



Music Therapy in New Jersey End of Life

Music therapy is one of the most frequently used forms of complementary therapy in hospice and palliative care in the United States. Music therapy can be used to alleviate pain, anxiety, insomnia, and other symptoms of terminal disease as well as to promote social interaction and communication with family, friends, other patients and healthcare workers; thus approaching patient needs in a holistic approach. The essence of music therapy for end of life support is about connections: to self, to others, to spirituality, to wholeness, to being alive, to memories, to life review, and to emotions (Lemchak, 2017). Music therapy may help a patient to regain a sense of self and disconnect from an identity of disease. Music therapy may also be beneficial to loved ones and family by helping patients create “living” memories to be shared that can be beneficial in bereavement.

Music therapy can utilize its unique approach to address:

- changing conditions of the individual and adapting in the moment as necessary;
- the need to reduce pain, anxiety to improve quality of life;
- the need to alleviate symptoms of depression;
- the need to remain connected to others and facilitate communications even if non-verbal;
- the need for meaningful social interaction with family and others;
- the need of reminiscence and life review;
- the need to recognize feelings that hold personal meaning;
- the need to facilitate emotional expression (verbally and nonverbally);
- the need to find spiritual healing;
- the need for companionship and support;
- the need for relaxation;
- the need for assisting with breathing and articulation;
- the need to experience normality for both the patient and loved ones; and
- the need to retain a sense of self.

How do music therapists use music to achieve these benefits?

- facilitating songwriting to express feelings, emotions, thoughts and reflections;
- distracting from pain and other symptoms;
- activating engagement or alternatively aiding relaxation;
- developing coping skills;
- evoking memories and aiding in life review by using music that has special meaning for the client;
- supporting breathing;
- singing or vocalization with no words, freeing the voice for expression or helping release emotions and feelings;
- analyzing lyrics of music to help clients express emotions and feelings;
- singing, listening to music, or playing an instrument to provide a means for social engagement and bonding;
- using music to facilitate movement;
- using client music choices to aid in reflecting emotions;
- utilizing music as a means to explore and express spirituality;
- creating music recordings of clients before transitioning, such as heartbeat or songs written by the client, to share with loved ones to aid in bereavement;
- sharing music moments during hospice or in palliative care with loved ones to create beauty, bonding and new memories; and
- bringing joy and normality in the context of end of life.

What is the research behind using music therapy?

Researchers and several organizations perform meta, or combined studies comparison reviews involving music therapy research in order to evaluate the efficacy of music therapy. The results of high-quality systematic reviews and meta-analyses are considered to be more definitive than individual studies in determining efficacy. Cochrane Reviews are considered by many to be the “Gold Standard”, or the authoritative word in the medical conversation on a particular topic.

2021 Systematic Review

In a systematic review (Perusinghe et al., 2021) of management of depression in palliative care, the authors stated:

This is the first systematic review that examined both nonpharmacological and pharmacological methods to treat depression in the palliative setting. There is evidence to indicate that methylphenidate and antidepressants can provide a therapeutic benefit for palliative care patients with depressive symptoms. This benefit may be enhanced when these medications are used in combination. The use of music therapy or future-focused psychotherapy may also be beneficial in the treatment of depression.

2019 Meta-Analysis and Systematic Review

In a meta-analysis and systematic review (Gao et al., 2019) to evaluate the effectiveness of music therapy for terminally ill patients, the authors stated:

Our meta-analysis results suggested that music therapy can significantly relieve pain intensity in terminally ill patients. Our findings showed that music therapy creates a favorable improvement in the QoL[Quality of Life] of terminally ill patients, when compared with patients subjected to the general palliative care.

In the secondary outcome results, we observed that music therapy [plays] an active role in relieving anxiety, depression, and in improving emotional function. However, no statistical significance was observed in the effect of music in reducing fatigue and improving social functions.

2018 Integrative Review

In an integrative review (Schmid et al., 2018) using both quantitative and qualitative studies regarding patient’s and health care provider’s perspectives on music therapy in palliative care, the authors concluded:

Individual music therapy seems to have positive impact on several symptoms and needs, thus improving individuals quality of life in the palliative care setting. The present review contributes to [existing] research by systematically integrating patient's and health care provider's perspective on music therapy. This leads to an enhanced and comprehensive understanding of what music therapy can contribute to interdisciplinary end-of-life care. The integration of users' and providers' perspectives within future research applicable for example in mixed-methods designs is recommended.

2011 Cochrane Nursing Care Field Cochrane Review

In a Cochrane Nursing Care Field CNC Cochrane review, Whitehead (2011) determined best practice recommendations to be:

Based on the current literature, limited evidence exists to support or refute the effectiveness of music therapy for improving end-of-life care. Although some studies indicated that music therapy may be beneficial for quality of life and some symptom relief such as tiredness and drowsiness, they have high risk of bias and their results need to be interpreted with caution. More research must be conducted to strengthen the current evidence base before recommendations for clinical practice can be made.

2010 JBI Systematic Review

In a JBI systematic review (Qi He Mabel et al., 2010) of the experience and expectations of terminally ill patients receiving music therapy in the palliative setting, the authors found:

From the meta-syntheses of review, it was shown that patients experienced improved social interaction and communication with the people around them, and a more holistic care for as their physical, psychological and spiritual needs were met. No papers relating to the patients' expectations of music therapy was found.... The use of music therapy should be encouraged in the palliative setting as the review has shown that music therapy is able to promote social interaction and communication with family members, healthcare workers and the people in their lives, and provides holistic care for patients by relieving physical symptoms, facilitating "moving on" to the next phase of their life, improving their personal well-being, and providing an outlet for spirituality.

How Does Music Therapy Compare to Other Approaches?

Music therapy is commonly used as a complementary therapy for hospice and palliative care along with standard care because music therapy can address multiple needs for the individual in a manner that other types of care do not. For example, music therapy may help an individual who is non-verbal find expression through music. Preferred client music may help bring a sense of normality back into a client's life.

Economos (2018) states several ways a board certified music therapist works with clients whose death is imminent: music therapists try to learn as much as they can about the client; music therapists are constantly assessing the physical state of the client to determine what music approach is needed; music therapists remain flexible and able to adapt to both client and family needs as the situation changes; music therapists use intuitive processes to get a sense of the atmosphere and they use their own experiences to help understand what is happening; music therapists make an effort to transform what is happening into a meaningful experience for all involved and relieve discomfort for the client as much as possible; music therapists involve the loved ones in the transition process to the extent possible or desired, and through this, music therapy has the potential to bring beauty and meaning into a painful experience to transform that experience and the environment.

Music therapy has been shown to reduce pain in palliative care patients by using relaxation techniques with live music (Gutgsell et al., 2013) and managing anxiety in patients who are terminally ill (Horne-Thompson & Grocke, 2008). Singing or vocalization in palliative care can be used to increase self-expression, improve mood and make those connections between client and family. In cancer care, singing supports breathing, improves mood, and encourages reminiscence. Singing or vocalization may also enable relaxation and reduce symptoms such as pain, rapid breathing, anxiety, nausea and restlessness (Clements-Cortés, 2017). Music therapy can help the terminally ill client explore spiritual issues through choice of music. Music therapy can address both acute and chronic pain by providing distraction, encouraging deep breathing through guided imagery (Groen, 2007).

In a study (Gallagher et al., 2018) to evaluate the impact of music therapy to improve symptoms for patients in palliative care, the authors stated the results as: "Among 293 patients who met all study inclusion criteria, significant improvement in pain, anxiety, depression, shortness of breath, mood, facial expression, and vocalization scores was noted. In addition, 96% of patients had positive responses to participating in music therapy." It was "recommended that music therapy be utilized in palliative medicine settings to aid in symptom management."

Bereavement is another area where music therapy can be helpful for both the terminally ill individual and loved ones. Music therapy is especially successful for helping children and adolescents address grief and behavioral symptoms (Hilliard, 2007). Music therapist-facilitated songwriting as a group is often used to help children and adolescents express thoughts and feelings associated with grief. Bereavement needs for these ages are to reduce isolation, learn coping skills, express emotions, learn about the grief process and explore loss as a part of life. Songwriting provides structure to address these needs (Fiore, 2016).

People with intellectual disabilities can also benefit from music therapy to process grief and develop an understanding of loss. Music therapy can provide opportunities for non-verbal expression and the use of familiar music to aid in expressing feelings (Newsome Hoyle & McKinney, 2015).

Overall, music in culture and society is used for rituals and major life moments. The spiritual and cultural rituals during transitioning and transformation can bring meaning to those events for both the dying patient and loved ones (Potvin, 2015).

What do people say about music therapy?

In an integrative study (Schmid et al., 2018) that looked at what patients associated with music therapy in palliative care, three categories were listed:

1. The expression of both positive as well as more challenging emotions (referring to categories: love; loss; transformation; strength; ambivalent emotions).
2. A relaxing and calming effect with shifts in physical awareness and increased well-being (feelings of relaxation; shifts in physical awareness; increased well-being and self-awareness).
3. Addressing relational issues like loss and saying goodbye, love, or gratitude to family and close friends (connecting to family; relationships; memories; self-expression).

Wlodarczyk (2007) summarized data from patients' self-reports, while they were in an in-patient hospice unit.

Music visits stimulated more subject-initiated discussions of spiritual issues. Participants requested spiritual music in 75% of the music visits and initiated discussion of spiritual issues in 35% of the music visits as opposed to 15% of nonmusic visits. Participants expressed verbal disappointment regarding not having music during 80% of the nonmusic visits.

In a study (Lindenfelser et al., 2008) involving seven bereaved mothers several months after the passing of children aged 5 months to 12 years, comments about the experience of music therapy with their terminally ill children were:

it gave us something to hang on to afterwards
was a way of coping
made them more comfortable with the situation
was important for his and our quality of life
was a bit of normality in a horrible situation

Finding a Music Therapist In NJ

Institutions, facilities and businesses that offer music therapy services
*Data acquired from self-report
December 2021

Bergen:
Valley Hospice,
Valley Health System, Paramus
VNA of Englewood (VNA Health Group), Bergen County

Passaic:
Barnabas Health Home Care & Hospice (VNA Health Group), Passaic Cty

Sussex:
Atlantic Visiting Nurse, Atlantic Health System, Sussex County

Warren:
Warren: Atlantic Visiting Nurse, Atlantic Health System, Warren County

Morris:
Atlantic Visiting Nurse, Atlantic Health System, Morris County
Barnabas Health Home Care & Hospice (VNA Health Group), Morris County

Essex:
Atlantic Visiting Nurse, Atlantic Health System, Essex County
Health Home Care & Hospice (VNA Health Group), Essex County

Hudson:
Barnabas Health Home Care & Hospice (VNA Health Group), Hudson County

Union:
Atlantic Visiting Nurse, Atlantic Health System, Union County
Barnabas Health Home Care & Hospice of (V.N.A. Health Group) Union County
Robert Wood Johnson Visiting Nurses (VNA Health Group), Union County
Stein Hospice, Union County

Somerset:
Atlantic Visiting Nurse, Atlantic Health System, Somerset County
Fellowship Senior Living Health Center, Basking Ridge
Lyons VA Medical Center, Lyons
Robert Wood Johnson Visiting Nurses (VNA Health Group), Somerset County
Seasons Hospice and Palliative Care of New Jersey, Somerset County
Stein Hospice, Somerset County

Hunterdon:
Stein Hospice, Hunterdon County

Mercer:
Seasons Hospice and Palliative Care of New Jersey,
Mercer County Stein Hospice, Mercer County

Middlesex:
Robert Wood Johnson Visiting Nurses (VNA Health Group), Middlesex County
Season Hospice and Palliative Care of New Jersey, Middlesex County
Stein Hospice, Middlesex County
The Children's Hospital at Saint Peter's University Hospital, New Brunswick

Monmouth:
Angelic Health (Hospice & Palliative Care), Monmouth Cty
Seasons Hospice and Palliative Care of New Jersey,
Monmouth County Stein Hospice, Monmouth Cty
The Music Moment LLC, Freehold
Visiting Nurse Association Health Group Monmouth Cty

Camden:
Angelic Health (Hospice & Palliative Care), Camden Cty
Samaritan (Hospice), Voorhees

Gloucester:
Angelic Health (Hospice & Palliative Care),
Wenonah and Gloucester County

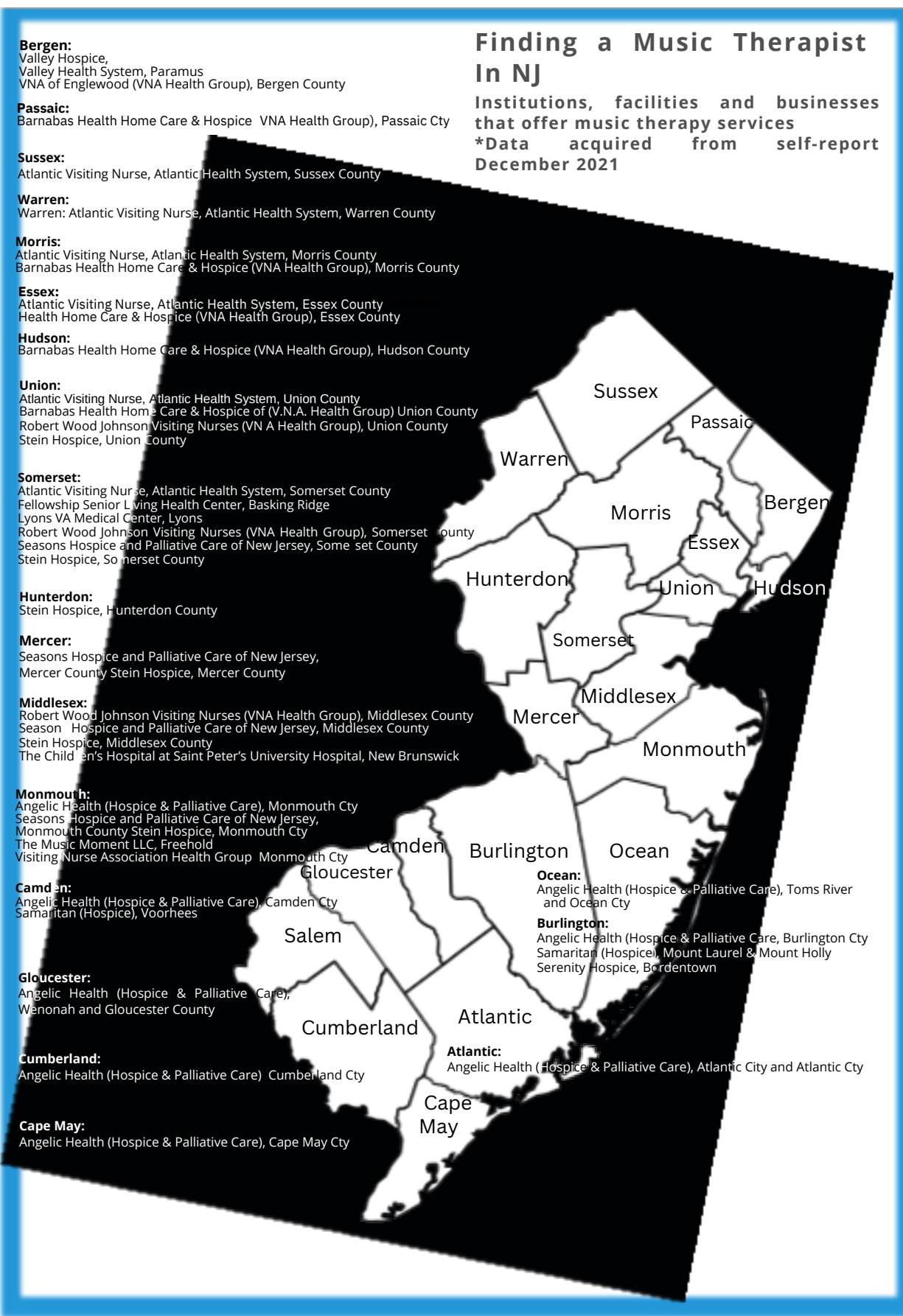
Cumberland:
Angelic Health (Hospice & Palliative Care) Cumberland Cty

Cape May:
Angelic Health (Hospice & Palliative Care), Cape May Cty

Ocean:
Angelic Health (Hospice & Palliative Care), Toms River
and Ocean Cty

Burlington:
Angelic Health (Hospice & Palliative Care, Burlington Cty
Samaritan (Hospice), Mount Laurel & Mount Holly
Serenity Hospice, Bordentown

Atlantic:
Angelic Health (Hospice & Palliative Care), Atlantic City and Atlantic Cty



Finding a Music Therapist In NJ

[Find a private practice music therapist](#) on the NJ Association for Music Therapy (NJAMT)

Check a music therapist's [MT-BC status](#) on the CBMT website.

Note: you will need the music therapist's full name.

[Find a music therapist AMTA](#) on the national website.

In New Jersey music therapy services may be funded through:

Individuals with Disabilities Education Act (IDEA) Part B & Part C

State, foundation or community grants

Medicaid waiver

Although New Jersey does not offer Medicaid waivers for music therapy services, New Jersey has utilized state and county agency funds and population specific waivers (i.e., autism, developmental disabilities) to cover the provision of music therapy interventions in a variety of settings.

Division of Developmental Disabilities (Health and Human Services) Requires pre-approval.

As an adult, if you receive music therapy outside the home and you qualify for Medicaid, you may qualify to have the music therapist paid directly from the Division of Developmental Disabilities under the Supports Program. For children under age 21, DDD has proposed a pilot program to provide music therapy as an adjunct service.

Select private Insurance (with pre-approval)

Companies like Blue Cross Blue Shield, United Healthcare, Cigna, and Aetna have all paid for music therapy services at some time. Success has occurred on a case-by-case basis when the therapist implements steps within the reimbursement process and receives pre-approval for music therapy services.

Private Payment

References

- Clements-Cortés, A. (2017). Singing and vocal interventions in palliative and cancer care: Music therapists' perceptions of usage. *Journal of Music Therapy*, 54(3), 336-361.
- Economos, A.D. (2018). Music therapy when death is imminent: A phenomenological inquiry. *Journal of Music Therapy*, 55(3), 309-339.
- Fiore, J. (2016). Analysis of lyrics from group songwriting with bereaved children and adolescents. *Journal of Music Therapy*, 53(3), 207-231.
- Gallagher, L. M., Lagman, R., & Rybicki, L. (2018). Outcomes of Music Therapy Interventions on Symptom Management in Palliative Medicine Patients. *American Journal of Hospice & Palliative Medicine*, 35(2), 250-257. <https://doi-org.ezproxy.montclair.edu/10.1177/1049909117696723>.
- Gao, Y., Wei, Y., Yang, W., Jiang, L., Li, X., Ding, J., & Ding, G. (2019). The Effectiveness of Music Therapy for Terminally Ill Patients: A Meta-Analysis and Systematic Review. *Journal of Pain & Symptom Management*, 57(2), 319-329. <https://doi-org.ezproxy.montclair.edu/10.1016/j.jpainsymman.2018.10.504>
- Groen, K.M. (2007). Pain assessment and management in end of life care: A survey of assessment and treatment practices of hospice music therapy and nursing professionals. *Journal of Music Therapy*, XLIV(2), 90-112.
- Gutgsell, K. J., Schluchter, M., Margevicius, S., DeGolia, P. A., McLaughlin, B., Harris, M., Mecklenburg, J., & Wiencek, C. (2013). Music Therapy Reduces Pain in Palliative Care Patients: A Randomized Controlled Trial. *Journal of Pain and Symptom Management*, 45(5), 822-831. <https://doi-org.ezproxy.montclair.edu/10.1016/j.jpainsymman.2012.05.008>
- Hilliard, R.E. (2007). The effects of Orff-based music therapy and social work groups on childhood grief symptoms and behaviors. *Journal of Music Therapy*, XLIV(2), 123-138.
- Horne-Thompson A, & Grocke D. (2008). The effect of music therapy on anxiety in patients who are terminally ill. *Journal of Palliative Medicine*, 11(4), 582-590. <https://doi-org.ezproxy.montclair.edu/10.1089/jpm.2007.0193>
- Lemchak, B. C. (2017). *Music Therapy at the End of Life: A Critical Interpretive Synthesis of the Literature*.
- Lindenfelser, K.J., Grocke, D. & McFerran, K. (2008). Bereaved parents' experiences of music therapy with their terminally ill child. *Journal of Music Therapy*, XLV(3), 330-348.
- Newsome Hoyle, J. & McKinney, C.H. (2015). Music therapy in the bereavement of adults with intellectual disabilities: A clinical report. *Music Therapy Perspectives*, 33(1), 39-44.
- Perusinghe, M., Chen, K. Y., & McDermott, B. (2021). Evidence-Based Management of Depression in Palliative Care: A Systematic Review. *Journal of Palliative Medicine*, 24(5), 767-781. <https://doi-org.ezproxy.montclair.edu/10.1089/jpm.2020.0659>
- Potvin, N. (2015). The role of music therapy and ritual drama in transformation during imminent death. *Music Therapy Perspectives*, 33(1), 53-62.

References (cont.)

Qi He Mabel, L., Drury, V. B., & Hong, P. W. (2010). The experience and expectations of terminally ill patients receiving music therapy in the palliative setting: a systematic review. *Journal of Music Therapy*, 52(2), 1088-1111.

<https://doi-org.ezproxy.montclair.edu/10.11124/01938924-201008270-00001>.

Schmid, W., Rosland, J. H., von Hofacker, S., Hunskar, I., & Bruvik, F. (2018). Patient's and health care provider's perspectives on music therapy in palliative care - an integrative review. *BMC Palliative Care*, 17(1). <https://doi-org.ezproxy.montclair.edu/10.1186/s12904-018-0286-4>.

Whitehead, P. (2011). Music Therapy for End-of-Life Care. *Clinical Journal of Oncology Nursing*, 15(6), 697-698. <https://doi-org.ezproxy.montclair.edu/10.1188/11.CJON.697-698>

Wlodarczyk, N. (2007). The effect of music therapy on the spirituality of persons in an in-patient hospice unit as measured by self-report. *Journal of Music Therapy*, XLIV(2), 113-122.