



Music Therapy in New Jersey Long Term Care

Older persons may have needs that manifest as functional deficits in physical, psychological, cognitive, or social functioning areas, depending upon the individual. Music can stimulate responses in a safe and familiar manner that allows the individual to feel secure.

Music therapy can utilize its unique approach to address:

- individualized goals tailored to what is beneficial for each person;
- needs in more than one area at the same time;
- individualized goals in both group and individual sessions;
- different levels of need for the individual at any given time;
- the need for socialization opportunities;
- cognitive functioning impairment and dementia;
- the need to maintain physical activity;
- emotional well-being and self-worth;
- all needs in the least restrictive environment; and
- the need for skills to maintain independence to the greatest extent possible.

How do music therapists use music to achieve these benefits?

- evoking all the senses in a multi-modal approach;
- aiding communication both verbal and non-verbal;
- activating response or alternatively providing relaxation;
- decreasing the frequency of agitated and aggressive behaviors for individuals diagnosed with Alzheimer's disease and related dementias;
- stimulating cognitive functioning in both hemispheres to revitalize speech/language skills;
- stimulating memory and facilitating reminiscence through familiar songs;
- facilitating easy access to music in many forms;
- motivating participation and interactions;
- facilitating interactions and connections with family and others socially; and
- adapting to whichever methodology is best for the client, thus truly making music therapy an encompassing approach.

What is the research behind using music therapy?

Many researchers 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.

Systematic Review 2022

The authors (Li, K. et al., 2022), acknowledged that most studies looked at either music therapy or physical therapy and therefore the sample size for a combined intervention in this review was limited. They offer this conclusion:

This systemic review attempted to state the feasibility and efficacy of combined physical activity and music intervention for patients with Alzheimer’s disease. The results of this systemic review support that combined physical activity and music interventions have been proved to be preferred, acceptable, and effective for patients with mild to moderate Alzheimer’s disease. In addition, combined physical activity and music interventions that combine strength, balance, flexibility, and endurance are the most common combinations that produce major improvements in the health of patients with Alzheimer’s disease.

2022 Cochrane Reviews – Updated

This review (Gassner et al., 2022), updated five Cochrane reviews in the use of music therapy in multiple clinical areas: autism spectrum disorder (ASD), dementia, depression, insomnia, and schizophrenia. For dementia, the original review found mood improvements and less negative affect when focused on anxiety and depression; but no significant long-term effects for music therapy interventions. In this update, the authors reported “positively affected mood, neuropsychiatric behavior, apathy, communication and physical functions for dementia. They found that behavioural/psychological symptoms improved only in severe Alzheimer’s disease and memory and verbal fluency only in mild Alzheimer’s disease.”

The authors offered a conclusion for all updated clinical areas:

Recent findings indicate that music therapy helps patients diagnosed with ASD, dementia, depression, insomnia and schizophrenia. Based on current evidence, music therapy is a safe and low-threshold method leading to improvements in terms of physical, psychological and social aspects, though not in all of the outcomes measured. Music therapy can be seen as a non-pharmaceutical alternative and complement to other disease-specific therapies. The update search showed that for active music therapy methods, qualified and (where applicable) accredited music therapists are essential for providing music therapy sessions. For receptive approaches, also nurses and other health professionals trained in applying them are capable of providing music interventions leading to patient-related improvements. No general recommendation for active, receptive or mixed forms of music therapy can be given: music therapy methods vary, depending on the patient group.

The studies show that even short trials, i.e. 6 days, with low frequencies (30 min per session), yielded patient-related improvements. In the trials identified for the update, long-term effects extending over more than 6 months have received limited attention. High-quality research on long-term effects, intensity of music therapy and long-term follow-up assessments are needed.

Cochrane Review 2018

In a Cochrane review (Van der Steen et al., 2018) looking at the effects of music therapy for people with dementia from 22 studies including 1097 participants, the authors found:

Providing people with dementia who are in institutional care with at least five sessions of a music-based therapeutic intervention probably reduces depressive symptoms and improves overall behavioural problems at the end of treatment. It may also improve emotional well-being and quality of life and reduce anxiety, but may have little or no effect on agitation or aggression or on cognition. We are uncertain about effects on social behaviour and about long-term effects.

Cochrane Review 2017

In a Cochrane review (Magee et al., 2017) looking at the effects of music therapy for people who have suffered a stroke in 29 trials including 775 adult participants, the authors found:

Music interventions may be beneficial for gait, the timing of upper extremity function, communication outcomes, and quality of life after stroke.

2015 Systematic Review and Meta-Analyses

In the Effects of Music Therapy on Agitation in Dementia: Systematic Review and Meta-Analyses, Kong & Park (2015) concluded:

Music intervention can be an effective non-pharmacological intervention for the reduction of agitation in dementia. Future studies need to use rigorous research method and to provide description of research methods in greater detail. In addition, future studies are required to explore the effects of music therapy according to severity of agitation and dementia.

2013 Single Study

In a study (Kwak et al., 2013) which looked at Alzheimer's patients in long-term care comparing use of music therapy versus standard care over a 12 week period, the authors found:

Music therapy is a safe and effective method for treating agitation in moderate AD and also a reduction for caregiver burden in a long-term care center.

How Does Music Therapy Compare to Other Approaches?

Music therapy may be adapted to suit individual needs and abilities and may be effective whether using it interactively or passively (Coffman, 2002). In a study of patients' behaviors observed with background music and without, there was a noticeable increase of positive behaviors with the music, such as conversation, smiling or moving to the rhythm. They also found a decrease in behaviors such as wandering, fidgeting and aggression (Ziv et al., 2007). Music therapy interventions are able to increase both verbal and non-verbal social interactions (Pollack & Namazi, 1992).

A woman with probable Alzheimer's disease was able to sit up to 20 minutes, or double the time, with a music therapy singing intervention in contrast to the therapist reading to her (Fitzgerald-Cloutier, 1993). A study which compared older people engaged in music making to being engaged in other activities found that there was a significant difference in terms of a positive outlook on life, sense of autonomy and control and recognized accomplishment, and positive social relationships with music making (Crech, et al., 2013). Research "has shown that music therapy has a much greater effect on memory care residents than other activities such as scrapbooks or aromatherapy" (Thompson, 2013).

The many benefits of music therapy in long term care is pointed out by Bruck (1996): connection to memories; expression of emotions; increased sensory reactions; increased socialization, maintained cardiovascular fitness with use of rhythms; relief from depression; increased communication; pain management; relaxation and increased calmness; rekindled ability to use words through singing; increased attention span; and increased or maintained fine and gross motor skills.

What do people say about music therapy?

The wife of a man with severe dementia said, “When I was encouraged by a music therapist to sing to my husband who had been lost in the fog of Alzheimer’s disease for so many years, he looked at me and seemed to recognize me. On the last day of his life, he opened his eyes and looked into mine when I sang his favorite hymn. I’ll always treasure that last moment we shared together. Music therapy gave me that memory, the gift I will never forget.” (AMTA)

A gentleman in the early stages of progressive dementia improvised on a xylophone during a music therapy session to express his feelings, and then stated: “I don’t know how anyone can live without music.” (AMTA)

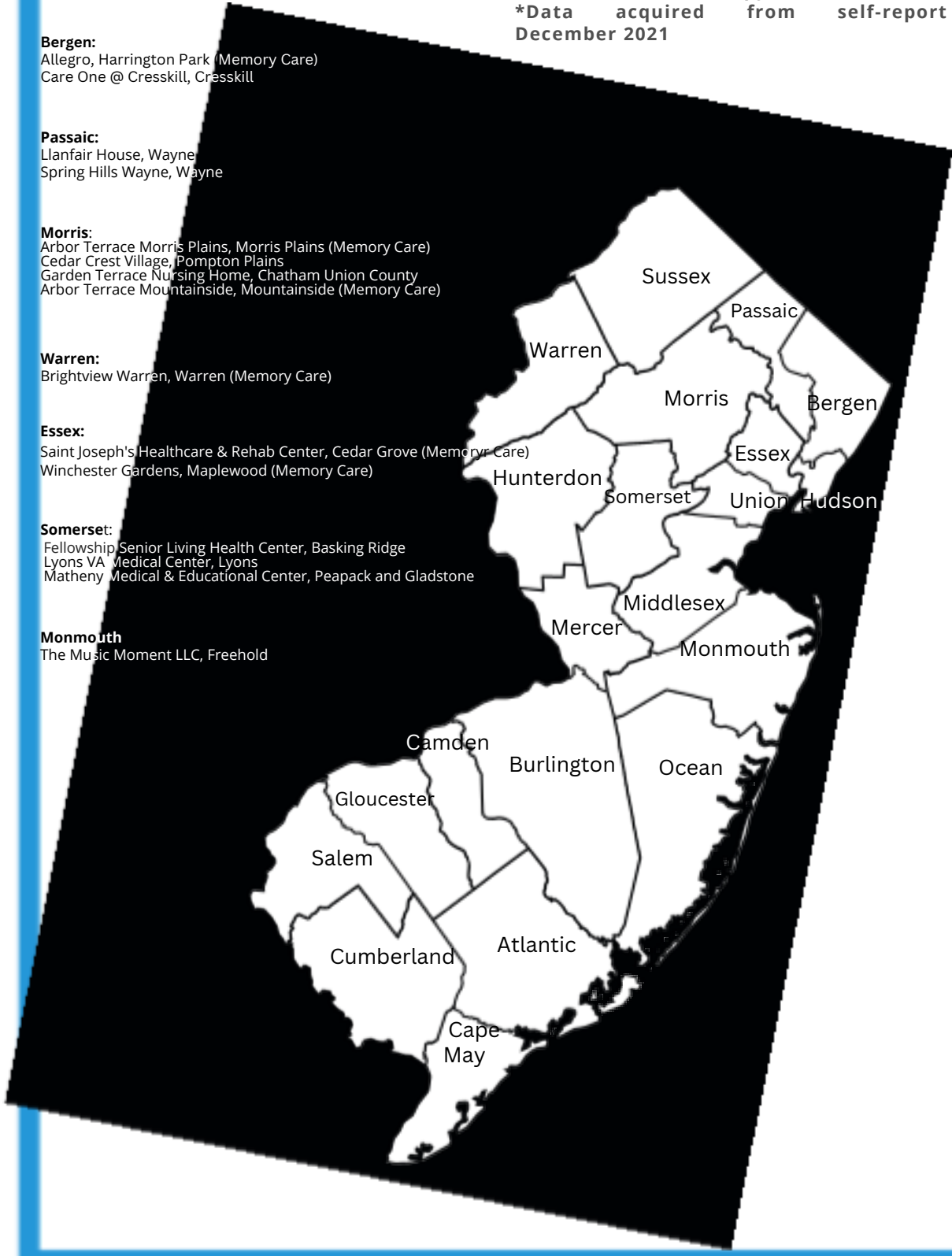
Dr. Oliver Sacks, at the Hearing before the Senate Special Committee on Aging entitled, “Forever Young: Music and Aging,” stated: “The power of music is very remarkable... One sees Parkinsonian patients unable to walk, but able to dance perfectly well or patients almost unable to talk, who are able to sing perfectly well... I think that music therapy and music therapists are crucial and indispensable in institutions for elderly people and among neurologically disabled patients.” (AMTA)

A frail 93 year old woman, referred for music therapy after being diagnosed with major depression, said: “Now, there is no need to be morose. I can have my music here with me and listen to it whenever I want to feel young.” (AMTA)

When a couple danced together for the first time after five years of the husband’s deterioration from probable Alzheimer’s disease, the wife said: “Thank you for helping us dance. It’s the first time in three years that my husband held me in his arms.” Tearfully, she said that she had missed him just holding her and that music therapy had made that possible. (AMTA)

Finding a Music Therapist In NJ

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



Bergen:
 Allegro, Harrington Park (Memory Care)
 Care One @ Cresskill, Cresskill

Passaic:
 Llanfair House, Wayne
 Spring Hills Wayne, Wayne

Morris:
 Arbor Terrace Morris Plains, Morris Plains (Memory Care)
 Cedar Crest Village, Pompton Plains
 Garden Terrace Nursing Home, Chatham Union County
 Arbor Terrace Mountainside, Mountainside (Memory Care)

Warren:
 Brightview Warren, Warren (Memory Care)

Essex:
 Saint Joseph's Healthcare & Rehab Center, Cedar Grove (Memory Care)
 Winchester Gardens, Maplewood (Memory Care)

Somerset:
 Fellowship Senior Living Health Center, Basking Ridge
 Lyons VA Medical Center, Lyons
 Matheny Medical & Educational Center, Peapack and Gladstone

Monmouth
 The Music Moment LLC, Freehold

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

AMTA - American Music Therapy Association www.musictherapy.org

Bruck, L. (1996). Today's ancillaries, part 2: Art, music and pet therapy: Long term management care. *Nursing Homes*, 45(7), 36. Retrieved from <http://ezproxy.montclair.edu:2048/login?url=https://www-proquest-com.ezproxy.montclair.edu/trade-journals/todays-ancillaries-part-2-art-music-pet-therapy/docview/218467780/se-2?accountid=12536>.

Coffman, D.D. (2002). Music and quality of life in older adults. *Psychomusicology*, 18, 76-88. Retrieved from <http://ezproxy.montclair.edu:2048/login?url=https://www-proquest-com.ezproxy.montclair.edu/scholarly-journals/music-quality-life-older-adults/docview/200090931/se-2?accountid=12536>.

Creech, A., Hallam, S., Varvarigou, M., McQueen, H., & Gaunt, H. (2013). Active music making: A route to enhanced subjective well-being among older people. *Perspectives in Public Health*, 133(1), 36-43. doi:<http://dx.doi.org.ezproxy.montclair.edu:2048/10.1177/1757913912466950>.

Fitzgerald-Cloutier, M.L. (1993). The use of music therapy to decrease wandering: An alternative to restraints. *Music Therapy Perspectives*, 11, 32-36.

Gassner, L., Geretsegger, M., & Mayer-Ferbas, J. (2022). Effectiveness of music therapy for autism spectrum disorder, dementia, depression, insomnia and schizophrenia: update of systematic reviews. *Public Health*, 32(1), 27-34. <https://doi-org.ezproxy.montclair.edu/10.1093/eurpub/ckab042>

Kong, F-H. & Park, M. (2015). Effects of Music Therapy on Agitation in Dementia: Systematic Review and Meta-analysis. (English). *Korean Journal of Adult Nursing*, 27(1), 106-116.

Kwak, K., Bae, N., & Jang, W.Y. (2013). Music therapy with moderate Alzheimer's disease in a long-term care center. *Alzheimer's Association International Conference 2013 Vol 9, Issue 4S, Par 22, July 2013, P880-P880*. Added to Cochrane Central Database 31 May 2015, Issue 5. <https://doi.org/10.1016/j.jalz.2013.08.226>.

Li, K., Cui, C.C., Zhang, H., Jia, L., Li, R. & Hu, H-Y. (2022). Exploration of combined physical activity and music for patients with Alzheimer's disease: A systematic review. *Frontiers in Aging Neuroscience*, 14, 1-14. <https://doi-org.ezproxy.montclair.edu/10.3389/fnagi.2022.962475>.

Magee, W.L., Clark, I., Tamplin, J. & Bradt, J. Music interventions for acquired brain injury. *Cochrane Database of Systematic Reviews*. Version published 20, January 2017. <https://doi.org/10.1002/14651858.CD006787.pub3>.

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

Thompson, J. (2013). Songs of the soul: Long term management care. *Long-Term Living*, 62(9), 20-22, 24-25. Retrieved from <http://ezproxy.montclair.edu:2048/login?url=https://www-proquest-com.ezproxy.montclair.edu/trade-journals/songs-soul/docview/1478184249/se-2?accountid=12536>.

Van der Steen, J.T., Smaling, H.J.A., Van der Wouden, J.C., Bruinsma, M.S., Scholten, R.J.P.M., & Vink, A.C. Music-based therapeutic interventions for people with dementia. *Cochrane Database of Systematic Reviews*. Version published 23 July 2018. <https://doi.org/10.1002/14651858.CD003477.pub4>

Ziv, N., Granot, A., Hair, S., Dassa, A., & Haimov, I. (2007). The effect of background stimulative music on behavior in Alzheimer's Patients. *Journal of Music Therapy*, XLIV (4), 329-343.