



Music Therapy and Dementia Care: Older Adults Living with Memory Disorders

DEMENTIA - A TYPE OF MEMORY DISORDER

Memory Disorders typically affecting older adults are diseases that cause progressive damage to the brain resulting in dementia. According to the Centers for Disease Control, 5 million adults in the United States are living with dementia, including Alzheimer's disease. Of the 5 million adults living with dementia, 80% of those live alone or with others in their communities, while 20% reside in care facilities. Residents in living communities are often placed due to limitations of living at home or with loved ones, as individual needs outweigh the abilities of the caregivers. Behaviors and symptoms that impact daily living can include agitation, wandering, repetitive questioning, depression and sleep problems.

FACTS ABOUT MUSIC THERAPY AND MEMORY DISORDERS

Clinical music therapy is the use of music within a therapeutic relationship between a client(s) and a board-certified music therapist. According to the 2018 AMTA Member Survey and Workforce Analysis, the work settings with the highest number of music therapists are in geriatric facilities, which include adult day care, assisted living, nursing home, geriatric non-nursing, and geriatric psychiatric units (AMTA, 2018, p. 15). Memory disorders with which board-certified music therapists (MT-BCs) work include, but are not limited to:

- ◆ Alzheimer's disease
- ◆ Vascular dementia
- ◆ Dementia with Lewy bodies
- ◆ Frontotemporal dementia
- ◆ Dementia caused by injury
- ◆ Mild cognitive impairment

Music Therapy in Older Adults Living with Dementia is...

- ◆ A holistic approach that relies on individual strengths and needs, positively impacts mood, behavior, cognition and mobility.
- ◆ A multi-modal means of expression, both verbal and non-verbal.
- ◆ Sensory stimulation, personally engaging, validating and comforting.
- ◆ A source of meaningful experiences between the caregiver and their loved one.

PURPOSES OF MUSIC THERAPY

- Provide structure and meaningful engagement
- Enhance daily living in an individual or group setting
- Promote communication and self-expression through singing, and active music making
- Improve mood and increase energy
- Encourage physical movement through active music making
- Decrease stress and agitation through predictable, pleasurable experiences



MUSIC THERAPY CLINICAL PROCESS

Prior to providing services, MT-BCs complete an Assessment to determine client(s) needs that can be addressed through music therapy, as well as strengths that can be activated during the process. They may use a variety of assessment tools and ask questions of the older adult and/or caregivers, when appropriate.

Music therapists may work as a member of a multidisciplinary team or on their own. Based on the information gathered from the client(s), clinical staff, family members and caregivers, music therapists engage in Treatment Planning to design a plan of care to support both long term goals and short-term objectives. Goals addressing anxiety, interaction, transitions, relaxation, physical activity and other needs would be included here.

Implementation of music therapy could include engaging in music making such as singing, songwriting and improvisation to promote self-expression, or the use of moving to music to facilitate the transition from the client room to the dining room for a meal. Clinical music therapy provides in-person support for client(s) by matching the live music to the needs of the client.

Important in the process of music therapy is continual Evaluation of the music therapy treatment and its effect on the client(s). Written documentation as well as appropriate verbal updates to staff/caregivers (per HIPAA guidelines) can provide information on the successful use of music to facilitate desired change. Board certified music therapists provide ongoing evaluation of the therapeutic process in order to best serve the client. Continuation or termination of services are based on a number of factors including client preference and funding (including third-party sources).

RESEARCH AREAS

How does it work?

Most people have a positive relationship with music, and long term memories of experiences in faith-based and educational settings will still be accessible to the person with memory loss. Because musical perception is processed throughout the entire brain, music activates all areas of brain tissue during both receptive and expressive musical behavior. Musical memory, therefore, is stored throughout the brain which means that it is accessible even in the late stages of memory disorders when only some brain tissue is still capable of functioning normally. Additionally, music stimulates the use of synaptic connections between neurons in the many specialized areas of the brain, which may otherwise remain dormant and lose function due to the characteristic inactivity of dementia and other memory disorders. Music therapy cannot reverse the loss of cognitive function, but it can maximize the existing function.

Does it work?

While pharmacological remedies for behaviors and psychological symptoms of dementia (BPSD) cause side effects (e.g., nausea, agitation, sleep difficulties), studies have shown that nonpharmacologic treatments pose fewer side effects and music therapy has been effective in reducing BPSD (2015). Research on music therapy in the treatment of memory disorders has shown the following benefits:

- ◆ Decreased depression & improved mood
- ◆ Decreased anxiety & agitation
- ◆ Decreased medication
- ◆ Increased alertness & orientation
- ◆ Enhanced cognition & memory recall



- ◆ Improved communication & meaningful socialization
- ◆ Improved sleep & appetite
- ◆ Reduced caregiver stress

Considerations and Possible Contraindications of Music Therapy in this Setting

Rather than contraindications, there are considerations that need to be taken into account regarding the use of music therapy in this setting. When working with individuals with memory loss, use music that is preferred and is not associated with any traumatic event; ensure clients are able to adequately communicate their needs and preferences through music therapy evaluation, provide careful monitoring of non-verbal responses to music interventions, and ensure a manageable volume, while decreasing any unnecessary noise or visual stimulation. An assessment by a board-certified music therapist can help uncover hidden strengths and needs.

References

- Alzheimer's Association <https://www.alz.org/alzheimers-dementia/facts-figures>
- American Music Therapy Association, Inc. (2018). *Member survey and workforce analysis*. Retrieved on October 10, 2019 from <https://www.musictherapy.org/assets/1/7/18WorkforceAnalysis.pdf>
- Belgrave, M., Darrow, A.A., Walworth, D., & Wlodarczyk, N. (2011). *Music therapy and geriatric populations: A handbook for practicing music therapists and healthcare professionals*. Silver Spring, MD: American Music Therapy Association.
- Clair, A. A., & Memmot, J. (2008). *Therapeutic uses of music with older adults* (2nd Ed). Silver Spring, MD: American Music Therapy Association.
- Fang, R., Ye, S., Huangfu, J., Calimag, D. (2017). Music therapy is a potential intervention for cognition of Alzheimer's disease: a mini review. *Translational Neurodegeneration*. 6:2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5267457/>
- Gomez, G. M., Gomez, G. J., (2017). Music therapy and Alzheimer's disease: Cognitive, psychological, and behavioural effects. *Neurologia*. 32(5):300-308. doi: 10.1016/j.nrl.2015.12.003. <https://www.ncbi.nlm.nih.gov/pubmed/26896913>
- National Institute on Aging: What is Dementia? <https://www.nia.nih.gov/health/what-dementia-symptoms-types-and-diagnosis>
- Oliveira, A. M., Radanovic, M., de Mello, P. C., Buchain, P.C., Vizzotto, A.D., Diego L. C., Florindo, S., Piersol, C.V., Forlenza, O.V. (2015). Nonpharmacological interventions to reduce behavioral and psychological symptoms of dementia: A systematic review. *Biomed Research International*. doi: 10.1155/2015/218980 Retrieved on November 7, 2019 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4676992/>
- Ridde, H., Stige, B., Qvale, L., Gold, C. (2013). Individual music therapy for agitation in dementia: an exploratory randomized controlled trial. *Aging and Mental Health*. 17(6) 667-668. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4685573/>
- Rio, R. (2009). *Connecting through music with people with dementia: A guide for caregivers*. Philadelphia, PA: Jessica Kingsley.
- Satoh M, Yuba T, Tabei K, Okubo Y, Kida H, Sakuma H, et al. (2015). Music therapy using singing training improves psychomotor speed in patients with Alzheimer's disease: a neuropsychological and fMRI study. *Dement Geriatr Cogn Dis Extra*. 5:296–308. doi: 10.1159/000436960.

What is AMTA?

The American Music Therapy Association (AMTA) represents 10,000 music therapists, corporate members, and related associations worldwide. AMTA is committed to the advancement of education, training, professional standards, and research in support of the music therapy profession. AMTA establishes criteria for the education and clinical training of music therapists. Professional members of AMTA adhere to a Code of Ethics and Standards of Practice in the delivery of music therapy services. AMTA's mission is to advance public knowledge of music therapy benefits and increase access to quality music therapy services. Learn more at www.musictherapy.org.