Music Therapy
The Healing Power of Music

Developing a Hospital Music Therapy Program

Northern Westchester Hospital
Mount Kisco, New York

Quality, patient-centered care that’s close to home
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The Healing Power of Music

Music is a universal language that connects people. In all cultures, music has been used to uplift, invigorate, calm and ease. A simple song can help to unlock memories, improve communication and expression. It can also bring relief and comfort to those who are ill or in end-of-life situations.

Music Therapy is an established health care profession that uses music to address varied physical, emotional, cognitive and social needs for individuals of all ages.

Continuing evidence has demonstrated that in a hospital setting:

- Treatment and recovery of physical, mental or emotional ailments can be supplemented and improved by Music Therapy.
- Music Therapy can enhance relaxation and reduce anxiety and stress levels, as well as helping to manage pain and adding to a patient’s recovery process.
- Music Therapy can help individuals with neurological conditions to regain or improve communication, improve gait, aphasia, balance and range of motion.

Researchers across many disciplines continue to validate the benefits of Music Therapy.

- In May, 2011, researchers at the University of Granada in Spain found that listening to soothing music while practicing relaxation techniques such as slow deep breathing could improve the quality of life for patients battling the chronic pain of fibromyalgia. The patients slept better, suffered less anxiety and reported less pain than a group who did not have access to Music Therapy.
- A 2008 and 2012 study of people with depression found that Music Therapy combined with standard treatment (antidepressant medications and counseling) dramatically increased the likelihood that the patients would feel better.
- Researchers at the University of Rochester in New York found that patients with leukemia, lymphoma and solid tumors who underwent a bone marrow transplant experienced far less pain and nausea when they took advantage of Music Therapy. Furthermore, the new bone marrow took hold much faster for these patients!
- Studies of music used in the hospital ICU for cancer patients have shown that Music Therapy helps to reduce pain perception, alter blood pressure and respiration, ameliorate chemical-induced nausea and vomiting, increase relaxation and improve mood.

Development of the NWH Music Therapy Program

Consistent with the Planetree philosophy of putting patients and families first while providing the highest quality care, Northern Westchester Hospital embarked on the development of a Music Therapy program. Initiation of the program in 2010 was a collaborative effort between the Hospital’s Department of Integrative Medicine and the Institute of Music & Neurologic Function, (a non-profit 501 (C3) agency in Bronx, New York, founded on the concept that music has unique powers to heal, rehabilitate and inspire, and that music therapy can be used to restore and improve our physical, emotional and neurological health.)
To initiate the Music Therapy Program at NWH, five initial populations were chosen:

- An Adult Outpatient group coping with cognitive impairments and/or traumatic brain injury. This group is coordinated by Abilities Beyond Disabilities (ABD), a local not for profit organization that has helped thousands of people with physical and mental disabilities to discover, build and celebrate their abilities. This group routinely comes to the Hospital (2) times per week to volunteer
- Inpatient group from the Behavioral Health Unit at NWH
- Patients and family members at The NWH Cancer Treatment & Wellness Center
- Inpatient Medical/Surgical patients, particularly patients with dementia and those struggling with symptom control— including pain, anxiety, or respiratory issues
- Community members— (including senior citizens, many suffering from memory loss, Parkinson’s and other cognitive disorders) at a local multi-generational community center

Who would benefit the most from music therapy?

In a perfect world, music therapy could be provided to all patients and community members, by a full time music therapist. But as a grass roots effort, it was necessary to streamline costs and identify specific groups to participate in the new program.

Initial financing came from fundraising efforts led by the community member. The program has since been sustained by private donations. Word of mouth opened additional community fundraising opportunities; with the local community Rotary Club raising both awareness and funds in support of the program.

Project Overview

The founding advisory group also included a team of NWH physicians (among them, the Chief Medical Officer, the Chief of Psychiatry, community neurologists and internists) the Patient Advocate, Hospital Foundation representative, and the local community member who spearheaded and raised funds for the project.

Crafting the Music Therapy Sessions

One of the first actions taken was the recruitment of a Board Certified music therapist, to spend one day every week at NWH and the community center, offering group and individual sessions in a variety of settings, to address physical, emotional, cognitive and social needs of participants.

The music therapist, working closely with a team of professionals, developed a schedule, set goals and objectives for each group, and individualized the sessions for each population.

For group sessions of approximately 45 minutes, a variety of activities were planned, which have been modified to meet the specific needs of the group and can change on any given day. Among the activities are:

- A Drumming Circle, in which participants choose and play a percussion instrument of their choice (options include tubano, djembe, buffalo, bass and ocean drums; cowbells, shakers; tambourines) in order to express themselves both individually and in a group.
- Improvisation
- Sing-Alongs
- Song writing
- Discussions of rhythm and style
- Discussions of emotional reactions to the music
- Discussion of life issues

One-on-one bedside sessions are often one-time meetings, which vary from room to room, according to the patient’s individual needs. While the music therapist plays the guitar or a portable piano and/or sings a song of the patient’s choice, patients can sing along, play an instrument, chat about the music, or just relax. Bedside sessions are also accompanied by a nurse from the Integrative Medicine program; offering patients the additional modalities of aromatherapy and guided imagery to enhance the relaxation response.
Validating and Results—Heartwarming Results

Since its inception, more than 1,300 individuals have participated in the NWH Music Therapy Program. Outcome data is collected on an ongoing basis. This includes:

- patient self-reports of pain, anxiety and mood, pre and post music therapy sessions, on a scale from 1 to 10.
- objective measurements for groups, such as: attendance, willingness to participate, socialization, articulation, focus, eye contact, attention span, medications required before and after sessions.
- anecdotal observations recorded continuously from the journal of the music therapist and other health care professionals.

"We have seen a remarkable change in A’s behavior in the group. When the group started, A was disconnected and disorganized. He presented himself as moody and at times refused to participate. Yet over the last couple of months, he has grown in multiple areas. His engagement in the group has been more consistent. He participates, whether he feels happy or sad. It seems he has learned to use the group to process his thoughts and emotions. This is evident in his verbal comments. Whether he is requesting songs, sharing ideas, or commenting on the topic of discussion, A is connected to the group’s process."

"Some are able to sing, play along, or request a song, while others benefit from music by listening, or reacting with a smile, a tear or a comment, depending on the circumstances. Some are cheered up by the end of a session, while others relax and fall asleep. Family members are often present in the session and get a chance to share the positive experience with their loved ones. Staff members often pass by and cheer up as the atmosphere is uplifted. In some cases, we get to see a patient’s bright side that we may not see otherwise. Whether the focus of the session is relaxation, pain management, socialization, normalization, memory retrieving, motivation, breathing, identity of self, motor control or quality of life…the human interactions happening on the floor are meaningful, powerful and fascinating!"

The results have been both validating and heartwarming.

FROM THE JOURNAL OF ARIEL WEISSBERGER, NWH MUSIC THERAPIST
There's More to Healing than Medicine Alone

For thousands of years, many cultures have used integrative therapies to complement the traditional practices of Western Medicine, for the treatment of many diseases and disorders.

Also referred to as “holistic medicine,” the premise is to treat the “whole” person—the body, mind and spirit—in order to achieve optimum health and wellness.

Over the past few decades, integrative medicine—once considered “hokey”—has gone mainstream. More doctors now recognize the benefits of using integrative modalities, without compromising on the integrity of Western medicine.

Studies continue to show that a growing number of Americans are using integrative therapies, in conjunction with traditional treatments. Why? Because they feel better!

As the shift continues to evolve in the way we think about health care, modalities once considered useless or frivolous are gaining credibility and increasing respect.

A Vision turned into a Reality

For Judy Simon, Music Therapy was a no-brainer. With more than 25 years of experience in the health care industry, she had seen first-hand how music positively impacted on different populations.

Working with Alzheimer patients, Judy had watched their responses while musicians were playing the piano or singing familiar songs. She had observed that their anxiety levels diminished and their mood improved. She had noticed that the music triggered memories within many of the patients, and that they began to communicate better. The more she had watched, the more Judy began to believe in the healing power of music.

“When you see someone who has been totally frozen for years, suddenly react to music, it’s an amazing thing to experience,”

JUDY SIMON, COMMUNITY MEMBER

Convinced that Music Therapy would be a natural addition to a hospital setting, she became committed to bringing a Music Therapy Program to her community hospital, Northern Westchester Hospital.

“Music is a place where people can be in life and express themselves, no matter how sick they are.

Judy discovered the Institute for Music and Neurologic Function, in the Bronx, an internationally renowned center of music therapy treatment, research and education, which shared her vision and commitment. Judy understood after meeting with the Hospital the importance of having a credible, evidence-based music therapy program that would work with hospital clinicians to create a truly unique and outcomes based program. It was for this reason that the
Institute was selected for their vast experience in creating music programs in outpatient and acute care settings. The more Judy and the Hospital listened and learned about individuals who were helped by music therapy, the more the team was convinced that Music Therapy could help to enhance the quality of life for patients and visitors at NWH. Hospital staff would share with her how they didn’t really appreciate the power of music until they saw it in action with patients. One staff member told her how a patient who had been very lethargic, opened his eyes and started interacting when he heard his favorite rock and roll song being played; or the very depressed patient who had come from a nursing home, actively engaged and became full of life when her childhood lullaby was played. As one nurse stated, “the renewed energy that patients feel after the music therapy experience, creates a sense of empowerment and willingness to take control of their recovery.”

Judy’s passion soon transformed her into a woman on a mission. To cover the program expenses, Judy began knocking on doors, soliciting donations, and gaining support for a concept that she believed would make a difference in the lives of patients and families at NWH. In 2010, Judy Simon’s vision became a reality when the Music Therapy Program was launched at Northern Westchester Hospital.
Founded in 1916, Northern Westchester Hospital is a not-for-profit, 233-bed, all private room facility in Mount Kisco, New York, serving residents of Northern Westchester, Putnam and Southern Duchess Counties in New York and portions of Connecticut. The hospital has long been recognized as one of the region’s premier health care providers, offering state-of-the-art care in a warm and nurturing environment.

In a caring, respectful and nurturing environment, more than 750 highly skilled physicians, state-of-the-art technology, a professional staff of caregivers and 250 community volunteers come together to ensure the optimum experience for all patients and their families.

NWH is a member of the NY-Presbyterian Healthcare system and is affiliated with Columbia College of Physicians and Surgeons and Weill-Cornell Medical College. These relationships offer patients access to a wide range of advanced expertise, research and clinical trials—within their own community. NWH is also one of four members of the Stellaris Health Network, which helps achieve operating efficiencies that enable member hospitals to enhance delivery of high quality health services.

NWH has established extensive internal quality measurements that surpass the standards defined by the Centers for Medicare & Medicaid Services (CMS) and the Hospital Quality Alliance (HQA) National Hospital Quality Measures. These highest quality measures ensure that patients receive the best treatments possible.

NWH is a designated Planetree Hospital—one of the first five hospitals in the country to be Planetree Designated for Excellence in Patient and Family Centered Care; and the only hospital in the nation to receive Planetree Designation with Distinction and Magnet Recognition for Nursing Excellence.

NWH is dedicated to providing the highest quality expertise including: a Cancer Treatment & Wellness Center; designation as a Primary Stroke Center; Level III Neonatal Intensive Care Unit; Orthopedic and Spine Institute; Institute for Aesthetic Surgery & Medicine; Breast Institute; Adult, Pediatric & Surgical Hospitalists and Intensivists; A nationally accredited Center for Sleep Medicine; Balance Center; Hyperbaric and Wound Therapy Center, Behavioral Health Unit; Perinatology Antepartum Testing Unit for high-risk obstetrical care; Cutting Edge Technology including: da Vinci Robotic Surgical System; Gamma Knife Center and Linear Accelerator.

In the Planetree spirit, NWH, in addition to its other high quality services, also offers: a nationally recognized best practice in Integrative Medicine Program and Family Caregiver Support; Pet and Art Therapy, Pastoral Care, Palliative and Support programs and a patient centered redesign for emergency room, inpatient care, clinical nutrition and patient food service.

In 2011, the Music Therapy Program at NWH received the 2011 National Spirit of Planetree Award for Best Practice Program, for the program’s support of the hospital’s mission of improving the health and wellness of its community members through the power of song.
The Institute for Music and Neurologic Function, a nonprofit 501 c3 agency, is an internationally renowned center of music therapy treatment, research and education, located at Beth Abraham's skilled nursing facility in the Bronx.

The Institute was founded on the premise that music has unique powers to heal, rehabilitate and inspire, and that we can use Music Therapy to restore and improve our physical, emotional and neurological health. The Institute is dedicated to advancing scientific inquiry on music and the brain, and to developing clinical treatments to benefit people of all ages.

Founded in 1995, under the leadership of Edwin H. Stern III, Arnold H. Goldstein and the late Ben Rizzi, the Institute has brought together two worlds: basic neuroscience and clinical music therapy. Today, the Institute is one of the leading clinical programs offering innovative music-based treatments to patients.

The Institute developed out of many years of observations and clinical work at Beth Abraham. It was continuously observed that many people with neurological problems could learn to move better, remember more, and even regain speech when music was played in specific ways. It became the Institute’s mission to find out what was happening in the brains of these individuals to make these responses possible, and to use this information to improve the quality of lives of these patients and others.
Goals and Objectives

The decision to implement a Music Therapy Program at NWH was based on the premise that Music Therapy can complement traditional medical practices to improve the quality of life of patients and members of the community. Towards that end, the objectives of the program were individualized for each of the five initially targeted populations.

Objectives

**Outpatient Group, Cognitive Impairment/TBI**
A fairly consistent group coming to the Hospital each week

- To improve group participation and interaction
- To improve communication and expression of feelings
- To promote teamwork, group cohesion and unification
- To improve focus and increase attention span
- To reduce levels of anxiety and stress
- To improve abstract thinking, interpersonal skills and creativity

**Inpatient Group on the Behavioral Health Unit**
An acute psychiatric unit; group participants change from week to week, but there is usually an overlap with one to several in each new weekly session

- To increase participation, engagement in group activity
- To increase, eye contact, initiation of comments, articulation and clarity of thought
- To reduce levels of anxiety, agitation and stress
- To improve balance and gait
- To decrease number of anti-anxiety/anti-depressive medications needed

**Medical/Surgical In-Patients**
one-on-one sessions at bedside

- To reduce levels of self-reported stress and anxiety
- To reduce perceived level of pain
- To reduce physical side effects, including nausea and vomiting
- To improve self-perceived comfort level and sense of well-being and relaxation

**Multi-Generational Community Group; conducted onsite at local community center**

- To improve self-expression and communication skills
- To improve memory retrieval
- To reduce levels of anxiety and stress
- To improve mood and sense of well-being

**Patients and Family Members at The NWH Cancer Treatment & Wellness Center**

- To reduce levels of anxiety and stress and encourage dialogue and expression
- To improve self-reported level of relaxation
- To reduce perceived level of pain
- To reduce physical side-effects—including nausea and vomiting
- To improve self-perceived comfort level and sense of well-being and relaxation
Not All Music Therapists Are Created Equal

The success of a Music Therapy program largely depends on the choice of the therapist. It is critical to hire a Board Certified music therapist who has clinical training and experience with the populations being served by the program.

Recruitment of a music therapist can begin in your community by reaching out to local colleges and music schools.

At NWH, the Music Therapist selected was trained in music at Berklee College of Music and has a graduate degree in Music Therapy from New York University; is Music Therapy Board Certified and has diverse experience working in pediatrics, (including children with autism, cancer and cerebral palsy) as well as adults with dementia, aphasia, epilepsy, HIV, mental illness and brain injury. The therapist has run a variety of Music Therapy programs in different venues—including one-on-one individual sessions, community drum circles, multi-media productions, music improvisation and psychodrama, songwriting groups and a music therapy band.

When asked why Music Therapy is an important addition to a hospital, the therapist explained, “It is helpful for people to learn how music can be used as a coping mechanism. Connecting with yourself and others helps you identify your emotions and brings about a sense of empathy and belonging. Music Therapy can be beneficial in a variety of contexts, from physical rehab to in-depth psychotherapy. At the core of it is our primal response to music, our ability to use it to communicate, socialize and engage in meaningful experiences. These benefits are particularly relevant in settings where people are in need of coping, and are looking to get better.”
Dr. Elizabeth Mirabello, Chief of Psychiatry at NWH, described Ariel this way:

“Ariel has a gift in drawing people out of their shells, exceedingly important in acute hospital settings were patients sometimes feel very guarded, apprehensive and in some cases non-communicative.”

**The Next Decision: Who Will Participate in the Program?**

When targeting the select populations for a Music Therapy program, factors must include the budget and how much time can be allotted for a therapist to serve the populations identified. At NWH, since the program is funded by private donation, these factors amounted to one-day per week that music therapy services are offered.

Every hospital has a unique setting, and depending on its structure and organization, different groups might be best served by a Music Therapy program. Some hospitals have available open spaces that lend themselves to group meetings, while others can use a cafeteria, waiting area, garden or lobby for a Music Therapy session. When evaluating the possibilities for groups or individual patients to implement a Music Therapy program, consider:

- Children admitted to inpatient pediatric unit and or coming in for surgical procedures
- Patients with dementia
- Patients with balance, gait or aphasia
- Outpatient Areas such as Infusion; Pulmonary/Cardiac Rehabilitation; Wound Care
- Patients admitted to Cardiac and or Pulmonary Units
- Patients admitted to Intensive Care Units
- Patients on Hospice and Palliation
- Patients admitted to Psychiatric/Behavioral Health Unit
- Patients admitted to surgical, oncology, general medical units

The initial focus for the music therapy was with the adult population, and five distinct populations were targeted for the implementation of the program.

However, while the program was very well received at the community center, it became logistically problematic for the music therapist to travel back and forth in one day, between NWH and the community center, transporting instruments and pressed for time. After 6 months, it was decided to discontinue the Music Therapy program at the center, possibly to resume in the future if a second day can be funded.

**Setting Up Measures for Evaluation**

In order to measure the success of the program, it is vital to have standards of evaluation—both quantitative and qualitative.

Since a patient’s inner well-being is a key factor, a survey should be developed for a patient to self-rate, pre- and post-music therapy session, on an analog scale from 1 to 10:

- Depression/happiness
- Anxiety/peacefulness
- Level of pain

FOR GROUP SESSIONS, quantitative evaluative criteria that can be measured by the music therapist or other staff members observing the session include:

- Attendance
- Participation in group
- Cohesiveness (as evidenced by steadiness of beat, rhythmic variations)
- Number of initiatives contributed to group
Getting Started

- Attention span (measured by length of a steady beat, reaction to one another’s music)
- Eye contact
- Clarity of thought and expression

FOR ONE-ON-ONE SESSIONS with patients in their rooms, evaluative observations by the music therapist or staff member can include:

- Pre-Post self reported stress/anxiety/pain level on an analog scale of 1-10
- Tapping of Toes; Snapping fingers
- Singing out loud
- Using shakers
- Smiling
- Synchronizing their breath to music

Below is an extract of the evaluation tool used for documentation purposes in the electronic medical record.

Nuts and Bolts

A music therapy program can’t begin without a suitable collection of instruments. It is vital that they are portable, safe and easy for patients to use. Some suggestions include: shakers, tambourines, maracas, and a variety of different drums.

At NWH, drum sets were purchased from Remo Drums, Health Rhythms in California.

*It is critical to develop a procedure for how instruments will be moved through the hospital, cleaned and disinfected to meet the standards of infection control.*

At NWH, all instruments are wiped down (before and after use) with the same disinfecting chemicals used throughout the hospital for all patient care areas. Each hospital has its own brand of cleaning agents and it is recommend to consult with your Environmental Services and Infection Control experts before purchase.

At NWH, an on-site coordinator and liaison between the music therapist and the participants supervises the distribution and collection of instruments, ensuring that they are cleaned and disinfected properly. The on-site coordinator is the clinical coordinator of the Integrative Medicine Program.
Getting Started

Setting the Stage for Success

There are many important components necessary to ensure a successful program. Here are some of the most important guidelines to keep in mind when getting started:

**Define the scope of the project.** Why are we doing this? What do we want to accomplish? What do we want our Music Therapy Program to look like? How often will each group/individual session meet? How long will the sessions last? How will the sessions be organized?

**Get the support of hospital staff.** Increase awareness within the hospital and educate the staff about the positive effects of Music Therapy. Share articles about the benefits of Music Therapy, as well as clinical studies that have validated the power of music in healing.

*Emphasize a steady communication and collaboration between the music therapist and the clinical team.* The more information that a music therapist has before any session—if a member of a group is anxious or depressed, if a patient has heard disturbing news or is in great pain—the better prepared the therapist can be for the session. Consultation before each session and evaluation afterward are vital.

**Be flexible.** Plans are made to be modified. Some days, a group may be agitated and the music planned may be too fast or too strong for that day. The participants may need music that is softer or slower. Or a patient may be struggling with an emotional issue, and a specific song may be too intense at that moment. An intuitive music therapist is always prepared to expect the unexpected.

**Re-evaluate your goals as you move forward.** The goals of a regularly meeting group evolve as the group continues to meet on a consistent basis. Goals may change from day to day, or month to month. Music Therapy is an open-ended and ongoing process. The participants themselves need to play a very active role in establishing new goals; being able to articulate their own personal milestone achievements and what is next to achieve.
Moving It Forward: Implementing the Plan

Once the structure is in place for a Music Therapy program, it’s time to implement the plan. Based on individual needs, the solutions will vary from hospital to hospital, but the following suggestions can be useful:

1. **Make the launching a big splash.** Bring the entire organization into the loop to feel part of the new project.
2. **Set realistic expectations.** Don’t expect dramatic results right away. Expect to get moderate results and recognize that improvement is a steady process. Recognize that glitches along the way are inevitable.
3. **Monitor the progress steadily and consistently.**
4. **Implement feedback systems.** Put mechanisms into place to communicate: What is working well? What is not working? How can we fix the problems?
5. **Modify and refine the design as you move forward.**

Developing a Schedule for Music Therapy

An organized daily schedule is vital to keep the program flowing smoothly. Here is a typical music therapy day at NWH:

- **10:00 AM** Therapist plays piano in Waiting Room of the Cancer Center—mostly jazz tunes—to help lower anxiety levels for patients and their families, as well as lifting the spirits in the working environment for staff. This program is intentionally passive as the therapist will take cues from the patients and families as to what they would like to hear. Not unusual for sing-a-longs to break out, or requests for a special song before going into treatment. The music also inspires participation in other activities; many patients and families listen to the music and gravitate to the drawing table or work on puzzles; all assisting with relaxation and self-expression. (45 minutes)

- **11:00 AM** Group Program; Takes place in the Hospital’s Cafeteria; drumming circle, sing-along, improvisation, song writing, discussion of reactions to music, personal meaning of songs; discussion of session with participants. The cafeteria is a great place to hold it ~ lots of outdoor light; access to outside veranda where program can be held during appropriate weather; staff also can see the program in action; many times coming to join in and the participants really enjoy when staff sing or clap along. (45 minutes)

- **11:45 AM** Follow-up evaluation with clinical staff about prior group Music Therapy session. Progress, problems, successes and documentation of outcomes.

- **12:00 Lunch**

- **12:45 PM** Meeting with Integrative Medicine practitioner to discuss issues related to the program, and review referrals for the afternoon one-on-one bedside Music Therapy.

- **1:00 PM** Meeting with art therapist from Behavioral Health Unit, to prepare for session. (Discussion of relevant information about participants that day).

- **1:15 PM** Behavioral Health Group. Demonstration of instruments, Drumming circle, improvisation, sing-along, discussion with patients re: impact of group session

- **2:00 PM** Follow-up evaluation with clinical staff about group Music Therapy session and documentation of outcomes.

- **2:30-4:00 PM** One-on-one sessions with patients at bedside. Sing-alongs, discussions, etc. Average number of patients seen: 6 (10-15 minutes with each patient)

- **4:00-5:00 PM** Paperwork, progress notes, evaluations.

What’s Different Now as a result of the NWH Music Therapy Program?

1. There is a contagious enthusiasm among staff and participants during the Music Therapy sessions, which carries over during the rest of the day.
2. There is a growing awareness and validation of the benefits of using the arts to supplement and enhance other treatment modalities, among the care providers.
3. There is more unification among the groups that participate in the Music Therapy program (particularly the outpatient group program.)
4. Continuing heartwarming stories of positive experiences in Music Therapy are shared and appreciated by staff and family members—having a lasting impact on many.
5. The success of the Music Therapy Program has led to the expansion of the program to the Hospital’s outpatient rehabilitation facility, Northern Westchester Hospital at Chappaqua Crossings, where pulmonary patients are using Music Therapy to help train participants in breath work and stamina. This expansion of the program was also provided due to philanthropic support.
Communication is a vital component to build awareness of any new program, to generate enthusiasm and celebrate its successes.

How to Do It?

WITHIN THE HOSPITAL

To reinforce the importance of the Music Therapy program, it is important to:

Keep the entire organization informed from the very beginning, and updated on the progress being made. This can be achieved by:

• Sending e-mails, newsletters to staff, patients and physician regarding the program; with announcements of important milestones in the Music Therapy program.
• Sharing research articles with medical, nursing and leadership with the latest evidence based practice regarding incorporating Music Therapy in acute care settings.
• Invite specific staff to participate in a session to see first-hand the impact on patients (particularly nursing staff and physicians). Once they witness the enthusiasm, fun and positive effects, it will be undoubtedly contagious.

• Share success stories—heartwarming anecdotes that personalize the Music Therapy program, and to which everyone can relate—in the newsletter, through e-mails or flyers.

WITHIN THE COMMUNITY

To gain support of the community for this program, spread the word.

• Contact the local newspaper (See an example later in the manual)
• Invite community members to visit and participate in a Music Therapy session or go to them. Do you have a 55+ senior group; have a lunch & learn featuring the Music Therapy program.

Use your organization's, community newsletters e-mail and social media marketing options to get the word out. Building awareness is an ongoing process that grows as the program does.
**Music Qualitative and Engagement**

Behavioral Health Unit Inpatients

- Patients have reported more active socialization among the patients and their caregivers on days when Music Therapy is offered.

**Inpatients at Bedside** To collect outcome data for the one-on-one sessions, an analog scale was used, to measure pre- and post-session. This was a voluntary self-assessment, based on self-reported pain level, comfort, relaxation, and anxiety.

Participants report feeling better after the session 100% of the time. Patients all report improvements in levels of comfort, using a scale from 1 to 10. The average self-rated comfort level is 5.9 pre-session and 8.5 post-session.

Observations from the music therapist and family members have shown that family participation is strong, with expression of feelings of joy and connection.

Observations have also included reports of bedridden patients tapping their toes, snapping their fingers, using shakers, singing out loud and smiling.

**Community members at Multigenerational Center**

Factors evaluated were:

- Group cohesiveness and attention span as evidenced by beat steadiness, counterpoint and exploration of new musical ideas, and reaction to each other’s music.
- Participants’ self-esteem and comfort as evidenced by the number of initiatives they contribute (ideas for a group name, song writing and rhythmic initiation)
- Interest in Music Therapy—evidenced by participants remaining afterward to discuss their wishes for the next session.
- Mobility control and Memory Recognition

Observations in group sessions showed an increase in group cohesiveness, increasing number of initiatives contributed, expanded attention span, increased mobility control and memory recognition.

**Patients, family & friends at The Cancer Center**

Self-reported surveys measure: pain level, comfort, stress level, anxiety, relaxation for patients waiting for treatment or during treatment.

Observations of patients and family members validate a more relaxed atmosphere, reports of less anxiety and stress, lower pain level, lower degree of negative side effects.
Beyond the Metrics: Anecdotal Observations support the successes of Music Therapy

While objective data is imperative, anecdotal observations can’t be dismissed as less important.

Judy Simon, the inspiration behind the NWH Music Therapy program, has observed the results first-hand. Here are two of her experiences:

A young man was speaking only 3-5 words when the Music Program started. He was withdrawn and did not participate in the group. After a time he became somewhat involved—by being seemingly more interested. He started to tap his feet and his body language showed more expression. He continued to engage more and more and was showing signs of trying to sing the songs with the group. His aide mentioned to us that his speech was becoming more active—that it almost seemed as if when he left the sessions, the impact of them remained with him and he started to communicate slowly and effectively. All of us are proud to say that at this point in time, this young man is now talking, singing and participating in life. It is amazing to me the effect that music has and is capable of.

A woman just stared at the ceiling while her husband sat in a chair in her room. The silence was deafening. The music therapist entered, but still there was silence. After a short dialogue with her husband, the therapist sang a song that was familiar to the couple. The tears rolled down the woman’s cheeks. She turned to her husband and reached for his hand. That emotions that filled the room brought tears to everyone’s eyes. (She passed two days later)...

Following are several excerpts from the journal of Ariel Weissberger, NWH music therapist, reflecting on his group sessions with participants with cognitive disorders

The group is getting more cohesive, evidenced by members’ engagement in the group process. All participants seem to have taken ownership of the group and seem comfortable being who they are in the group; when sharing thoughts, ideas and music. This has led to a more pertinent and perhaps genuine disclosure of members’ personalities, abilities, disabilities, strengths and weaknesses.

Through the group process, I have learned more about each member, and with that, the goals change for each member. N is often one of the most vocal members of the group. Her speech is very fluent as well. Yet as I have looked past this, I have noticed a certain disconnection. She tends to react to very different songs in the same way, saying it reminds her of a family member. She does not, however, relate to the conversation the group is having or something a peer just said. Her music seems disconnected as well, as she uses the music to work on emotional connection.

K is very connected to the music and engaged in the process, whether performing or writing a song. She is able to process abstract thought more than her peers. The goal for her is to increase socialization.

P is musically, emotionally and socially engaged in the group and is working on increasing his quality of life and taking his cognitive thought to a higher level—a goal he himself has identified.

A is working on reducing self-defeating comments and gaining self-esteem, while T is learning to get in the flow of the music and decrease his methodic and repetitive concrete statements he often shares impulsively.

J is another success story. He is talking and socializing significantly more than he used to. He has learned his role in the group, and we are working to help him use even more words.

The group is trying to balance impulsive playing with intellectual use of creativity, learning to use the music as a coping mechanism to gain self-awareness and exercise individual personality while socializing in a group setting.

The following are among the notes of the music therapist following a session of the patients from the Behavioral Health Unit...

M was able to express his anger in a contained manner on the bass drum and through vocalization, N expressed empathy toward M’s lyrics and praised his artistic skills. According to staff, the two had recently argued; however, that was not evident at all within the group. G asked for a guitar and played it during group. In the 2 weeks that he had been on the Unit, he had rarely left his room or participated in a group. R expressed, “Depression is hard, but music is easy.”

Reflecting in his journal after an afternoon at bedside visits, Ariel wrote:

One patient from Russia requested the song, “I Just Called to Say I Love You,” and joined in with shakers, vocals, a tear and a smile. She stated that this was her late husband’s favorite
song. She shared memories of getting together with friends and listening to Freddie Mercury and Queen back in Russia. We searched for the song on You Tube (using my iPhone) until we found it. The exercise of choice, experiencing control and having the opportunity to share a meaningful memory with the assistance of music may be a huge motivational vehicle for a patient fighting cancer.

In another room, a male with Irish background lay in his bed, along with his wife. He sang “Oh Danny Boy” as I accompanied on guitar. This is a song he sang at his daughter’s wedding. It was the most honest rendition of the piece I have ever heard. Before I left the room, his wife asked me to sing a romantic Spanish song. I sang “Besame Mucho” and the patient joined in singing the English version. The room felt uplifting and quite romantic by the time I left.

A female patient, in her 40s with terminal cancer was asked what kind of music she would like to hear. She replied by saying that she would tell us her story, and then I could decide what to play. The story was her story of being so young and so sick, and finally realizing just how sick she was. I chose the song “We Shall Overcome.” The patient, who was lying flat in bed, raised her arms up and began to snap her fingers and sway her arms to the beat, with a big smile on her face. The change in her energy level and her engagement with the words and the beat of the music transformed her…at least for those moments.

I went to the room of a man in his late 60s. The room felt lonely and the patient seemed to be hurting. I stood with my guitar to the right side of the bed, and he instantly turned to me. He had difficulty speaking and looked very sick. I played some calming music and he established strong eye contact.

He was able to say that he is very sick and in pain. He was also able to tell me that he is from Puerto Rico. I sang for him “Solamente Una Vez,” and he clapped along with watery eyes. Before I left the room I sang a traditional Hispanic song (“NegraTomasa”) to which he fell asleep. The anxious hurting patient I initially met appeared to be peacefully sleeping by the time I left.

And from the actual participants...

“Being a drummer myself, it was amazing to do what I love doing the most (playing the drums) while being in a place where I don’t want to be (the hospital).”

“It makes me feel in control of my life.”

“It helps me get away from my worries.”

“Exhilarating! Makes me feel that everything is OK.”

“Energetic and uplifting.”

“Diversified, yet unifying.”

(After playing “What a Wonderful World”): “It is people like you who make the world wonderful.”

“It brought back memories of when I used to attend jazz clubs. It reminds me of who I really am, or who I was before hospitalization. It reminds me to be myself and be more active in doing the things I really enjoy.”

“It really cheered me up! No question about it. I forgot about everything else.”

“It helps me think at a different level. At first I didn’t think I could do it. Now I look forward to every week to see what I can do next.”

“Music therapy is really incredibly effective in reaching patients who are very symptomatic and who sometimes, because of their symptoms–either a thought disorder, extreme mood or anxiety, or withdrawal–just can’t engage in other ways. Although other types of therapies can be equally effective, music really has a way of providing a cohesiveness and a connection between the patients that perhaps other modalities can’t do quite as effectively.”

DR. ELIZABETH MIRABELLO, CHIEF OF PSYCHIATRY AT NWH,
**Outpatient Group/Cognitive Impairments:** The same group had been coming on a consistent basis, and had improved dramatically in socialization, verbalization and initiation, that it was time to update the goals of the group. The focus now is more on abstract thinking and decision making skills, creativity, and increasing interpersonal skills. The program has become more advanced and targeted to these goals.

**Behavioral Health Unit Inpatients:** The group changes from week to week, usually with an overlap of one to several who were consistent from one week to the next, creating a healthy carryover from session to session—never starting from scratch. Although not an ongoing group, the active participation for those present at Music Therapy sessions was close to 100%, with improved socialization, ability to articulate and clarity of thought. Patients have used music to connect with their emotions and create something beautiful and healthy out of it. They can experience being successful at what they are doing, in a time when they are in emotional crisis. It was agreed to continue with this group in the same direction, towards achieving the goals set at the program’s initiation.

**In-patients at bedside:** These evaluations have received extremely positive feedback. Our plan is to continue these bedside visits and explore opportunities for inpatient group programs to be offered in the unit’s Patient and Family Solarium. This will help to increase mobility and socialization for patients, as well as enhance the involvement of family caregivers.

**Patients, family & friends at the Cancer Center:** Music seemed to have a calming effect on the anxiety level and self-reported improvement in pain perception and side effects. It was decided to introduce a drumming circle within the Cancer Center—to further target this population and to use Music Therapy to boost their immune system in conjunction with infusion and other traditional treatments. Attendance remains challenging within this population; the program takes its cues from patients and families present as to how they would like to engage in the program.

**The NWH Outpatient Rehabilitation Center at Chappaqua Crossings:** With the new expansion of the program, we are learning and quantifying how the program helps to support the goals of patients working with pulmonary therapists to improve breathing, mobility and strength. Initial engagement has been very strong; with patients making strong efforts to attend the group each week and determined to advance their energy level through the power of music.
Over the course of any new project, there are mistakes made and lessons learned. At NWH, a summary of some of the key learnings was shared by participants in the development and implementation of the program.

*It is not always easy to convince people that music is an important addition to a hospital.* The arts are often considered less important than other modalities and not given the attention and respect they deserve. Making the case for Music Therapy as a vital component to a hospital program is a hard sell.

Patients naturally and routinely coming for services to the Hospital are a good place to start, *since offering open community groups are typically the greatest challenge with participation levels.* Community members are not a captive audience. They are often over-committed and least receptive to devoting any additional time.

*While developed primarily for patients, their families and community members, a Music Therapy program is also a great benefit to the hospital staff*—helping to bring a cheerful spirit to the Hospital and a positive impact on an often stressful environment. One staff member stated, “I was feeling like I needed a pick me up and came to the Cafeteria for a chocolate chip cookie, instead I was met with the cheerful and rhythmic melodies of the music program. My feet started tapping and my fingers snapping – got the pick me up I needed and saved unnecessary calories!”

*The positive impact of a music therapy session is long lasting.* Responses observed during a music therapy session—lowered anxiety, improved mood, group cohesiveness—can be felt and observed for hours after the session is over, and often throughout the day. I always know its music therapy day when I come on the unit, said one psychiatrist, the pleasant, cheerful mood on the unit is palpable.”

*While music touches your soul, it is not necessarily universal.* Different music touches different souls, and it is important to find the right music to connect to an individual or group, in order to get the most beneficial response.

*Music is an extremely powerful tool.* Its impact on the patients and groups at NWH was even greater than was expected by the original planning team.

**OTHER OPTIONS FOR BRINGING MUSIC INTO YOUR ENVIRONMENT**

*Musical Performances in your main lobby or atrium;* at NWH every Wednesday a classical guitarist, pianist and or harpist perform. Staff, patients and families are all invited to the performance, where afternoon tea and refreshments are served. Harness your volunteers and staff – you may have musicians within your internal community who are willing to share their talents.

*Music in public spaces;* tranquil music at elevator landings, long hallways can be welcomed surprises for relaxation for patients, staff and visitors.

*IPOD Rental Program;* patients may be interested in listening to music on their own; local junior community groups may donate older IPODs and be willing to download an array of musical genre for patient use.

*Consider Entertainment Systems, such as the in room TV* offering an array of music channels for patients and families to select.
The Music Program has received interest from local news – the attached article captures the essence of the Program.
Using music to help heal the disabled

By NANCY DEXTER

Everyone would agree that music is a universal language, often bringing people together. They would not necessarily agree that the new music program at the Northern Westchester Hospital has a similar effect on the minds and bodies of patients. The program, under the direction of Dr. Connie Tonyma, and her organization's research, proves that music therapy has a positive impact on patients with behavioral and cognitive impairments. It is one of the few programs to combine music with traditional therapy techniques.

Mr. Weissberger encouraged all the group members to express themselves through the music.

During the session, most participants paid close attention to the directions of Dr. Weissberger. But when we arrived, one man joked, "We have groupies!"

The music therapist asked the group about their past experiences with music. When asked about their past experiences, one man said, "I liked the blinding and the rhythm."

When asked about the music, the group members had different reactions. For example, Dr. Weissberger asked the group about their memories from childhood, and one participant said, "more than one, blending." After each piece, some group members changed instruments if they wished.

Mr. Weissberger encouraged all the group members to express themselves through the music. He also encouraged all the participants to share what they were feeling and thinking, and by the end of the session each group member had contributed. "We all bring something to the group," said Weissberger. "It's a community-based program that aims to help those in need."

"The holidays are an emotional time," said Weissberger. "With the holidays, we all bring something to the group." Weissberger also said, "They are more cohesive than they were in the beginning, and the steady rhythms help concentration."

Mr. Bidwell explained that Abilities Beyond Disabilities participants attend a daylong program at Mount Kisco five days a week, some at home, others live elsewhere.

Following the music session, group members did volunteer activities at Northern Westchester Hospital, including making bracelets for patients, rolling silverware and napkins at the cafeteria, working on brochures and other activities.

"Since September, they have shown improved teamwork, more focus and are more attentive to tasks," said Ms. Bidwell. "And beyond all these benefits, the group has fun making music together."

It has an amazing impact," said Ms. Simon. "The program is unique, and we have proven outcomes as a result of music therapy.

Each group that participates in the Northern Westchester Hospital music program documents their outcomes, and they have two methods to measure improvements. In one example, the Behavioral Health group, the leader commented that participants are more calm after the music session.

"People listen to music as soon as they are born," said Ms. Simon. "The impact of music on people's lives is enormous — everyone loves music. It brings out people's sensitivities in a non-threatening way.

For patients with dementia or Alzheimer's disease, music has been shown to have a big impact on patients with dementia. For example, the book "Alzheimer's Project" by Maria Shriver tells the story of a man who recognized his family's need for help in the nursing home. However, when he attended a choir reunion and sang with the group, he was able to sing one of the songs. Afterward, he recalled what a great time he had at the event. In those with dementia, songs from the past do not generate recognition, and in stroke victims, long-term music memory is often not damaged.

Ms. Simon thanked one major benefactor of the music therapy program, Daniel Churchill, co-owner of Churchill's in Mount Kisco. To raise funds to continue the music program, a fundraiser will take place on Thursday, May 14, at the Mount Kisco Country Club. The event is a buffet-style dinner called "A Taste of Northern Westchester Hospital Center," co-sponsored by Northern Westchester Hospital and the Mount Kisco Rotary Club.

Ms. Simon plans to expand the music program to include the arts. "Eventually I want to create a zerosize resource center at Chappaqua Crossing," she said. The IMF will work with autistic children in the future. Ms. Simon has reached out to the Katonah Museum of Art to incorporate an arts program at Northern Westchester Hospital in addition to the music program. "The arts are a great way to get patients to express themselves," Ms. Simon said. This is true for those with dementia, Alzheimer's, autism and many other medical conditions.

For more information about existing or future programs or to make a donation, contact Ms. Simon at 914-898-8732. Or Judy Vallar at A & J Home Care, 914-898-8389.
The flyer was designed to be simple and capture the spirit of the program. This flyer in addition to being communicated internally to hospital staff was also sent to physician offices, in particular neurology and internal medicine practices, local senior centers, libraries, houses of worship and advertised in the Hospital’s community calendar of events.

**The Music Therapy Program**

Music Therapy is an established healthcare profession that uses music to address physical, emotional, cognitive, and social needs of individuals of all ages. The specialized program provided by certified music therapists is available to people experiencing neurological or cognitive changes such as memory loss, speech or mobility issues, early onset dementia or stroke. **No prior music experience required.**

**How will the program help?**

Music, especially familiar songs, helps to unlock memories; improves communication and expression, helps to improve gait, aphasia, balance and range of motion. Participants also express enhanced relaxation and reduced anxiety and stress levels.

**Who is the Institute for Music and Neurologic Function?** The Institute for Music and Neurologic Function was founded by the Beth Abraham Family of Health Services in 1995 to restore, maintain and improve people’s physical, emotional and neurologic functioning through the systematic use of music. The Institute internationally recognized for their music therapy programs in treating neurological conditioned diseases such as stroke, trauma, dementia, Alzheimer’s, Parkinson’s and other diseases and conditions.

**Offered Thursdays**

3:00-3:45pm

Northern Westchester Hospital, The Café, Ground Floor

The program is offered **free** of charge.

Seating is limited, Registration Required

Contact: Karen Maier, Clinical Coordinator, 914-242-8168

400 East Main Street • Mount Kisco, NY 10549
914.666.1200 • www.nwhc.net
Environmental Music Program Survey

How do you find our Tuesday morning music therapy program?
We appreciate your taking a few minutes to share your thoughts about the program conducted by our music therapist, Ariel Weissberger. The Institute for Music and Neurologic Function (IMNF) welcomes your feedback in order to understand how we can better help you. Your answers will be kept confidential; thank you for your participation.

General Information

Did you have any feelings of stress or anxiety when you arrived today?

- [ ] Yes
- [ ] No
- [ ] N/A

How did this “live” program help relieve your feeling of stress or anxiety?

- [ ] Outstanding
- [ ] Good
- [ ] Adequate
- [ ] Needs improvement
- [ ] Poor
- [ ] N/A

To what degree did this “live” program promote a sense of calm while you were receiving treatment today?

- [ ] Outstanding
- [ ] Good
- [ ] Adequate
- [ ] Needs improvement
- [ ] Poor
- [ ] N/A

Do you prefer listening to live music or recorded music?

- [ ] Live
- [ ] Recorded
- [ ] N/A

Would you like this music therapy program to continue?

- [ ] Yes
- [ ] No
- [ ] N/A

Additional Feedback

Please share additional comments so we can tailor future programs to help you and others.

___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

Personal Information

Providing the following information is optional.

First Name: __________________________ Last Name: __________________________
Address: __________________________________ City: __________________________ State: ______ State: ______ ZIP Code: _____________
Telephone: __________________________ E-mail address: __________________________

Would you like to be added to the Institute for Music and Neurologic Function’s mailing list?

- [ ] Yes
- [ ] No

Thank you for taking the time to fill out our survey. We rely on your feedback to help us improve our services. Your input is greatly appreciated.
Music therapy relieves fibromyalgia symptoms and improves patients’ quality of life; May 27, 2011 Source: University of Granada; Pain Management Nursing; María Dolores Onieva Zafra; Department of Nursing of the University of Granada, May 2011

