



## Music Therapy in Hospice Care

Hospice care focuses on symptom management and increased quality of life for people with life-limiting illnesses. Palliative care and hospice care both focus on symptom management; however, hospice is reserved for people with a life expectancy of six months or less if their illness is to run its usual course (NHPCO, 2018). Hospice care can be provided in private homes, long-term care facilities, hospice houses, or even hospitals.

### FACTS ABOUT MUSIC THERAPY IN HOSPICE CARE

According to the American Music Therapy Association's (AMTA) recent Workforce Studies, roughly 25% of music therapists reported working at least part time with patients in hospice care. Approximately 62.2% of hospices and home-health agencies in the US offered music therapy, with music therapy being the third most offered Complementary and Alternative Therapy provided in conjunction with traditional hospice care (Berkovitz, Sengupta, Jones, & Harris-Kojetin, 2011).

Board-certified music therapists (MT-BCs) may work with hospice patients and their families in the following settings:

- ◆ Private homes
- ◆ Long-term care facilities
- ◆ Free standing hospice houses
- ◆ Hospitals

### MUSIC THERAPY IN HOSPICE CARE IS...

- ◆ A research informed therapy which uses music interventions to meet the psychosocial and physical needs of hospice patients.
- ◆ A discipline which works within the interdisciplinary team.
- ◆ A source of comfort and expression which is inclusive of patients as well as their caregivers.
- ◆ Extends to all branches of a hospice program, such as homecare, inpatient care, and bereavement services.

### FUNCTIONS OF MUSIC THERAPY

- ◆ Assist in decreasing pain and discomfort through individualized interventions.
- ◆ Facilitate family communication, relationship completion, and social interaction through creative means.
- ◆ Provide alternative opportunities for processing emotions related to death and dying or bereavement.
- ◆ Facilitate avenues for spiritual expression and support.

#### HOSPICE GOALS WHICH MUSIC THERAPISTS ADDRESS INCLUDE, BUT ARE NOT LIMITED TO:

Pain  
Anxiety  
Shortness of Breath  
Life Review  
Spiritual Support  
Social Support and  
Interaction  
Bereavement



## **Considerations and Potential Contraindications for Music Therapy in this Setting**

Rather than contraindications, there are considerations that need to be taken into account regarding the use of music therapy in this setting. These considerations relate to the current level of pain or discomfort, the ability of the patient to communicate their needs, and primary and contributing diagnoses. Other factors to consider are the patient's ability to process sensory information, trauma triggers, lyrical content, family dynamics, and associations that the hospice patient has to the music (Fiore, personal communication). It is important to understand the patient's spiritual beliefs and cultural practices when using music therapy interventions with hospice patients. Ultimately, the music therapist must remain within their scope of practice, particularly in regards to their level of training and expertise with verbal processing skills. It is the music therapist's responsibility to work within the interdisciplinary team and collaborate with other professionals and connect the patient with resources which may be needed for the hospice patient.

## **MUSIC THERAPY CLINICAL PROCESS**

### **Assessment**

Assessment is a necessary part of the music therapy clinical process. Music therapists may use a variety of assessment tools along with information shared by the patient, family, or other healthcare providers who work with the hospice patient and family. When assessing the hospice patient, music therapists also look at:

- ◆ The presence of physical symptoms
- ◆ Cognitive and communication ability
- ◆ Psychosocial needs and concerns
- ◆ Spiritual preferences
- ◆ Musical preferences and background
- ◆ Individual trauma history and triggers

The Numerical Rating Scale (NRS), the FACES scale, and the Visual Analog Scale (VAS) are all scales frequently utilized by music therapists to assess pain level (Groen, 2007). One music therapy-specific assessment tool in hospice care is the assessment form developed by Maue-Johnson and Tanguay (2006).

### **Treatment Planning**

Music therapists may work alone or as a member of an interdisciplinary team. Factors taken into account when developing individualized goals and objectives include:

- ◆ Therapeutic need(s) of the patient and family
- ◆ Hospice patient's age and developmental level
- ◆ Family members' ages and developmental levels
- ◆ Physical and cognitive abilities, including sensory processing issues or needs
- ◆ Trauma triggers

### **EVALUATION**

Music therapists regularly assess the impact of services while also documenting patient decline and making adjustments or modifying the treatment plan as necessary. The continuation or termination of music therapy services is based on a variety of factors, including length of stay or treatment (if applicable), patient preference, patient progress, and funding (including third-party sources).





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### **What is AMTA?**

The American Music Therapy Association (AMTA) represents 10,000 music therapists, corporate members, and related associations worldwide. AMTA is committed to the advancement of education, training, professional standards, and research in support of the music therapy profession. AMTA establishes criteria for the education and clinical training of music therapists. Professional members of AMTA adhere to a Code of Ethics and Standards of Practice in the delivery of music therapy services. AMTA's mission is to advance public knowledge of music therapy benefits and increase access to quality music therapy services. Learn more at [www.musictherapy.org](http://www.musictherapy.org).

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