Singing (n = 7) was the most reported preferred music therapy intervention, followed by songwriting (n = 5) and live music/active music making (n = 5). Receptive music listening (n = 1) and lyric analysis (n = 1) were the least reported preferred music therapy interventions with the elderly.

Table 5. Benefits by Domain, Theme, and Sub-Theme

Domain #1: Emotional (27 total)	
Emotional Expression (10)	(3)
Music matches mood	(3)
Non-threatening	(2)
Mind body connection	(1)
Emotional release for end of life	(1)
Mood Uplifts (10)	(5)
Smiles	(3)
Reduced Agitation	(2)
Reduce Isolation	(5)
Memory	(2)
Domain #2: Physical (21 total)	
Breathing, hand/eye coordination	(5)
Fine and gross motor improvement	(5)
Interdisciplinary team	(4)
Muscle building	(3)
Pain reduction	(3)
Music as a motivator	(1)
Domain #3: Social (20 total)	
Staff interaction present	(6)
Family Connection	(4)
Staff not present	(3)
Interaction with peers	(3)
Validation	(2)
Safe sharing	(1)
Awakened	(1)

Domain #4: Cognitive (19 total)	
Stimulates memories	(6)
More alert	(4)
Mood improvement	(2)
Choice making	(2)
Awakening	(2)
Reflections	(1)
Safe expression	(1)
Learning	(1)
Domain #5: Other (14)	
No other benefits reported	(4)
Family relationships	(2)
Songwriting for expression	(2)
Quality of life	(2)
Reduce pain medication	(1)
Spiritual	(1)
Social	(1)
Vulnerability	(1)
Benefits Totals	101

Benefits

Benefits were the positive outcomes from music therapy among the elderly as observed and reported by the interviewed music therapists. A total of 101 statements were identified as benefits. The benefit statements were arranged into five, rank ordered domains: Domain #1: emotional benefits (n = 27), Domain #2: physical benefits (n = 21), Domain #3: social benefits (n = 20), Domain #4: cognitive benefits (n = 19), and Domain #5: other

(n = 14). Subsequent themes and sub-themes for each domain were shown in Table 5.

Domain #1: Emotional Benefits

Emotional benefits were defined as positive outcomes regarding the emotional state and expression of the elderly. Four themes emerged under this domain: emotional expression (n = 10), mood uplifts (n = 10), reduce isolation (n = 5), and memory (n = 2). Statements for emotional expression were further sorted into four sub-themes: music matches mood (n = 3), non-threatening (n = 2), mind body connection (n = 1), and emotional release for end of life (n = 1). Two sub-themes were developed for mood uplifts which were: smiles (n = 3) and reduced agitation (n = 2).

The first theme, emotional expression (n = 10), included sub-themes as shown in Table 5. Participant 7 stated:

They make more emotional statements, and even if they are no longer verbal due to dementia, Alzheimer's or some other neurological disease, they will respond emotionally to music. They get tearful to a song that meant a lot to them, they might laugh if it is a funny old song that they used to laugh to especially when the reminiscence part comes in. (personal interview, February 2016)

The statement above encompassed other similar responses related to music therapy's ability to evoke emotions "that range from tears to joy" (Participant 1, personal interview, February 2016). Other statements under

emotional expression discussed how music can match the mood (n = 3) of the elderly client which allows for a non-threatening (n = 2) space for emotional expression. An example of this was provided by Participant 3:

you then have to enter their world by selecting music which matches their mood. So if they're quiet, you're going to go quiet, but a little step up. You don't have to leave them listless and unresponsive. So, just a tiny little step up, probably something familiar, so their brains are not kind of shocked by what is that song? (personal interview, February 2016)

The intervention described above is known as the "iso principle" (Participant 3, personal interview, February 2016). The iso principle is defined as "a concept according to which a patient's musical mood can be matched to assist him or her in becoming aware of thoughts and recapture memories" (iso principle, n.d.). Participant 9 described the use of the music therapy intervention known as songwriting with hospice patients which also facilitates emotional expression:

I've worked with people before to actually write songs...to leave behind for their families. So, you know leaving some sort of message and that for them was very emotionally cathartic...Then it gives them some emotional release being able to kind of validate their life. (personal interview, March 2016)

The statement above was categorized under the sub-theme: emotional release for end of life.

The second major theme was mood uplifts (n = 10). This theme covered statements made regarding observations on uplifted moods (n = 5), as well as smiles (n = 3) and reduced agitation (n = 2). Elevated moods as an outcome of music therapy was observed many times by music therapists. Participant 4 shared an observation of a mood switch from an agitated elderly person:

it was one of those moments where they had to take them down with a shot, and before that even happened, I was in group. A patient was at the end of the hall hearing the music, and began to dance, and his agitation switched through the music ...I believe they still had to give him a shot, but nonetheless, I saw that switch. (personal interview, February 2016)

A third theme was reduced isolation (n = 5). This theme consisted of statements which showed how music therapy sessions reduced isolation by engaging family members and staff with the elderly. As Participant 6 stated:

they were in a locked facility, so they don't have a lot of hope or things to look forward to. Their music therapy sessions were something that gave them something to look forward to in an environment like that. (personal interview, February 2016)

The fourth and final theme for this domain was memory (n = 2). As Participant 7 stated, “without the music to cue the memories, and the reminisce, there wouldn’t be the emotional result” (personal interview, February 2016).

Domain #2: Physical Benefits

Physical benefits were defined as positive outcomes on the elderly’s bodily movement and somatic improvements. Six themes merged under this domain: breathing, hand-eye coordination, movement (n = 5), fine and gross motor improvement (n = 5), interdisciplinary team (n = 4), muscle building (n = 3), pain reduction (n = 3), and music as motivator (n = 1).

The first theme for this domain was breathing and hand-eye coordination (n = 5). This theme covered statements which mentioned improved movement through hand-eye coordination and also improved breathing. Participant 1 reported “clients who sing/or play percussion instruments benefit physically in many ways, i.e., breathing, hand/eye coordination, movement” (personal interview, February 2016). In terms of breathing, Participant 7 explained the use of music therapy among elderly clients with respiratory issues such as pneumonia, apnea, and dyspnea, “getting them calm and relaxed so that their breathing is better and they get more oxygen saturation in their blood” (personal interview, February 2016). An example for movement improvement was provided by Participant 9, “playing drums or having certain songs that are certain beats per minute can

encourage someone to have a more steady gait” (personal interview, March 2016).

The second theme was fine and gross motor movement (n = 5). Although participants did not go into full description of what this looks like, five music therapists directly reported “motor skills” (Participant 6, personal interview, February 2016), and “motor control” (Participant 8, personal interview, March 2016) improvement.

The third theme was interdisciplinary team (n = 4). This theme gathered statements mentioning the collaboration with non-music therapy professionals. Among the common non-music therapy professionals mentioned were occupational therapists (n = 2) and physical therapists (n = 3). Participant 5 explained the importance of working with other professionals:

Rhythmical cueing sometimes helps to achieve results that cannot be achieved with mere physical therapy. That is why physical, occupational, and music therapists should be working together as a treatment team” (personal communication, February 2016)

The fourth theme was muscle building (n = 3). Again, this idea was directly mentioned three music therapists without much detail besides “muscle building” (Participant 2, personal interview, February 2016) and “endurance” (Participant 8, personal interview, March 2016).

The fifth theme was pain reduction (n = 3). Examples of pain reduction also included the word relaxation. Participant 5 mentioned, “progressive

relaxation may be necessary if the client has contracted and spastic muscles that cause him/her pain” (personal interview, February 2016).

The sixth theme was music as motivator (n = 1) for physical movement. As Participant 9 stated:

I'll sometimes go see a patient and they'll be there with their head down and just completely withdrawn. And then I'll come in and start playing or singing with them and the staff will be like, oh my gosh, you've lifted up her head or oh, she's reaching for that. Like, she never reaches for things anymore. And so again I just think it's a motivator of interest and that kind of spurs physical movement. (personal interview, March 2016)

Domain #3: Social Benefits

Social benefits were defined as positive outcomes on the elderly's socialization and relationships. Twenty statements under this domain were sorted into seven themes. The seven themes were: staff interaction present (n = 6), family connection (n = 4), staff not present (n = 3), interaction with peers (n = 3), validation (n = 2), safe sharing (n = 1), and awakened (n = 1). Staff interaction present (n = 5), family connection (n = 4), and interaction with peers (n = 3) will be reviewed further below.

Some music therapists mentioned that staff was not present during the music therapy sessions (n = 3). Six music therapists reported involvement of staff in the therapy session as well as observations of improved relationships between staff and the elderly. Participant 4 stated, “not only the nursing staff,

but the administration would even come in and get involved. So it's creating this team awareness...of what is going on...throughout the whole hospital" (personal interview, February 2016). Participant 5 also mentioned this idea of teamwork: "I usually involve the caregivers in my sessions...It develops the group cohesion (when I work in group format) and improves the relationship between the residents and the caregiver's team" (personal interview, February 2016).

Another example of improved social cooperation with staff was provided by Participant 3:

let me tell you one positive story about a music therapist's ability to interact with staff to the benefit of the staff member and the patient... One early afternoon I saw this gentleman in the corridor of a skilled nursing facility with a nursing assistant, and she was standing there and she was frozen... she told me that her supervisor had instructed her very directly to give this gentleman a shave. Now here we have a strong man, who tended to be aggressive, with a memory impairment, and the idea of using a razor, I think, and the idea of him maybe striking out at her, was obviously frightening to her... And I said to him, "You know, you're looking pretty handsome today." So of course he smiled. And I said, "But you know, there's one thing. Can I have your hand?" Well, how many times had I given him a rhythm instrument? He was perfectly willing to give me his hand..."You know, I think you could use

a shave"... "Here's the good news. She knows how to give you a shave." "Really?" I said, "Sure. And you need it" ... And as we were going down the hall, this is what I sang. Here comes the music. "How are you fixed for blades? You better look now. How are fixed for blades? You better check. Please make sure you have enough because a worn-out blade makes shaving mighty tough. How are you fixed for blades? Gillette blue blades, we mean." I used an old commercial that had been on TV for years and years and years. I got right into the memory bank because long term memory is the most preserved in a person with a memory problem. Well by the time we got to the room, he was just grinning from ear to ear. She was a lot more relaxed. And as she prepared to give him his shave, I could get out of the situation. He was stable. He was ready. He knew what was going on. He was going to hang on to who she was long enough to get the process done, if nothing else. There is a piece of music therapy.

(personal interview, February 2016)

Family connection (n = 4) was another major theme. Participant 7 reported, "a lot of the times I have family members that want to come to the session because they get to see their loves ones reignite again" (personal interview, February 2016). Participant 2 stated, "Family would tell me that they got to see their loved one remember something or smile or have an emotion or

stay awake or make eye contact, be more active than they would in other activities or in general” (personal interview, February 2016).

Interaction with peers (n = 3) was another major theme. Some examples of how music therapy interventions are used to facilitate interactions are provided below:

I actually have a song to cue, like an old song called Side by Side, that they will actually lean over and I have to set up the song that way to cue them; when you hear the part side by side, you are going to lean over and shake your neighbor's hand on your left and right. Or look across the circle and give a smile. (Participant 7, personal interview, February 2016)

Participant 6: “they would learn how to cooperate with each other, how to listen to each other, how to not overpower each other. A lot of cooperation was practiced in the drumming groups” (personal interview, February 2016).

Such statements demonstrated the usage of music to cue cooperation and socialization among participating elderly clients in group session.

Domain #4: Cognitive Benefits

Cognitive benefits were defined as positive outcomes on the elderly’s mental well-being. Twenty statements for this domain were categorized into seven themes as follows: stimulates memories (n = 6), more alert (n = 4), mood improvement (n = 3), choice making (n = 2), awakening (n = 2), reflections (n = 1), safe expression (n = 1), and learning (n = 1). The following

is a review of the two major themes: stimulates memories (n = 6) and more alert (n = 4).

Statements about stimulated memories (n = 6) were the most common responses for this domain. Variations of the word stimulate were mentioned four times. The word recall was mentioned six times. Along with statements of stimulated and recalled memories were statements of fascination (n = 2) over music therapy's effect on the brain. Participant 4 reported, "just the fact that they're able to recall—some may not even be able to recall their name, but they can recall some lyrics from a song in the 1930s or 1920s. That always fascinates me" (personal interview, February 2016).

More alert (n = 4) is the second theme. The word alert was mentioned three times and the word attention was mentioned three times in statements regarding alertness. Participant 9 has observed "probably on a daily basis, just when someone's really engaging in the music or with the rhythms...that they just mentally are a little more sharp, maybe a little more alert, a little more there, a little more present" (personal interview, March 2016).

Doman #5: Other Benefits

Other benefits were defined as any other positive outcomes observed by music therapists. Fourteen statements emerged from this domain and eight themes were developed: no other benefits were reported (n = 4), family relationships (n = 2), songwriting for expression (n = 2), quality of life (n = 2), reduce pain medication (n = 1), spiritual (n = 1), social (n = 1), and

vulnerability (n = 1). Family relationships have been previously reviewed and will be not be discussed to avoid reiteration. Songwriting for expression (n = 2) and quality of life (n = 2) are looked at further, below.

Songwriting, as the word implies, is an intervention where a song is composed with or by the client. Participant 9 explained:

songwriting or other ways can still explore those same types of existential questions or problems that may be arising for them at end of life. And can really be a way to explore the spiritual aspects along with the emotional and all of those things that all again are kind of intertwined. (personal interview, March 2016)

Participant 4 further explained this intervention's use on prompting reflection:

that's a great cognitive method, or something that can truly increase their mental ability, is songwriting because they've got to think about their past, they've got to think about their present and their future. So I've witnessed that. (personal interview, February 2016)

Quality of life (n = 2) was another top theme in this domain. Hospice care is often related to quality of life. On this topic, Participant 9 stated:

all hospice is is quality of life...providing these spaces where people can ask these questions and have the space to review their life and feel okay about what they did and who they are and who they were and be able to let go of that... I think when you're talking about spiritually and

culturally, that's two things that are usually so engrained in people. You know, that's at least their whole life scheme, their whole way that they've approached their life... to be able to validate those and whether it's singing cultural songs from their background that evoke memories or you're spiritually supporting that piece, I think both of those tie into validating who they are as a whole person. And when you do that it's that recognition of who they are and celebrating who they are and who they've been and allowing them to celebrate that as well. (personal interview, March 2016)

Table 6. Challenges by Domain, Theme, and Sub-Theme

Domain #1: Emotional (24 total)	
No challenges reported (8)	(6)
Smiles, happy	(2)
Importance of MT over volunteer (5)	(3)
MT safely manages neg. cl. response	(2)
Frustration	(5)
Sensitivity to volume	(3)
Respect cl.'s nonparticipation	(1)
Short time with the elderly	(1)
No change/ progress	(1)
Domain #2: Physical (14 total)	
No challenges reported	(7)
Precautions due to fragility	(3)
Staff assists	(2)
MT professional versus intern	(1)
Tiredness	(1)

Domain #3: Social (13 total)	
No challenges reported	(8)
Preventative measures taken	(1)
Money	(1)
Group size is too large	(1)
Annoying each other	(1)
Music is not for everyone	(1)
Domain #4: Other (13 total)	
No challenges reported	(6)
Volume	(2)
Different ages, different music preferences	(2)
Act cautiously	(1)
Music is a universal language	(1)
Too many people	(1)
Domain #5: Cognitive (12 total)	
No challenges reported	(6)
Choosing the wrong song brings bad memories	(3)
Frustration	(2)
Spirituality	(1)
All totals (76)	
Challenges Totals	(43)
No challenges reported Totals	(33)

Challenges

Challenges were any obstacles or negative responses to music therapy as reported by the interviewed music therapists. Seventy-six statements were gathered and grouped into the following rank ordered domains: Domain #1: emotional (n = 24), Domain #2: physical (n = 14), Domain #3: other (n = 13),

Domain #4: cognitive (n = 12), Domain #5: social (n = 13). Table 6 showed the themes and sub-themes developed for each domain, rank ordered.

Domain #1: Emotional Challenges

Emotional challenges were defined as negative experiences by the elderly from receiving music therapy. Seven themes were developed for this domain: No challenges reported (n = 6), importance of MT over volunteer (n = 5), frustration (n = 5), sensitivity to volume (n = 3), respect client's nonparticipation (n = 1), short time with the elderly (n = 1), and no change/progress (n = 1). One sub-theme emerged for importance of MT over volunteer which was labeled as: MT safely manages negative client response (n = 2). Smiles, happy (n = 2) was identified as a sub-theme for no challenges reported.

No challenges reported (n = 6) for this domain were supported by answers such as, "I haven't seen negative results...from my perspective, when I look at it as an extremely depressed person who smiles, then there is no negative." (Participant 4, personal interview, February 2016). Responses of no challenges reported were at times followed by an explanation of how the music therapists works with the negative emotional response. Such explanations were grouped under the Importance of MT over volunteer (n = 5) theme. An example of this was Participant 1's statement:

none that I have ever witnessed in my work as a music therapist. Due to my training, education and extensive clinical experience I have been

able to use music therapy interventions to safely manage and contain any client responses that may appear initially to be negative.

(Participant 1, personal interview, February 2016)

On a similar level, frustration (n = 5) was a common emotional challenge.

Participant 3 reported:

I do have a couple of people, they are tremendously angry, and about the only thing you can do is a respectful greeting, and try to get into their world by asking, "Are you comfortable today?" (personal interview, February 2016)

Participant 2 stated: "Sometimes they would get angry or frustrated, you know? But that's part of any therapy process, physical therapy, occupational therapy, music therapy, traditional talk therapy" (personal interview, February 2016).

Domain #2: Physical Challenges

Physical challenges were identified as negative encounters with the elderly's somatic system. There were five emerging themes for this domain which were: no challenges reported (n = 7), precautions due to fragility (n = 3), staff assists (n = 2), MT professional versus intern (n = 1), and tiredness (n = 1).

No challenges reported (n = 7) were composed of no answers provided (n = 4) and statements of no observed physical challenges (n = 3). Such

responses were followed by statements of precautions (n = 3) taken to limit physical challenges. An example of this was in Participant 7's answer:

Occasionally, if we are doing instruments play and there is somebody that has pain or something so they can't play, but everything is adaptable and we will say, just sing along with this one or tap your toes. It is not really a negative response, because it is adaptable. (personal interview, February 2016)

Participant 3 stated:

You also have to be very careful not to make a person too tired, even if what you are presenting may be positive. You have to remember who the stronger person physically is, and that's the therapist. So you have to watch very carefully for signs from someone getting too tired.

(personal interview, February 2016)

Domain #3: Social Challenges

Social challenges were identified as negative or absent interactions with staff, peers, and family members. Eleven statements for this domain were sorted into six themes which were: no challenges reported (n = 8), preventative measures taken (n = 1), money (n = 1), group size is too large (n = 1), annoying each other (n = 1), and music is not for everyone (n = 1).

No challenges reported (n = 8) was the most common response in this domain. Five participants gave no response to this domain. Other responses for this domain included issues of money (n = 1), group size being too large

(n = 1) and group members annoying each other (n = 1). As Participant 7 stated, “when the group size gets too big, then there are people who get lost in the shuffle” (personal interview, February 2016) and added:

a very common thing that does happen and facilities want to get the most out of their money, but they are actually lessening the process, because the negative response could be that their clients are being looked over or not getting as much attention, which is true, but you can't with 40 people in the group. (personal interview, February 2016)

Furthermore, Participant 9's response also comments on group music therapy and the occurrence of peer annoyance:

a few times when I've done groups of people with Alzheimer's or dementia, there'll be one person who loves music and then just starts singing a whole bunch of stuff on their own and that annoys the other person. (personal interview, March 2016)

Domain #4: Other Challenges

Other challenges were any other challenges observed by the interviewed music therapists. Thirteen statements were gathered and organized into six themes as follows: no challenges reported (n = 6), volume (n = 2), different ages, different music preferences (n = 2), act cautiously (n = 1), music is a universal language (n = 1), and too many people (n = 1).

No other challenges reported (n = 6) was the most common response for this domain. Four participants did not provide responses. The two other

themes with the most responses were volume (n = 2) and different ages, different music preference (n = 2). Volume was an issue due to the situation or environment where music therapy was provided. As Participant 7 stated:

volume is an issue, mostly when the facility is trying to squeeze 30 to 40 people in the group when it is meant to be 15. A lot of people get frustrated that they can't hear or see. Again, that is not really on the music therapist and we try to structure it for success, but we can only take that so far. (personal interview, February 2016)

On different ages, different music preferences, Participant 7 stated: "it's better to have people in similar age ranges, if possible, like mostly older adults like 70 and older in one group, as opposed to having a couple younger people thrown in there" (personal interview, February 2016).

Participant 9 stated, "sometimes people can become more agitated if they don't want music...and they don't have the verbal communication anymore to be able to tell you" (personal interview, March 2016). Participant 9 further explained, "Maybe you play a song they don't like or if they just don't want music at all" (personal interview, March 2016) which can be a challenge for providing the music therapy service.

Domain #5: Cognitive Challenges

Cognitive challenges were defined as adverse experiences of music therapy on the elderly's mental state. Twelve statements were recognized in this domain. There were five themes for this domain as follows: no challenges

reported (n = 6), choosing the wrong song brings bad memories (n = 3), frustration (n = 2), and spirituality (n = 1).

Similar to the previous domains on observed challenges, no challenges reported (n = 6) was the top theme for this domain. Four participants did not provide a response, which was interpreted as no challenges reported.

Choosing the wrong song brings bad memories (n = 3) was a common response in this domain. This theme simply means that there were songs that trigger memories with “subsequent emotions” (Participant 8, personal interview, March 2016). As Participants 3 stated:

There is harmful music ...if you're talking specifically elderly people, you might need to go as far back as Vietnam, but this applies to anybody. You know that these people have seen awful things, and you know that they've probably lost friends. You're not going to approach them with a song, the lyrics to which are "My buddy, my buddy, your buddy misses you." You're not going to do that. (personal interview, February 2016).

Frustration was present in responses which described elderly client's difficulty remembering names of songs, for example. Spirituality was described as challenge in terms of choosing an appropriate song for the client's religious beliefs.

Summary

This chapter summarized 177 statements made by nine music therapists on witnessed benefits (n = 101) and challenges (n = 76) of music therapy among the elderly. The statements under benefits and challenges were further sorted into five rank-ordered domains for each category. The domains were emotional, social, physical, cognitive, and other. For both benefits and challenges, the emotional domain received the most statements than any other of the categories' domains, with a total of 27 and 24 statements, respectively. The next domain that was most discussed for both benefits and challenges was physical, with 21 and 14 statements respectively. The social domain was the third most discussed domain, with 20 benefits statements to 13 challenges statements. A total of 33 themes and six sub-themes emerged for the benefits category. Twenty-eight themes and two sub-themes were identified under the challenges category. Emotional expression and mood uplifts were the most discussed themes for the benefits category with ten statements each. The theme with the most responses in the challenges category was no observed social challenges reported with a total of eight responses.

CHAPTER FIVE

DISCUSSION

Introduction

Chapter Five is composed of a discussion on the results of the study as were presented in the previous chapter. Study limitations are also presented as well as recommendations for future social work practice and research.

Discussion

The purpose of this study was to explore the benefits and challenges of music therapy among the elderly. The discussion will examine the findings among the participants' responses regarding the emotional, physical, social, cognitive, and other benefits and challenges of music therapy among the elderly.

Benefits Category

The benefits category had the most statements out of the two categories, with a total of 101 statements. The most discussed domain was Domain #1: emotional benefits with 27 statements, followed by Domain #2 physical benefits (n=21), Domain #3: social benefits (n=20), Domain #4: cognitive benefits (n=19), and Domain #5: other benefits (n=14).

The music therapy and dementia literature presented in Chapter Two presented themes of reduced agitation among the elderly with dementia (Blackburn & Bradshaw, 2014; Craig, 2014; Ray & Mittelman, 2015; Lou,

2001) as well as reduced anxiety (Blackburn and Bradshaw, 2014; Horne-Thompson & Grocke, 2008) and depression (Blackburn & Bradshaw, 2014; Ray & Mittelman, 2015). In this study, reduced agitation was a sub-theme to mood uplifts. Mood uplifts (n=10) was one of the two major themes for the emotional domain. The literature specified that reduced agitation was found among the elderly with dementia. However, the finding for this study did not specify reduced agitation symptoms for a particular disorder. The majority of the literature found and presented in Chapter Two was on dementia. All nine participants for this study reported having experience working with the elderly suffering from dementia.

Unlike the literature which found decreased symptoms of anxiety and depression, this study's participants mentioned working with elderly with disorders of depression (n=2) and anxiety (n=1). However, a specific impact on these two disorders were not reported by the participants. Rupert et al. (2010) studied the perceptions of non-medical personal on the elderly suffering from depressive symptoms. The authors found that there was a "tendency to under diagnose depression in this population" (Rupert et al., 2010, p.31). This could explain the lack of depression mentioned as a presenting disorder among the elderly by this study's participants.

The common finding in the presented literature for physical benefits was reduced pain (Tsang et al., 2014; Chu et al., 2014; Turner, 2001). In this study, the predominant theme for Domain #2: physical benefits, was breathing

and hand eye coordination (n=5), followed by fine and gross motor movement (n=5). Reduced pain (n=3) was mentioned under this domain but was not as common in participants' responses.

An area that was not mentioned as prevalently in the presented literature as other areas was the social benefits of music therapy among the elderly. Mendes (2015) and Sorrell and Sorrell (2008) mentioned that music therapy has the capability to improve social relationship among staff, families, and peers. O'Kelly and Koffman (2007) and Sung, Lee, Chang, and Smith (2011) stated that nursing staff have positive perspectives on the use of music therapy among the elderly. However, this area was not explored deeply or supported by quantitative or qualitative studies. In this study, participants reported observations on improved relationships among the elderly with staff (n=6), families (n=4), and peers (n=3). This study provided specific examples, in Chapter Four, that illustrate the improved relationships between staff and elderly, family and elderly, and the elderly with each other.

An additional area of interest was cognitive benefits. In the presented literature, the most common themes for mental benefits was cognitive stimulation (Mendes, 2015; Sorrell & Sorrell, 2008; [Movieclips Film Festivals & Indie Films], 2014; Turner, 2001) and attention (Ray and Mittelman, 2015). This study's participants' responses matched the themes of cognitive benefits as presented by the existing and presented studies. Half of the twenty

statements for cognitive benefits were for the themes of stimulating memories and more alert, with six and four comments respectively.

The “other” domain was created for participants’ to add any observations with the purpose of providing a holistic perspective. Similar to the presented literature, the theme of spirituality is in need of more research as it was mentioned once in the benefits category yet is important for the concept of holism. Another topic not commonly covered in the literature was holism, specifically music therapy addressing spirituality, and quality of life. Tsang et al. (2014) recommended more research on the issue of holism. O’Kelly and Koffman (200), VanWeelden and Cevasco (2009), and Sorrell and Sorrell (2008), wrote on the potential of music therapy to address and incorporate spirituality. Actual research, however, and evidence was not provided. Quality of life was another theme in the literature. Blackburn and Bradshaw (2014), Sole, Mercadal-Brotons, Galati, and De Castro (2014) and Lou (2001) recommended more research to be done in this area as well as an exploration of what quality of life means. This was also a common theme under the other benefits domain. Participants who addressed this issue discussed the need for more research because music therapy can improve overall quality of life.

Challenges Category

The challenges category had 76 statements. Thirty-three of these statements for this category were no challenges reported responses. About 44 percent of the responses in this category were no observed challenges in any

of the study's relative five domains. When there were challenges to report the four most mentioned issues, all domains considered, were: 1) frustration (n=5); 2) Importance of MT over volunteer (n=5); 3) choosing the wrong song brings bad memories (n=3); and 4) precautions due to fragility (n=3). The first two challenges emerged from the emotional challenges domain, the third from the cognitive challenges domain, and the fourth from the physical challenges domain.

Frustrated clients were not a major challenge in the presented literature. In this study, frustration was a major theme in the challenges category. However, participants followed up such concern with statements about how the music therapist, as any therapist, is equipped with tools to deal with frustrated clients. Such responses were sorted under the importance of MT over volunteer theme.

Participants in this study provided examples regarding the difference of a trained music therapist and a music therapy intern or volunteer. The participants emphasized a point the literature (Sung, Lee, Chang, & Smith, 2011) raised as well. This point, in summation, was that certified music therapists are qualified professional therapists who have knowledge and practice on how to de-escalate a client exhibiting intense emotions such as frustration. A music therapist is not just a person who plays music to simply entertain a group of people, a music therapist addresses and works with the

emotions and behaviors that surface among receivers of the service, that is the therapy aspect.

A third common challenge was choosing the wrong song brings bad memories (n=3). This challenge, also mentioned in the presented literature (VanWeelden & Cevasco, 2009; Sorrell & Sorrell, 2008), means that there is risk of presenting a song which evokes a painful memory or emotion for the client. It is an issue to be aware of because of holism. Every person is different with different experiences. A therapist, be it music therapist or clinical social worker, must provide competent service, which means exploring and familiarizing oneself with the client's personal history, and providing appropriate services to the client based on their individual needs, this includes spiritual and cultural needs. For music therapists this may mean refraining from playing particular songs with a certain theme. Along the same lines, the last theme that will be discussed is precautions taken due to fragility (n=3).

Precautions taken due to fragility (n=3) emerged under the physical challenges domain. This theme, again, raised the issue of awareness specifically from the therapist. It is recommended to frequently assess the elderly client's strength and physical ability. When in doubt of how to assist or move an elderly person, it is advisable to seek assistance from nursing staff or an occupational therapist. This point supports social work's value of providing service within a scope of practice.

The hypothesis for this study was that music therapy conducted in southern California would yield physical, emotional, social, and mental health benefits as was found in the presented literature as well as introduce any spiritual benefits and challenges of music therapy among the elderly. Several of the literature's findings such as decreased physical pain, mood improvement, having a sense of belonging, lessened anxiety or stress, and more, as previously discussed, were supported by this study's participants' responses. This study also managed to gather some perspective on the challenges as well as briefly address the spiritual benefits of music therapy. However, more research in the area of spirituality and music therapy is highly recommended in order to further address the concept of holism and systems theory.

Limitations

There were several limitations to this study some of which have been briefly mentioned in this chapter. The following is an overview of the limitations found in this study.

The first limitation was that this study did not look at what symptoms were addressed with music therapy relative to a specific disorder. The presented studies in Chapter Two addressed specific symptoms relevant to dementia, for example. This study simply looked at the overall benefits and challenges of music therapy.

Another limitation was researcher bias. The researcher of this study coded and interpreted the data. Data presented in this study were up to the researcher's discretion.

The third limitation was in regards to the "other" domain for both the benefits and challenges categories. Even though the "other" domain was left open for the participant's interpretation, the researcher of this study was anticipating comments on the benefits and challenges of music therapy on spirituality or culture. Only one participant mentioned music therapy's potential to address the spiritual and culture components of an individual.

The fourth limitation was addressed in Chapter Three. As mentioned in Chapter Three, there were three participants that were interviewed via email. This method limited expansion on data and clarification on interview questions.

Recommendations for Social Work Practice, Policy and Research

This study was guided by systems theory and the concept of holism. Both the theory and concept hold that there are multiple components in an individual's life which makes that person who he/she is. With that said, the researcher was interested in exploring how music therapy addresses multiple components in an elderly individual's life. The researcher prompted conversation on the emotional, social, physical, and cognitive components that make up a person. However, another component of interest was spirituality and culture, a topic which was not prompted by the researcher. It is

recommended for future studies on music therapy among the elderly, that spirituality and culture be prompted for conversation among participants in order to gather more data and to help further address holism.

Other issues that emerged in the data which could be further explored are money and large group sizes. As was found in the data, in order for facilities to get the most out of their money, staff attempted to include as many elderly clients into one music therapy session. This was problematic because attention and assistance cannot be given to 30 plus persons by one music therapist within a limited amount of time. This issue showed that music therapy is a popular service within facilities where elderly clients reside and that the population of elderly is in need of more alternative therapies, such as music therapy.

It is recommended of the social work profession working with elderly clients to consider music therapy as a service for this population and to advocate for smaller group sizes for effective therapy. Music therapy allows social workers to practice through systems theory by prompting social workers to learn about alternative therapies, such as music therapy. It also fits with social work's core values. The social work core values (NASW, 2016) addressed in these recommendations are service, integrity, competence, dignity and worth of a person, and importance of human relationships. The needs of individuals change as they enter new stages in their life. As individuals enter old age, there are an array of disorders awaiting. Common

disorders among old age include dementia and Alzheimer's. These disorders degenerate memory and speech which make traditional talk therapies difficult among the elderly. As was found in this study, music therapy has positive effects on emotional, social, physical, and cognitive health and has the potential to address the spiritual needs of the elderly. It is recommended for social workers to practice competently and with integrity. This means practicing within a scope of practice which may result in referring and linking an elderly client to a more appropriate service, possibly music therapy, that meets his/her needs. Social workers also value human relationships, and dignity and worth of a person. If music therapy is found to be an appropriate service for an elderly client, then a social worker needs to advocate for smaller group sizes when this service is provided. With smaller group sizes the impact of music therapy is greater; the service is more intimate, as therapy should be. The connection between a therapist, be it clinical social worker or music therapist, and client is important, as is suggested by social work's value of importance of human relationships. The dignity and worth of a client, no matter what disorder they may have, is important as well. It is a social worker's responsibility to assure that the elderly client's needs are met; music therapy as a holistic approach has the potential to do just that. Its holistic qualities make music therapy a fitting service that helps social workers meet the profession's values and elderly clients' needs.

Conclusions

This chapter discussed the benefits and challenges of music therapy among the elderly as well as compared major themes in the presenting literature with major findings in this study. There were several limitations to this study including but not limited to researcher bias and several factors that limited data collection. The researcher recommends that in order to further explore the concept of holism, as can be addressed by music therapy, to prompt conversation on the topic of spirituality and culture. As was found, there were 101 benefits to 43 reported challenges. The researcher also recommends for social work practitioners to advocate for the use of music therapy among elderly clients as there are numerous emotional, physical, social, and cognitive benefits for this population.

APPENDIX A
INSTRUMENT

Demographic Questions

1. What is your:
 - a. Age?
 - b. Gender?
 - c. Ethnicity?
2. In what county do you practice music therapy?
 - a. City/County?
3. How many years have you worked as a music therapist?

Interview Questions

1. Do you currently work with elderly clients?
 - a. Do the elderly client have any issues, disorders?
2. How many years have you worked as a music therapist with the elderly?
3. What types of facilities do you work as a professional music therapist providing clinical interventions among the elderly?
4. How have you incorporated the use of music into the treatment sessions with the elderly at your current place of employment?
5. What positive results have you observed following the therapeutic use of music with elders?
 - a. Emotionally
 - b. Socially, specifically relationship between elderly client and staff if applicable
 - c. Physically
 - d. Mentally
 - e. other
6. What negative results have you observed from the use of therapeutic music with the elderly?
 - a. Emotionally
 - b. Socially, specifically relationship between elderly client and staff if applicable
 - c. Physically
 - d. Mentally
 - e. other

APPENDIX B
INFORMED CONSENT

College of Social and Behavioral Sciences
School of Social Work

CERTIFIED MUSIC THERAPIST INFORMED CONSENT

The study in which you are being asked to participate is designed to investigate music therapy among the elderly: what social workers need to know. This study is being conducted by Adriana Navarrete under the supervision of Rosemary McCaslin, Ph.D., Professor of Social Work, California State University, San Bernardino. This study has been approved by the School of Social Work Sub-Committee of the Institutional Review Board, California State University, San Bernardino.

PURPOSE: The purpose of this study is to gain a better understanding of music therapy among the elderly. The issues to be addressed in this study are music therapy's impact on physical, emotional, social, and mental health of the elderly.

DESCRIPTION: You will be asked questions regarding the effectiveness and usefulness of music therapy among the elderly. The researcher will interview you for 20-45 minutes and will take notes, using short-hand. The researcher will clarify questions when needed and will ask you to repeat your answers when needed, in order to ensure all data has been recorded correctly. After the interview, you will receive a debriefing statement and the researcher will answer any questions or concerns.

PARTICIPATION: Your participation is completely voluntary and you do not have to answer any questions you do not wish to answer. You may skip or not answer any questions and can freely withdraw from participation at any time.

CONFIDENTIALITY: This research study is confidential. Confidentiality will be maintained by not using identifying information, such as name, age, or ethnicity in the study. Any identifying information collected during the interview will be kept safe in password protected computer. Audio recordings will be kept in a lock box. All protected identifying information and audio recordings will be destroyed 3 years after the project has ended.

DURATION: The duration of your participation in this interview is expected to be 20 minutes. The interview may be less or more than 20 minutes. This interview will not exceed 45 minutes.

RISKS and BENEFITS: There are no foreseeable risks or benefits as a consequence of this study. Your participation in this research study may increase the awareness of music therapy among the elderly in the social work profession.

CONTACT: If you have questions about the research and your rights, or concerns about research-related injury to yourself, you may contact Dr. Rosemary McCaslin, Professor of Social Work, California State University, San Bernardino. Phone: (909)537-5507. Email: rmccasli@csusb.edu.

RESULTS: Study results can be obtained after June 2016 at the John M. Pfau Library, located at 5500 University Parkway, San Bernardino, CA 92407. Phone: (909) 537-5000

I have read the information above and agree to participate in your study.

Mark: _____ Date: _____
(to maintain confidentiality, sign with an X instead of your full signature)

AUDIO RECORDING: I hereby give my permission to be audio recorded during this interview
Yes _____ No Mark _____ (sign with an X for confidentiality)

909.537.5501 • fax: 909.537.7029 • <http://socialwork.csusb.edu/>

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

APPENDIX C
DEBRIEFING STATEMENT

Music Therapy Among the Elderly: What Social Workers Need to Know Debriefing Statement

This study you have just completed was designed to investigate music therapy among the elderly: what social workers need to know. In social work, gerontology, the study of aging, is in need of more research studies of effective care for the elderly. This study seeks to explore music therapy's impact on physical, emotional, social, and mental health of the elderly as well as the challenges of music therapy among the elderly.

Thank you for your participation. If you have any questions about the study, please feel free to contact Adriana Navarrete or Professor Rosemary McCaslin at (909)537-5507. If you would like to obtain a copy of the group results of this study, please contact the John M. Pfau Library (telephone: 909-537-5091) located in the California State University, San Bernardino campus (5500 University Parkway, San Bernardino CA 92407-2318).

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