

Frequently Asked Questions by Music Therapists Regarding the Music & MemorySM Program

- **Where I work wants to start a preferred music listening program. How will this affect my job?**

Music therapists know that individualized music listening creates increased accessibility to the music that residents love. Support staff may continue to see positive responses and reactions to preferred music, making their jobs easier and becoming a proponent of preferred, accessible music and music therapy. Because listening to music is not music therapy, your job will not likely be affected unless your assistance is needed to facilitate engagement in the program. Further, staff may better understand the need for music with their residents and may request/recommend more music therapy for the people they serve.

- **Will this take the place of a music therapist?**

No. Personalized music can aid residents by providing the music they love when a music therapist is not accessible. Music therapists create live, engaging musical experiences for memory enhancement, connection to loved ones, and behavioral and psychological improvements that cannot be imitated.

- **Are there business opportunities for me?**

Yes. Some private practice clinicians are creating consulting contracts utilizing the Music and MemorySM Program and their own music listening program. These programs have been designed to promote improved connection with caregivers, increased alertness, and decreased behavioral symptoms.

- **Is the Music & MemorySM protocol being implemented with individual residents according to the daily frequency and regularity intended by program design?**

It's hard to say. The program suggests trying 30 minutes of listening 1-2 times per day, with a playlist of 100-200 songs on "shuffle." The program currently has no quality assurance measures. Since a facility is "Music & MemorySM Certified," it cannot lose its status despite key staff turnover. Best practice would include consultation or administration by a music therapist. A music therapist would be encouraged to monitor usage and fidelity to program design.

- **How is the effectiveness of the program being documented?**

State health departments in Ohio, Utah, and Wisconsin are conducting research utilizing the iPod Touch to timestamp songs to analyze reactions and responses with songs played and psychotropic medication usage.

It is possible to include personalized music listening in a traditional care plan and could be included on nursing assistant flow chart of duties. Other possible ideas include a chart that is kept with the docking station, or color or picture coded cards that are co-located with the actual iPods in their zippered bag to assure individuals listen to their preferred music.

- **If a resident has a negative reaction to memories triggered by a specific song, is staff available who are trained to handle those reactions and behaviors?**

Not always. As part of best practice, the clinician would assess for preferred music, but also assess reactions of recorded music by listening to the playlist through a speaker. While listening, the clinical team member monitors reactions to the music and edits the playlist as

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needed. The clinical team member will make recommendations of frequency and duration. It is recommended that individuals not listen to iPods alone unless they have demonstrated to a staff member that it is safe for them to do so. Specific recommendations for residents with challenging behaviors or negative reactions should be documented for the staff in accordance with facility policies.

The Music & MemorySM program training encourages consultation with a music therapist. AMTA is working with Dan Cohen to help give access to MT-BCs.

- **If a resident has a hearing aid or rejects having headphones on her/his head, are desktop speakers or similar equipment available and actually used to deliver the iPod music?**

The Music & MemorySM training recommends consulting the resident's audiologist if one has hearing aids to determine if those should be worn while listening, and if the hearing aids need to be adjusted for the volume of the music. The training also recommends a set of speakers as part of the start-up package. For some who are bothered by the headphones, the external speakers provide another listening option. Small battery operated speakers can be added to zippered bags to keep equipment together.

- **When a resident's functioning level is enhanced while listening to personalized music, is someone there to converse with them and ask questions to stimulate verbalization?**

Not always. It depends upon the facility. The training does not place an emphasis on interaction during or following a listening session. It is encouraged for music therapists to promote conversation between the caregivers and their care receivers after a music listening session.

- **Scheduling: What is the best time of day or evening to use the iPod system? What duration of usage is best for each listening session? How is the time and duration determined?**

Answers to these questions are unknown at this time. The Music & MemorySM training does not give any specific listening parameters. It recommends changing the time of day and adjusting the frequency and length of listening to best engage the resident or to facilitate desired responses. (For example, calming before sleep at bedtime or calming at mealtime, etc.)

It is possible for the music therapist to monitor if the recorded music may be helpful during care, if someone experiences repetitive vocalizations that indicate agitation, needs or wants connections with caregivers, needs relief from pain, or demonstrates challenging behaviors that require management.

- **Security: How are individual iPods and music libraries protected from usage by other residents or from being "borrowed" or stolen by visitors or staff?**

Each individual iPod, if ordered new, can be engraved directly from Apple. Or if a device is repurposed it can be labeled with the resident's name. Some facilities create a designated zipper bag for each resident. Theft has not been an issue to date since most units are older and/or not seen as valuable. Still, it may be wise to limit the number of people who have access to the music libraries.