

Active Music Therapy for Older Adults:
A Music Therapy Program Proposal for the Wartburg Retirement Community

by
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Active Music Therapy for Older Adults

Summary Statement

The purpose of this proposal is to create seven distinct music therapy programs based on active music-making experiences for residents, out-patients, family, and caregivers at Wartburg, a nursing home and senior-living community in Mount Vernon, NY. Additionally, these programs could be implemented at any similar institution serving older adults and the community in which they live. The Institute for Music and Neurologic Function (IMNF), led by Dr. Concetta Tomaino has made its home at Wartburg since 2019, and currently provides music therapy services. However, services have been severely limited due to the COVID-19 pandemic and other considerations. Increasing active music therapy programs at Wartburg will provide residents and their families and caregivers with the means to address cognitive, physiological, emotional, and social issues affecting them and their loved ones. Proposed music therapy programs are 1) intergenerational chorus; 2) therapeutic drumming; 3) jazz, rock, and classical chamber ensembles; 4) bell chime choir; and 5) songwriting/composition workshops for individuals. By establishing these programs, Wartburg will strengthen the scope of their mission of providing world-class care and support to the community and incorporating arts-based therapy into their care plan.

My approach to music therapy is based on the precepts of a humanistic, music-centered model, and on a psychodynamic model, which has been defined by Austin (1996) as “a creative process that utilizes music and words within a client/therapist relationship to facilitate an ongoing dialogue between conscious and unconscious contents” (p. 42). I believe that the creative process of making music characterizes psychodynamic theory and practice, and both

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therapist and client experience beneficial change through this process. For me, psychodynamic music therapy is closely linked to a music-centered approach, in which the dynamic process of therapy is done through creating music, and the dialogue fostered between therapist and client.

Statement of Need

Wartburg has been leader in providing care for the community of Mount Vernon and environs since 1866, when it was established by Reverend William Passavant as an orphanage for children who lost their parents in the civil war. Through the years, that commitment has grown and continues today by providing services to seniors that nurture body, mind, and spirit (Wartburg, 2021). In 2009 Wartburg began Creative Aging and Lifelong Learning, an arts-based initiative that works in partnership with Lifetime Arts, a local nonprofit. Together, they provide arts-based programs to the people at Wartburg, including those in nursing, memory care, independent and assisted living, in-patient/out-patient rehabilitation, and adult day-care services. This program has experienced some decline in recent years due to the COVID-19 pandemic, and the proposed programs will reinvigorate and renew Wartburg's commitment to innovation in health practices by providing music therapy programs that address cognitive, emotional, and physical issues for older adults, enabling them to learn new skills, share experiences, build self-esteem, and stay challenged for years to come.

According to the United States Administration on Aging (2021), the population of Americans aged 65 and older is the fastest-growing age group in the United States and is estimated to reach 94.7 million in 2060. Within this population, the percentage of people diagnosed with Alzheimer's disease and related cognitive decline associated with dementia is 11.3%, or about 6 million people (Alzheimer's Association, 2021). In New York State, the number of adults aged 45 years and older with Alzheimer's disease is projected to be 460,000 by

2025 (New York State Department of Health, 2021). Neurodegenerative diseases cause both physical and cognitive deficits, and affected individuals require the need for assistance with daily tasks, and eventually 24-hour care. Moreover, caring for a person with dementia can place added stress on families and caregivers, resulting in increased rates of depression and a reduction in quality of life (Elliot, 2020). Music therapy has been widely practiced with older adults and their families and can be a valuable means of addressing clinical needs and improving quality of life.

Literature Review

Music Therapy

According to the American Music Therapy Association (AMTA; 2021), music therapy is an established health profession in which music is used within a therapeutic relationship to address physical, emotional, cognitive, and social needs of individuals. It is practiced by a professional music therapist who has completed an approved music therapy degree and passed the certification exam, earning the credential Music Therapist, Board-Certified (MT-BC) (AMTA, 2021). Bruscia (2014) defines music therapy as “a reflexive process wherein the therapist helps the client to optimize the client's health, using various facets of music experience and the relationships formed through them as the impetus for change” (p. 36). Music therapy interventions can be focused on social, emotional, cognitive, or physiological functioning and be active or receptive music experiences (Bruscia, 2014). Tomaino (2015) notes that music has the power to stimulate the human brain and to activate emotions, physiological responses, memories, and meaning. She goes on to explain that the role of the music therapist is to assess the client and create treatment goals, and to facilitate music therapy interventions that help the client regain cognitive, motor, and emotional functions damaged by neurological disease, stroke, dementia, or other factors.

Music Therapy Methods

There are four basic music therapy methods: receptive, re-creative, compositional, and improvisational (Bruscia, 2014). Each method involves a unique set of sensorimotor behaviors, varying perceptual and cognitive skills, and engagement through interpersonal relationship with the music therapist, and the music (Bruscia, 2014). The methods used in this proposal are primary active music therapy experiences using varying types of musical expression, through voice, instrumental playing, or composition.

Receptive Methods. Receptive music therapy methods engage the client in music listening. The client may respond silently, or they may respond with physical movement like dancing, swaying, tapping feet, or clapping their hands (Bruscia, 2014). Listening to music can spark memories and emotional responses as well as physical responses, and the therapist may process these thoughts and feelings with the client. Some variations of receptive music therapy are somatic listening, which is the use of vibrations and sounds that resonate within the client's body; and entrainment, where the therapist uses sounds, vibrations, or music to establish synchronicity in body responses between the client and the music (Bruscia, 2014, p. 135). Music in receptive methods can be played or sung by the therapist live or played from commercial recordings. The uses of receptive listening include promoting relaxation, developing auditory or motor skills, evoking memory and reminiscence, and to stimulate mood. While receptive music therapy is an important part of the practice and is highly effective in realizing certain goals, for the purposes of this proposal I will focus my review on active music therapy experiences, specifically playing instruments, singing, and composition/songwriting.

Active Music Therapy. Active music therapy interventions are more effective at accomplishing behavioral and psychological symptoms and improving communication and

interpersonal relationships as compared to receptive music therapy techniques. Barnish and Barran (2020) completed a systematic review in which they reported the benefits of music therapy with older adults included improved quality of life, speech, functional communication, cognition, and motor function

Re-creative Methods. According to Bruscia (2014), re-creative music therapy methods include any activity where the client learns, sings, plays, or performs precomposed music (p. 131). Re-creative methods can be designed to address many goals that are typical in a skilled nursing environment, including developing or maintaining fine and gross motor skills, improving attention, reducing isolation and depression, improving memory skills, improving cognitive functioning, fostering a sense of community, and maintaining social skills (Bruscia, 2014, p. 132). Re-creative music therapy can be facilitated using the voice, or melodic and percussion instruments alone or in combination, and has a wide range of benefits for older adults with different cognitive and physical abilities.

Improvisatory Methods. Improvisatory music therapy methods are those which the client makes up music in the moment. The therapist might provide a foundation for improvisation or might respond to the client's improvisation with their own extemporaneous improvisation, like a musical conversation. Improvisatory music-making can be done using a musical instrument or the voice, and can consist of melody, harmonization, or rhythm. In referential improvisation, the therapist guides the client by demonstrating a musical idea and providing basic instructions to the client, and the music can be based on an idea, a visual image, or feeling (Bruscia, 2014, p. 130). Some of the goals for this music therapy method include establishing communication, providing a means for self-expression, exploring the relation of self to others, identifying, and expressing emotions, and developing creativity and spontaneity within structure (Bruscia, 2014, p. 130).

In improvisational music therapy, it is possible to utilize procedures and techniques that are based on a psychodynamic approach that would be helpful to an older adult that does not have significant cognitive or neurological decline, but who suffers from depression, post-traumatic stress disorder, or is in need of depth psychology. Austin (1996) maintains that the creative process is central to music therapy and that it facilitates a dialogue between the conscious mind and unconscious material that the client is not aware of in everyday life. By bringing unconscious material out into the open and recognizing it, both parts of the personality are integrated, leading to healing. Capps (2012) notes that older adults, who may suffer from both the loss of relationships and the loss of their own physiological and cognitive functions adapt to aging by developing a creativity that manifests as playfulness, curiosity, and pleasure-seeking.

Compositional/Songwriting Methods. Composition and songwriting music therapy methods involve the creation of a musical product. The therapist helps the client to write a song, lyrics, or any other musical composition (Bruscia, 2014). The client may sing a melody, which the therapist then harmonizes with a simple chord progression, or the client may write a poem that the therapist sets to music. The therapist can take responsibility for the main components of the musical composition, if needed, and help the client with technical aspects of composition such as notation, in order to support the client in realizing their musical product (Bruscia, 2014, p. 133). Older adults with cognitive impairments can be engaged in songwriting in order to communicate thoughts and feelings they may not be able to express verbally. Those with higher functioning may want to express more complex emotions. Songwriting can be used for goals such as having a sense of achievement and of personal agency (Wheeler et al., 2017).

Levels of Practice

Music therapy is divided into levels of practice, with various authors deriving classifications based on areas of practice. As conceptualized by Bruscia (2014), levels of overall music therapy practice are auxiliary, augmentative, intensive, and primary. In a nursing home setting like Wartburg, the first three levels of practice can be used to achieve goals in various settings. The auxiliary level includes experiences such as when background music is used in a public space, for personal relaxation, or when there is no therapeutic goal or process being conducted (Bruscia, 2014, p. 207). At the recreational or auxiliary level music therapy helps clients find enjoyment in diversion, play, and activity (Bruscia, 2014). At the augmentative level of practice, the music therapist is part of a treatment team and formulates therapeutic goals and objectives for the client (Bruscia, 2014). They help clients maintain or develop skills needed for independent living, for social interaction, and to improve quality of life, or to meet needs related to medical conditions such as chronic pain. At the intensive level, music therapy plays a significant role in assessing and treating the client's health needs, and the therapist is equal with other health professionals working with the client, forming part of the treatment team with other health professional. At this level, the music therapist helps the client to optimize mental, physical, emotional, and spiritual health. Ultimately, the client begins to learn new ways to solve problems for themselves, and to achieve more effective ways of functioning (Bruscia, 2014, p. 208).

Music Therapy Orientations

Music therapists' work is based on therapeutic models, orientated around philosophical or scientific approaches to treatment. These range from neurologic, psychodynamic, cognitive behavioral, analytic, humanistic, and more. In the following section I have included an overview

of the types of music therapy models described for use in this proposal, to explain the theory and functions of each model and how they would work in a therapeutic environment.

Neurologic Approaches to Music Therapy. In settings for older adults or those living with dementia, a neurologic approach to music therapy can be especially helpful for improving or maintaining the cognitive functions essential for day-to-day activities (Ueda et al., 2013). Music interventions are used to facilitate sensorimotor functions, speech and language, and cognitive training (Thaut et al., 2015). Tomaino (2006) states that when familiar songs are played for older adults in the late stages of dementia with advanced cognitive decline, they are often able to recognize melodies and recall lyrics, often singing along with the music therapist. Research indicates that music stimulates cognitive, affective, and sensorimotor processes in the brain which can aid in non-musical therapeutic purposes (Tomaino, 2006, p. 212). Further, Tomaino argues that music can stimulate spontaneous responses in elderly people with dementia by tapping into their conscious and unconscious minds. A neurological approach to music therapy is based on how music affects the brain and is closely allied with cognitive neuroscience. According to Buard et al. (2021), music is processed through neural pathways that are not affected by disease or damage. In gait rehabilitation, the intervention relies on an interaction between rhythm and motor movement (Buard et al., 2021). In another example, musical instrument training or performance is used to facilitate motor movements and to stimulate the creation of new neural pathways in a damaged brain (Buard et al., 2021).

Psychotherapeutic Music Therapy. Bruscia (2014) defines psychotherapeutic music therapy as a model of practice that helps the client to realize greater self-awareness, meaning, and fulfillment in their lives. In this model, the music therapist helps the client to resolve inner conflicts and to develop healthy relationships. The therapist may also facilitate the healing of

emotional traumas and help clients with reality orientation and cognitive restructuring (Bruscia, 2014, p. 232). The uses of psychotherapeutic music therapy with older adults includes treatment for anxiety and depression. Although most studies in this category lack rigorous scientific methodology because of their qualitative nature, it is increasingly clear that music therapy can help clients cope with their changing social world and loss of cognitive function and result in a positive outlook and renewed interest in life (Petrovsky et al., 2015).

Priestley (1975) describes music therapy as an art, and she states that musical expression, moving to music, or listening to carefully selected music are the three main activities involved in music therapy. Further she emphasizes that the therapeutic relationship between client and music therapist is essential to the process. Priestley (1975) describes working with older adults in active music therapy groups, giving them the freedom to express their feelings and emotions “in sound” (p. 262) thereby lessening their isolation and giving their lives dignity and purpose.

Humanistic Music Therapy. Humanism is the belief that “all individuals have innate capabilities for actualizing their own unique potentials for health and well-being, given conditions that can serve adequately as opportunities for change” (Wheeler, 2015, p. 148). In a humanistic approach to music therapy, the client is regarded by the music therapist as a unique individual whose personality is formed by their own experiences and attitudes throughout life. It is a person-centered approach based on genuineness and unconditional positive regard (Rogers, 1951).

Music Therapy with Older Adults

Many older adults who enter long term care facilities, assisted living centers, retirement homes, skilled nursing units, or day care programs experience a decline in cognitive functioning, along with a lessening of their social support network of family and friends. Research has shown

that an elderly population experiencing cognitive, physiological, and emotional deficits from the effects of dementia, stroke, Alzheimer's Disease, Parkinson's Disease, and a range of other conditions benefit from music therapy, and active music therapy in particular (Clair & Memmot, 2008). Neurodegenerative diseases cause both physical and cognitive deficits, and affected individuals require assistance with daily tasks, requiring home care, and eventually institutional care (New York State Department of Health, 2021). Moreover, caring for a person with dementia places stress on families and caregivers, resulting in increased rates of depression and a reduction in quality of life for both (Elliot, 2020).

Music therapy with older adults is effective at achieving a variety of therapeutic goals, including those within physical, emotional, and cognitive domains of function (Li, 2019). Additionally, Li (2019) states that music therapy helps people develop healthy relationships, promotes well-being, and improves quality of life. For healthy older adults, music therapy offers a way to develop social networks, to stay active, to keep learning, and to try new experiences (Clair & Memmott, 2008). Clair and Memmott (2008) also argue that music therapy is useful for effectively managing pain and is helpful in facilitating physical exercise goals. Many diseases and conditions of old age, such as Parkinson's, Alzheimer's, stroke, aphasia, mild or severe cognitive decline, social isolation, and the neurological, cognitive, and emotional issues associated with these illnesses can be effectively treated with music therapy interventions (Matthews, 2015).

Parkinson's Disease

According to the Parkinson's Foundation (2022), Parkinson's disease is a progressive, degenerative neurological disease that has both physiological and psychosocial symptoms. Physiological symptoms of Parkinson's disease are gross motor impairments that include

rigidity, unnatural gait, tremors, balance, and coordination. Fine motor impairments include difficulty writing, manipulating small objects, and performing the activities of daily living (Buard et al. 2021; Williams, 2019). Adverse psychological effects include depression, irritability, and anxiety as a result of social isolation and the inability to communicate (Buard et al. 2021). According to Goldman and Holden (2014), Parkinson's disease also causes cognitive impairments, such as dementia, mood disturbances, and insomnia. Irons et al. (2020) state that in addition to the physiological symptoms of the disease, many people with Parkinson's disease experience embarrassment, stigma, and feelings of inadequacy as a result of their physical symptoms, and anxiety and depression are frequently diagnosed as co-morbidities. In addition, they note that a lack of social support is a sign of poor mental health, and this exacerbates the low quality of life experienced by many people with Parkinson's disease (Irons et al. 2020).

In addition to the health impacts of the disease itself, the pharmacological treatments may also lead to negative effects. A common drug prescribed for Parkinson's disease is Levodopa (Tomlinson et al., 2010) which has been in use for almost 50 years. Levodopa causes negative side effects which include mobility fluctuations (Williams, 2019), involuntary movements, dystonia, and disorientated states of mind such as hallucinations and depressive moods. Buard et al. (2021) and Williams (2019) note that current drug therapies for Parkinson's disease have limited effect on fine motor functioning and may cause even more disability through negative side effects. Music therapy is a non-pharmacological treatment for Parkinson's disease and helps to alleviate these symptoms without side effects (Williams, 2019).

Irons et al. (2020) studied the effect of group singing on older adults with Parkinson's disease and have found that it improved both the quality of life and mental health of the participants. In this active music therapy approach, group singing promotes the use of the

respiratory system and the vocal apparatus, as well as engaging mental function, emotional expression, and creating the opportunity for social interactions. In a systematic review of studies examining the effect of creative arts therapies on people with Parkinson's disease, Barnish and Barran (2020) cite many favorable benefits of music therapy in gains in cognitive, neurophysiological, and psychosocial areas. They note that social isolation, cognitive decline, and motor impairment have a deleterious effect on people with Parkinson's disease, and there is a substantial burden on caregivers as a result of these symptoms. Participating in the arts broadens and deepens an individual's understanding of the world (Barnish & Barran, 2020) and helps to foster a feeling of belonging and group identity.

Stroke

According to the American Heart Association (2022), stroke occurs when an artery or blood vessel becomes blocked. There are two types of stroke, ischemic stroke and ruptures, also called hemorrhagic. Both types disrupt the flow of blood or oxygen to the brain. This causes damage to the brain, and parts of the brain may begin to die, leading to significant neurological impairment, disability, or death. Stroke is a leading cause of disability in the United States, and people 55 years and older are at greater risk than younger people (American Heart Association, 2022).

Aphasia: Speech and Communication. One of the many negative effects of stroke is aphasia, a condition that affects a person's ability to understand language and to communicate. The disorder causes difficulties in reading, writing, and expressive speech (Mayo Clinic, 2022). Aphasia can also be caused by degenerative neurological disease, brain tumor, or head injury (Jungblut, 2005). Akanuma et al. (2015) note that aphasia is divided into two categories: fluent and non-fluent. Non-fluent aphasia results from damage to the frontal lobe, including a section of

the brain known as the Broca's area, and results in difficulties finding words and uttering them, whereas in fluent aphasia words are often strung together in complete sentences but do not make sense (Akanuma et al., 2015). Raglio et al. (2015) evaluated the effects of active music therapy experiences including free improvisation using percussion instruments and found that people with aphasia who received these treatments in addition to standard speech therapy showed significant improvements in spontaneous speech (p. 236).

In numerous studies, researchers have noted the link between rhythm and speech (Akanuma et al., 2015; Jungblut, 2005; Raglio et al., 2015). Raglio et al. (2015) discuss their findings that rhythmic components of music help to organize speech patterns, which in turn facilitates spontaneous expression. They also note that musical and speech areas of the brain overlap, and that musical rhythm helps to coordinate prosody and facilitate greater fluency and expression of speech (Raglio et al., 2015, p. 241). Jungblut (2005) writes that music and language are connected by several components, including rhythm and melody, and that music therapy is recommended as a treatment for aphasia because of the similarities between music and speech (p. 190). Kim and Tomaino (2008) report that neurological processing of music and language share parts of the brain (p. 555), and that a person with aphasia can often sing familiar songs even though they are unable to speak fluently. A treatment protocol designed by Kim and Tomaino (2008) include seven separate musically assisted speech techniques, including singing familiar songs, breathing into single-syllable sounds, musically assisted speech, dynamically cued singing, rhythmic speech cueing, oral motor exercises, and vocal intonation (pp. 557–558). Tomaino (2012) discusses the use of music therapy in the treatment of nonfluent aphasia and concludes that singing helps patients to strengthen breathing, vocal ability, articulation, speech prosody, and even nonverbal communication (p. 312).

Social Functioning. In addition to benefits to speech and communication, group singing has social implications, and affects mood, interpersonal engagement, and quality of life for aphasics. Tamplin et al. (2013) discuss how singing in a community choir results in a sense of belonging and improved social functioning for both patients and their families and caregivers. Further, they emphasize that effective communication is essential for maintaining and establishing interpersonal relationships, and that the social and emotional effects of aphasia impact both caregivers and patients (Tamplin et al., 2013, p. 929). Group singing offers people with aphasia an opportunity to participate in social interactions that are less reliant on verbal discourse, while also being a pleasant activity that increases positive affect (Kreutz et al., 2004).

Motor Function. In addition to aphasia, stroke can seriously affect motor function by causing damage to parts of the brain that control movement and executive function (Raglio et al., 2017). Researchers also discovered that playing a musical instrument helped people regain motor functions that were lost after having a stroke (Raglio et al., 2017). They also found that hand and arm functions were stimulated by using a musical instrument, and that this activity combined physical and psychological aspects of recovery (Raglio et al., 2017, p. 896), resulting in increased communication, emotional expression, and an improvement in quality of life. According to Reuer et al. (2007), active music therapy with elderly or frail people residing in nursing home environments can help to offset the changes in motor ability and neurosensory processes. Brodek et al. (2014) showed that playing a musical instrument improved brain function in elderly stroke victims, and that playing scales or familiar melodies on a chime bar improved the function of the damaged part of their brains.

Bodak et al. (2014) discuss the implications of spatial neglect after stroke, which results in reduced awareness of and use of one side of the body. They note that active music-making is

an effective intervention for this condition, supporting the use of both cognitive and motor skills. In a qualitative study on the experience of being part of a musical group, Pohl et al. (2018) found that stroke patients reported positive outcomes, including being part of a social group and managing challenging movements successfully. In their study on the effects of group music-making on stroke patients, Raghavan et al. (2016) discovered that rhythmic synchronization during music-making enhances emotional engagement and encourages positive interpersonal relationships (p. 1) and addresses physical, cognitive, and motor domains simultaneously.

Dementia and Alzheimer's Disease

Alzheimer's disease is a condition that slowly causes the degeneration and deterioration of brain tissue, causing a loss of connection between neurons and parts of the brain that transmit messages to the body (National Institute on Aging, 2022). The term dementia is an umbrella designation for a host of symptoms caused by disorders of the brain, and includes impairments in cognitive, emotional, and physiological functions (Alzheimer's Association, 2022). The needs of people with dementia are diverse, as are the diverse types of symptoms and behaviors they manifest (Clements-Cortes et al., 2021). The practice of music therapy with older adults is well-documented, and according to Mercadael-Brotons et al. (2021) it is important that clinical practice guidelines are implemented to ensure that therapy is effective. Some of the benefits of using music in a therapeutic context include cognitive stimulation, imagination, social interaction, physical activity, and sensory activation (Mercadael-Brotons et al., 2021). Although music therapists are most qualified to address specific treatment goals, nursing home staff, caregivers, and volunteers can use music to alleviate some symptoms of dementia and improve quality of life for seniors. The authors note that both music intervention and music therapy are effective, the former being the use of music for broad goals such as improving well-being, mood,

and relaxation, while the latter is practiced by a credentialed professional (Mercadael-Brotons et al., 2021).

Cognitive Function. Alzheimer's disease and dementia affect cognitive functioning at a range of levels, from mild to severe, and cause deficits in attention, reasoning, decision-making, and use of language (Alzheimer's Association, 2022). In reviewing brain health and active music-making in older adults, Jordan (2019) concluded that playing a musical instrument supports cognitive functioning in the brain and leads to significant structural changes. She also found that both sustained and short-term music-making lead to significant structural changes in the brain, supporting not only cognitive functioning but emotional well-being, as well as providing a structure for social interaction and community engagement. Balbag et al. (2014) note that playing a musical instrument from a young age acts as a protective factor against dementia and cognitive impairment, and that continuing the activity as an older adult guards against cognitive decline and the onset of neurodegenerative disease. Mansens et al. (2018) discovered that playing a musical instrument at least once every two weeks supports attention, episodic memory, and executive function in older adults.

Retaining cognitive functions plays an important role in maintaining and improving quality of life for older adults, many of whom lose their sense of self, their dignity, and are infantilized and depersonalized by the care they receive (Mansens et al., 2018). Moreover, the authors found that drug treatments are not effective at alleviating symptoms of dementia such as wandering, agitation, anger, and apathy, and they add that music therapy is a promising non-pharmacological treatment option especially active, instrumental music-making with a trained music therapist (Mansens et al., 2018).

Depression and Anxiety. Petrovsky et al. (2015) state that anxiety and depression are two of the most common symptoms of dementia in older adults, and music therapy is an effective non-pharmacological treatment for these ailments. They emphasize that music therapy, while it can be contraindicated in some people, does not require the extensive monitoring needed for anti-depressant drug therapies (Petrovsky et al., 2015). According to Matthews (2015), dementia is a leading cause of mortality and morbidity in Western nations and will continue to worsen in coming decades. He argues that music therapy is a cost-effective and non-pharmacological treatment that improves well-being, social agency, and interpersonal relationships between people with dementia and their caregivers (Matthews, 2015).

Depression and dementia go hand in hand, according to Gold et al. (2019), and are associated with both individual distress and a rising emotional and financial toll on family and caregivers. Further, the authors found that depression exacerbates cognitive impairments and may increase the risk of dementia in otherwise healthy adults. Raglio et al. (2012) go further to say that active music therapy interventions, such as playing a musical instrument or singing have an even greater impact on elevating mood than passive interventions, such as listening, for the management of behavioral and psychological symptoms of dementia. Gold et al. (2019) have found that active music making, including playing instruments and recreational choir singing have been found to reduce depression in older adults. In similar findings, Pohl et al. (2020) cite gains for those who participated in active music therapy include positive mood, increased alertness, and a better quality of life. Petrovsky et al. (2015) discuss the importance of alleviating anxiety and depression in seniors with dementia and note that although many studies are inconclusive because of poor methodological rigor, there is still ample evidence to support music therapy programs for people with dementia.

Many studies, (e.g., Gold et al., 2019; Matthews, 2015; Tomaino, 2013) have found that music can elicit emotional responses and help to retrieve memories that are stored in regions of the brain that are not affected by dementia. Research has shown that musical memories in people with advanced-stage dementia remain intact even in clients with late-stage Alzheimer's disease (de l'Etoile, 2016). Emotional responses to music often lead to regulation of affect, a reflection on relationships, and emotional processing. Finding meaning and regaining orientation helps to reduce agitation in people with dementia and reduces burden on staff and reliance on the use of medication (Gold, et al., 2019). Tomaino (2013) adds that the benefits of music therapy are maintained outside the session when the client is regularly engaged, for a period of two to three times per week over a longer period of time, resulting in a decrease in depression and anxiety. In particular, Petrovsky et al. (2013) note that active music therapy interventions are more effective than receptive, passive listening.

Similarly, Ahessy (2016) reported that those older adults who participated in a music therapy choir reported an improvement in their quality of life and a reduction of depressive symptoms after just one rehearsal. Goldman and Holden (2014) also found that music therapy utilizing movement improves wellbeing and quality of life, in addition to improvements in motor function. They hypothesize that active music therapy stimulates the production of serotonin and dopamine (Goldman & Holden, 2014) which are popularly known as the "happy hormones" (Healthline Media, 2022).

Social Connection. Maintaining and developing social relations are an important factor in the well-being of older adults, as Madso and colleagues note (2021). A study of the expression of well-being and social interaction with caregivers concluded that music therapy interventions with seniors at home in the company of their caregivers increased their levels of interaction and

resulted in better quality of life for both (Madso et al., 2021). The activities included music and movement, singing together, playing musical instruments, and listening to live or recorded music (Madso et al., 2021). According to Tomaino (2013), quality of life is of utmost importance for people living in long-term-care homes, especially for those with Alzheimer's and other dementias (p. 234). Tomaino also points out that assessing a person's quality of life should be based on their positive behaviors, as well as in the environment of the facility in which they live.

Behavior & Emotional Health. According to Matthews (2015), music is one of the most effective therapies at restoring social agency. Through the awakening effects of rhythm and melody, both caregiver and elderly client can reactivate a social connection that had previously been lost (Matthews, 2015). Tomaino (2013) writes that many people with dementia have trouble with interpersonal relations, self-awareness, and emotional regulation, she found that these issues were helped by receptive music therapy techniques, e.g., listening to familiar songs, participating in musically cued relaxation, the therapist's presence, and consistency of sessions (p. 238).

When working with people with dementia, Ridder (2008) found that some behaviors associated with dementia are caused by related factors stemming from the loss of the ability to communicate, which result in repetitive or inappropriate behavior, and catastrophic reactions to normal events. These behaviors are exacerbated by the isolation that is prevalent in people with dementia and can be alleviated by music therapy interventions, including music and movement, music reminiscence, therapeutic singing, songwriting, and therapeutic improvisation (Ridder, 2008, p. 71). Active music therapy such as participation in therapeutic drumming, bell chime choir, or group singing can help people overcome isolation and create opportunities for

engagement and increased interpersonal relationships and communication within their community.

Detailed Description of Proposed Program

This active music-making program would significantly expand the existing music therapy program at Wartburg, and will be comprised of seven ensembles, including therapeutic drum circle, bell chime choir, intergenerational chorus, various ensembles (rock, jazz, and classical) and composition (songwriting or instrumental). The groups will be open to residents and day care clients at Wartburg, their families, caregivers, and the greater community. It is my goal to combine people with varying levels of care, including those in out-patient, day care, independent living, assisted living, short-term rehabilitation, memory care, and skilled nursing, with caregivers, family members, Wartburg employees, and volunteers from the community. What follows is a detailed explanation of each group, and the individual therapeutic goals and objectives planned for each one. The programs proposed here will directly facilitate social functioning and well-being of the Wartburg community by providing a wealth of opportunities to develop working together as a group and experiencing belonging, social connection, and a sense of group unity and cohesion.

Intergenerational Chorus

The intergenerational chorus will be open to members of the community as well as residents at Wartburg. The chorus will serve members of Wartburg and the wider community and provide a space for singing together as a formal group. Activities will include rehearsing and performing musical works both in harmony and in unison and will include two public performances each year. The goals of the intergenerational chorus are to improve quality of life, increase social support, facilitate communication, improve self-esteem, improve respiration, and reduce cognitive decline.

The process of singing in groups is found to activate physiological, psychological, and social domains. Physical benefits of singing include improved respiration, improved cognitive function (Włodarczyk, 2019) and exercise of the full body from moving to music while using large muscle groups such as the torso and legs. Psychological effects include feelings of well-being, increased feelings of usefulness for both age groups, feelings of accomplishment, enjoyment, and increased self-expression (Pearce et al., 2015). Priestley (1975) mentions that, from a physical point of view, singing causes improvements in respiration and breathing. Kang et al. (2017) note that singing has an energizing effect on the body, and improves the cardiorespiratory system, including strengthening the respiratory muscles. And lastly, results from a randomized controlled trial found that cortisol released during active singing had an effect on the participant's immune system (Ahessey, 2016).

Singing together in an intergenerational chorus fosters understanding between age groups, a decrease in negative stereotypes, mutual learning, appreciation for others, and social bonding (Sakano et al., 2014). An example of this type of program is The Unforgettables, a chorus for people with dementia, their family and friends based in New York City. This choral group brought many benefits to the participants, including a stimulating social activity, an improvement in their quality of life, their communication, and their self-esteem (Mittelman & Papayannopoulou, 2018).

Ensembles

Ensembles would be open to outpatient and in-patient residents at Wartburg, they would be formed according to preferred music genre, e.g., classical, jazz, or pop/rock. These ensembles would work best with people who have moderate to advanced skills on their instrument. Several

assistive devices and adaptive musical instruments are available through the IMNF for those who have physical limitations and would still like to join.

Jazz Combo

The jazz combo would follow a standard format of rhythm section, consisting of drums, bass, guitar and/or piano, plus melody instruments including voice, flute, clarinet, saxophone, trumpet, or trombone or according to the abilities and availability of participants. Elements of jazz include a strong harmonic structure organized around a melody, combined with improvisation that can be either simple or complex but is based on the structure of the chords. The element of improvisation is part of the jazz idiom and provides freedom of expression within the structure of time and harmony.

Rock Band

Rock band would have much the same components as jazz ensemble, but with more emphasis on traditional rock instrumentation, such as guitar, bass, and drums. An existing group at Wartburg utilizing the rock/jazz band format is the out-patient healing Music for Veteran's group, which is focused on providing support for veterans experiencing symptoms of Post-Traumatic Stress Disorder (PTSD). The goals of this group include reducing isolation, depression, flashbacks, and invasive recurring memories, as well as providing an interpersonal support structure and a place to share music together. At this time, the group's activities include listening to music on YouTube, and some members choose to sing or play along to recorded tracks of familiar songs. In contrast, the proposed rock/jazz band group activities would focus on re-creating songs, improvising solos within a musical structure, and developing relationships within the group.

Chamber Music Ensembles

Classical ensembles would have the most structure of all the ensembles, as existing compositions would be played from musical scores under the direction of the music therapist. The music therapist can easily create substitutions and rework existing pieces for the instruments at hand if needed. As Priestley (1975) notes, in chamber music each player plays a specific role and accomplishes a particular task, resulting in mutual dependency and support. The musical expression of emotion is a group effort, and discipline is imposed on the players by the music, not the music therapist.

Therapeutic Drum Circle

The therapeutic drum circle is a group rhythm activity that supports physical, cognitive, and behavioral functioning in older adults. According to Reuer et al. (2007), motor changes in the aged include a decrease in muscle fiber and elasticity, a reduction in strength, stamina, flexibility, and changes to the central nervous system that affect reaction time. Rhythm-based music therapy techniques are highly motivating and response to rhythm is basic to human functioning. Further, sustained physical activity and use of fine motor skills helps to maintain stamina and use of arms, hands, and fingers. In addition, a sense of group identity and a feeling of belonging occurs when people drum together. Rhythmic entrainment, which happens when a group of people actively maintain a steady beat together brings individuals together emotionally, physically, and mentally (Reuer et al., 2007).

Bell Chime Choir

The bell chime choir is a group that is currently in progress at Wartburg, led by myself, a music therapy intern. The bell chime choir includes residents of the Waldemede building, in a skilled nursing unit on the third floor. It is open to participants who are able to hold bells, follow

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directions, and maintain attention. Participants learn proper techniques for holding, ringing, and stopping chimes, to differentiate between note lengths (e.g., whole, half, and quarter note) and to play both as a group and individually. Goals include attention to task, fine and gross motor control, social integration, and interpersonal communication. Currently, the group is playing bells to accompany themselves singing familiar melodies such as the hymn *Amazing Grace* and *You Are My Sunshine* (Davis & Mitchell, 1940). In addition, the participants are learning to play the theme from Beethoven's Ninth Symphony known as the *Ode to Joy* (*An die Freude*, Schiller, 1785) among other works. A performance for the Wartburg community is planned for Spring 2022. I began this group in 2021 in my role as intern at Wartburg. I have included the addition of this group in my proposal as a permanent offering in the music therapy department, rather than being dependent on a music therapy intern.

Composition/Songwriting

Bruscia (2014) recommends that the therapist help with the development of skills in creating music when engaging clients in compositional/songwriting experiences. These skills include: putting together the structural elements of harmony, rhythm, and melody in order to express thoughts and feelings; organizing the elements so they fit into the piece; exploring ways to express oneself within the structure of the song or composition; to develop decision-making skills necessary to complete the task; to document the piece so that others may perform the work; to explore themes through the use of lyrics; and the ability to synthesize separate parts into a whole. Besides songwriting and instrumental composition, other types of musical compositions used in a music therapy context are song transformation, in which an existing song is reworked in order to express something different, and music collages, in which fragments of existing sounds and music are joined together to explore a personal or therapeutic issues of the

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client. This type of musical intervention can be used in place of traditional composing, and would be offered as part of the composition and song-writing sessions for those clients who don't feel comfortable or don't know how to write music.

With the Active Music Therapy for Older Adults proposal, there will be seven music therapy groups, therapeutic drumming, composition and songwriting will be offered two times per week, while jazz, rock, classical combos, bell choir, and intergenerational chorus will be offered weekly (see Table 1).

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Table 1*Proposed Weekly Schedule (34 hours per week)**W3 – Waldemade 3rd Fl*W4 – Waldemade 4th Fl

	Monday	Tuesday	Wednesday	Thursday
9:00-10:00	Session Preparation	Session Preparation	Session Preparation	Session Preparation
10:00-10:45	Composition/ Songwriting (Group A)	Composition/ Songwriting (Group B)	Composition/ Songwriting (Group A)	Composition/ Songwriting (Group B)
11:00-11:45	Therapeutic Drumming (Group C)	Bell Choir (*W3)	Therapeutic Drumming (Group C)	Therapeutic Drumming (Group C)
12:00-1:00	Lunch	Lunch	Lunch	Lunch
1:15-2:00	Therapeutic Drumming (Group A)	Therapeutic Drumming (Group B) (*W4)	Therapeutic Drumming (Group A)	Therapeutic Drumming (Group B) (*W4)
2:00-2:30	Documentation	Documentation	Documentation	Documentation
2:30-3:45	Jazz Combo	Interdepartmental Meetings	Rock Band	Classical Ensemble
4:00-5:00	Staff Meeting/ Documentation	Staff Meeting/ Documentation	Staff Meeting/ Documentation	Staff Meeting/ Documentation
7:00-9:00		Intergenerational Chorus		

Financial Justification

The annual cost accounts for the yearly salary, employee benefits, and money allotted for, instrument repair and maintenance (see Table 2). I believe this financial outlay is worthwhile and benefits Wartburg by reducing costs in the long term. A cost-benefit analysis of music therapy

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vs. standard medical care shows that a hospice facility that incorporated music therapy into their program paid almost 25% less per resident than those that did not (Romo & Gifford, 2007). In another study, Coulton et al. (2015) discovered that participation in a community singing group significantly offset the costs of treating anxiety and depression in their members after six months.

Table 2*Annual Expenses*

Item	Cost
Salary (32 hours per week)	\$40,000*
Estimated benefits (26.74% of salary)	\$10,695
Instrument repair and maintenance	\$500
Continuing education	\$750
AMTA membership dues, conferences fees, LCAT certification and licensing, continuing education.	\$1575
Copies and music	\$250
Total annual fees	\$76,505

*Salary is based on information extracted from <https://bls.gov>

Equipment, Technology, and Instruments

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Several instruments would have to be purchased, including hand drums and other percussion instruments for the therapeutic drumming program. In addition, two guitars, one bass, and a drum set would need to be acquired, plus amps and microphone for the rock and jazz ensembles. There are two or three pianos already on site at Wartburg, including an electronic keyboard which could be used for chamber music or other ensembles, and for chorus accompaniment. The initial cost includes a one-time purchase of instruments and other resources for the proposed music therapy groups are detailed below (see Table 3).

Table 3

Initial Program Expenses (Materials)

Item**	Cost
Remo DP-0250-00 Travel Percussion Pack: 1 Bass Buffalo Drum, 4 Remo frame drums, 1 Remo Tambourine, 1 Remo Shaker, 1 Remo Ginga Shaker, 1 Remo Didgeharp, 10 Remo Plastic Egg Shakers, 1 Remo Tone Block with Beater, 1 Remo Travel Percussion Backpack	\$1,152
Remo Ocean Drum 12"	\$350
Squier® Stratocaster® Pack Amp with Gig Bag, Laurel Fingerboard, Brown Sunburst X 2	\$578
Ibanez GIO SR GSR200BK Electric Bass, Black	\$199
Fender® Rumble™ 25 V2 25-Watt Combo Bass Amplifier	\$139
Ludwig Pocket Kit by Questlove LC178X029 Complete Drum set, Silver	\$299
Shure SM58-LC Vocal Microphone X 2	\$198
PreSonus Eris E4.5 Studio Monitors, Pair	\$199
Fender® Professional Series Instrument Cable, 18.6 Feet, Black X 4	\$80
On-Stage MSP7703 3 Euroboom Mic Stands with Bag	\$120
On-Stage MS7201QTR Round Base Quarter-Turn Mic Stand, Black	

	\$41
Yamaha Piaggero NP32WH Ultra-Portable Digital Piano, 76-Key, White	\$329
Total initial fees	\$3,684

**All materials and instruments can be found on <https://www.westmusic.com/>

Agency and Facility Context

All programs will take place on the campus of Wartburg, and in various facilities on the campus. Ideally, there will be more than one music therapist available to lead programs, but in the initial phase I will be responsible for the delivery and implementation of the programs, with help from volunteers and music therapy interns. The programs would be provided to Wartburg under the direction of the Institute for Music and Neurologic Function, led by Dr. Tomaino.

Institute for Music and Neurologic Function (IMNF)

IMNF, founded in 1995 by Beth Abraham Family of Health Services and led by Dr. Concetta Tomaino, brings together the two worlds of neuroscience and clinical music therapy. was invited to partner with Wartburg in 2018 (IMNF, 2020) and currently provides music therapy services for Wartburg's diverse population of older adults. The methods used by Dr. Tomaino and the IMNF are based on the premise that music directly affects the whole person, in body, mind, and spirit, and that it has a positive effect on a person's physical, emotional, and neurologic function (Tomaino, personal communication, November 23, 2021). The institute seeks to combine the methodical use of neuroscience with clinical music therapy practice to awaken, stimulate, and heal through the power of music. Presently, the IMNF provides music therapy for residents in assisted living and memory care, in rehabilitation, and through a virtual program for veterans living at home. The proposed program expands that capacity to include an intergenerational chorus, therapeutic drumming circle, bell chimes choir, jazz, rock and classical

ensembles, and a songwriting/composition program that can be accessed by both residents and non-resident community members who come to Wartburg for recreational and therapeutic services.

Outcomes and Assessment

Assessment tools

The Protocol Design Forms (see appendices A-G) detail each program's goals, objectives, and format, and is a valuable tool for determining how each of the programs work and which clients would benefit from them the most. The Music Therapy Intake and Assessment Form (See appendix H) gathers information on individual clients, noting their abilities, cognitive and behavioral issues, musical preferences and other pertinent information in order to gain insight into which programs and groups would help them the most.

Evaluation Tools

The Music Therapy Observation Tool (See appendix I) is a comprehensive form that details each participant's involvement and level of functioning at each session. This form would not be suitable for the larger groups, e.g., chorus, because of the level of detail needed to complete it but is ideal for the smaller groups. The Participant Questionnaire (See appendix J) would be used for larger groups, such as the chorus, and would be used at the end of each six-month period in order to evaluate participants' satisfaction with the chorus and needed course corrections. This questionnaire could also be accessed verbally if needed and would be submitted anonymously in order to provide relevant and honest feedback. In all, assessment and evaluation tools are useful for understanding the clients' needs and abilities, the efficacy of each program, and for making changes if needed.

Please add a summary as a conclusion.

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Appendix A

Bell Chime Choir

Protocol Design Form

Goals of the Group:

- Sustain attention
- Increase socialization/interpersonal relationships
- Maintain and improve fine and gross upper body functioning/motor control

Criteria for Patient Selection

- Ability to grasp and hold handbell
- Ability to attend to verbal or visual direction
- Attention to task

Media: Handbells and choir chimes

Location: Waldemede 3, Dining hall

Format:

- 45-minute session
- Hold and ring handbells or choir chimes
- Play within rhythmic structure of song, together and individually

Role of the Leader:

- to provide instruction and support
- to sing songs, model melody and rhythm
- set up tables, bring participants to group and break down after group

Procedure for entering and leaving the group:

- Referral: from physical therapist, nurse, or recreation therapist
- Termination: disruptive in group, unable to perform physical actions, unable to maintain attention, or sleeping more than 50% of session.

Adapted from IMNF Protocol design form (2022)

Appendix B

Intergenerational Chorus

Protocol Design Form

Goals of the Group:

- Decrease anxiety and stress
- Increase socialization/interpersonal relationships
- Maintain and improve breath support; Provide benefits cardiovascular system, increase oxygen to brain

Criteria for Patient Selection

- Ability to attend to verbal or visual direction
- Attention

Media: Piano for accompaniment, chairs, music/lyric sheets

Location: TBD

Format:

- 90-minute session
- Sing familiar songs in unison as a group
- Learn alternate/harmony parts and sing
- Prepare two public concerts per year

Role of the Leader:

- to provide instruction and support
- to sing songs, model melody and rhythm
- Conduct and/or provide piano accompaniment

Procedure for entering and leaving the group:

- Referral: open to family and caregivers, and residents and non-residents of Wartburg

Termination: disruptive in group, unable to maintain attention, or sleeping more than 50% of session.

Adapted from IMNF Protocol design form (2022)

Appendix C

Therapeutic Drumming

Protocol Design Form

Goals of the Group:

- Improve mood, alleviate anxiety, reduce stress
- Improve sleep/reduce insomnia
- Promote social activity/strengthen interpersonal relations
- Improve focus and attention
- Expression of self and emotional states

Criteria for Patient Selection

- Ability to attend to verbal or visual direction
- Attention to task
- Grasp drum stick and/or use hand drumming techniques

Media: Set of hand drums, assorted percussion instruments

Location: TBD

Format:

- 60-minute session
- Play independently and as a whole
- Role of the Leader:
 - to provide instruction and support
 - to model rhythms, provide framework for session
 -

Procedure for entering and leaving the group:

- Referral: physician, physical therapist, occupational therapist, recreation therapist

ACTIVE MUSIC THERAPY WITH OLDER ADULTS

- Termination: disruptive in group, unable to maintain attention, or sleeping more than 50% of session.

Adapted from IMNF Protocol design form (2022)

Appendix D

Rock and Jazz Ensembles

Protocol Design Form

Goals of the Group:

- Increase socialization/interpersonal relationships
- Creative expression
- Provide emotional support

Criteria for Patient Selection

- Ability to play instrument or sing
- Basic understanding of musical form

Media: Guitars (electric or acoustic) bass guitar, drum set, voice, melody instruments, live sound equipment, keyboard or piano.

Location: TBD

Format:

- 50-minute session
- Play client and therapist-chosen songs
- Improvise within structure of music

Role of the Leader:

- Provide basic instruction if needed
- Support focus of group on task
- Suggest song repertoire
- Provide music (lead sheets, written music, or lyric sheets)

Procedure for entering and leaving the group:

- Referral: Use music therapy referral form or staff referral
- Termination: disruptive in group, unable to follow leader, unable to maintain functional role

Adapted from IMNF Protocol design form (2022)

Appendix E

Classical Chamber Ensembles

Protocol Design Form

Goals of the Group:

- Increase socialization/interpersonal relationships
- Creative expression within proscribed musical form
- Be part of a unified whole
- Learning and discovery
- Fine motor skills

Criteria for Patient Selection

- Ability to play musical instrument at a basic level
- Ability to read music
- Attention

Media: Client owned instruments, on-site piano, donated instruments if possible.

Location: TBD

Format:

- 60-minute session
- Play classical music repertoire
- Perform for community

Role of the Leader:

- To provide instruction and support
- Provide music and adapt scores to available instrumentation
- Share musical interpretation and knowledge

Procedure for entering and leaving the group:

- Referral: Music therapy referral form, staff recommendation
- Termination: disruptive in group, unable to maintain attention

Adapted from IMNF Protocol design form (2022)

Appendix F

Composition/Songwriting Workshop

Protocol Design Form

Goals of the Group:

- Creative expression
- Organize and adapt musical ideas
- Stress management
- Self-actualization

Criteria for Patient Selection

- Ability to attend to verbal or visual direction
- Attention to task

Media: Sibelius software, music staff paper, guitar/piano, electronic media

Location: TBD

Format:

- 45-minute session
- Write songs, compositions, or lyrics.

Role of the Leader:

- Provide basic framework of songwriting (chord structure) if needed
- Adapt musical expression to media at hand
- Notate or record client compositions

Procedure for entering and leaving the group:

- Referral: music therapy referral form; staff referral
- Termination: disruptive in group, unable to maintain attention

Adapted from IMNF Protocol design form (2022)

Appendix G

Music Therapy Intake and Assessment Form

PART A: REFERRAL

DATE OF REFERRAL: _____

Name of Patient: _____

(In-Home / In-Center)

Contact Information: Phone: _____

Address: _____

Primary Language: _____

Presenting Problems (Check all that apply):

Sensory-Motor / Physical Function / Cognitive Function / Speech / Language / Communication

Mood and Behavior / Pain / Social Interaction / Isolation

Reasons of Referral:

PART B: MUSIC THERAPY EVALUATION (For music therapist use only)

DATE OF EVALUATION: _____

ACTIVE MUSIC THERAPY WITH OLDER ADULTS

Member's Musical Preference / Training:

Music Therapy Goals:

1. _____

2. _____

Music Therapy Interventions (Check all that apply):

Therapeutic Drum Circle

Intergenerational Chorus

Musical Improvisation

Composition/Songwriting

Musical Ensembles: Jazz / Rock / Classical

Additional Comments:

Music Therapist's Signature: _____

Name (Printed): _____

Adapted from IMNF intake/assessment form (2022)

Appendix I

Music Therapy Participant Questionnaire

What did you enjoy about the group?

What did you find challenging about the group?

What music or activities would you like to do more of?

Would you participate in this group again?

Is there anything else you would like to share?

**SINGING FOR
HEALTH AND
WELLBEING**

Improve your life by belonging to our chorus,
here are some of the many benefits:

Physical:

- Improved respiration
- Better posture
- Increased relaxation
- Lowered blood pressure
- More energy

Emotional:

- Feelings of belonging
- Enhanced self-confidence
- Higher self-esteem
- Happiness
- Reduced stress and anxiety

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www.thephone-company.com

MUSIC THERAPY FOR EVERYONE

**A SOCIAL
CHORUS**

Building better relationships one voice at a time

THE SONGS

We sing a variety of songs from popular culture to the classics, in a range of styles and genres. Participants are encouraged to make song suggestions of their own and decide what they would like to sing.

WHAT IS MUSIC THERAPY?

Music therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. (AMTA, 2020)

THE SCHEDULE

We sing from September through June with weekly meetings on Tuesday evenings 6:00 – 7:30 PM at the XYZ center in downtown (any town USA)

OUR MEMBERS

Our members are older adults who wish to improve their quality of life and their social contacts - no prior experience or knowledge of singing is required!

- OUR MEMBERS**
Hail from all walks of life, their social glue is that they enjoy music and strive to maintain a healthy and balanced lifestyle.
- THE RESEARCH**
Research shows that singing offers a valuable benefit to older adults, with proven gains, both physical and emotional, and is highly recommended for overall health and well-being.

- Anita O'Day -