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The Sound of Music

Respiratory Therapy Coupled with Music Therapy Benefits Health, Well-Being

By Stacey Miller

One afternoon, the staff in the Intensive Care Unit at Colmery-O'Neil VA Medical Center in Topeka, Kansas, called Alicia Clair, PhD, MT-BC, to assist with an elderly heart attack patient. Nurses had been urging the man, without luck, to lie back and relax so they could treat him. With a white-knuckled grip on the bars of the bed, he refused and screamed at the medical staff to get away from him.

Then Clair entered the room, carrying a therapeutic device the other health care professionals had not yet used to try to calm the man. She sat next to his bed, she strummed the instrument's strings and spontaneously starting to sing "Good Night, Irene."

"I don't know why I started singing that song. But as I sang it, he relaxed, reclined back on his pillows and watched me for a little bit. A few minutes later, he was asleep," explained Clair. As the patient slept, his wife asked Clair how she knew to play his favorite song.

"I had no idea he liked that song," she responded. "Sometimes you get plugged into the patients somehow."

Innovative Problem Solving

For the past 60 years, music therapists like Clair, a professor at the University of Kansas and an MT since 1969, have played music for and taught music to patients with nearly every disease and disorder imaginable. While medical teams generally rely on tablets, capsules, powders, liquids, inhalants and sprays to treat illnesses, music therapists depend on instruments and songs to integrate into the patient's overall recovery plan.

Primarily, music facilitates relaxation in preparation for certain procedures and cues muscle movements.

"Music therapists do a lot of problem solving, a lot of innovative thinking about how to best use music to meet the patients' needs," Clair said.

Music therapy is not as simple as walking room-to-room, unit-to-unit asking patients whether they would like to hear a song, added Janice W. Stouffer, MT-BC, a music therapist at Penn State Milton S. Hershey Medical Center in Hershey, Pa. "I sit in on rounds and get an understanding of what the overall care plan for the patient is. Then I prioritize the patients' needs."

Patients experiencing pain, nausea, high levels of anxiety or difficulty sleeping are of Stouffer's highest priority. For them, she prescribes music-assisted relaxation. "I'll usually play live guitar, just picking chords to a very moderate or slow tempo. Over that, I talk them through deep breathing, progressive muscle relaxation and imaging to the music."

When working with younger patients, Stouffer takes a somewhat different approach, singing them a slow, quiet song with a predictable story. "Ingredients in the story might be an elephant plodding through the jungle, then he stops moving his tail and stops moving his trunk. The children follow the story, and it helps bring down their heart and respiratory rates and stops any restless movement because they're so focused on the story."

For adults who are upset or not quite in touch with reality, Clair will typically play popular music from their teenage years, generally attaining a calming effect in the process. "If I have a patient

who is in his 60s, I can count on The Beatles and Elvis Presley. If I have someone who is 80, I can count on Frank Sinatra, Perry Como and Doris Day. They'll respond to the music because it's something familiar and structured and creates calm to their environment."

Music and COPD

Medicinal effects of music easily apply to the realm of respiratory care. For instance, music is beneficial when a patient is weaning off a ventilator, Clair said. "Music gives them a focal point and provides a rhythmic structure that cues their breathing in rhythm with the piece. It might be the kind of support that will help them through the process and help them stay off the machine."

Clair and physical therapist Rebecca Hayden at the VA in Topeka recently found that patients with severe forms of COPD can walk further distances while listening to a guitar and singing. As part of their study, guitar strumming prompted three patients to walk. Each step the study participant took matched a solid rhythm until the patient reached a chair. As he sat, a point at which cardiac arrest can occur for some COPDers following walking exercise, Clair started to sing to cue inhalation and exhalation.

"The whole idea was to have them breathe in with the rhythm and get them to breathe as deeply as possible without panicking. We found that we can actually manage the anxiety using rhythm and singing," she explained.

When the men first were admitted to the hospital, their conditions were dire. They could only walk a few feet, basically from the bed to the toilet. With the help of Clair and Hayden, they quickly were able to walk up to 80 to 90 meters at a time.

"One of the men is now riding a stationary bicycle. One started going to the casino with his nephew. Before, he could not get out of the hospital," Clair said. "It's just been an incredible process. We increased the distance without having to increase the amount of oxygen they were using, even though they were still using the cannulas."

Anxiety Reduction Steps

Before proceeding with the provision of care, most health care professionals ask patients about their prescription drug use and delve into their family health history. Not Stouffer. She and other music therapists ask what's in the patient's CD collection.

"I like to find out what their musical preferences are and what type of music they are used to hearing. I also have to consider their cultural background," she said. Working in rural Pennsylvania, Stouffer occasionally gets matched with Amish patients. With them, the sessions cannot include instruments or electronic equipment, so she mainly sings a cappella. On the other end of the spectrum, when Stouffer works with young patients, she accounts for pop-culture immersion.

"I haven't prescribed any head banging yet, but I like to incorporate music they like. Sometimes we'll listen to a song they like; we'll talk about it; and I'll use that as segue into what's happening to them in the hospital, helping them understand their diagnosis."

During music sessions, passive listening often evolves into active playing. Recently Stouffer worked with an 11-year-old leukemia patient who was prone to respiratory distress. The boy was recently readmitted to Hershey Medical due to complications from pneumonia. Once he was well enough to sit up, Stouffer brought him instruments from the cart she totes around the hospital. The ensuing singing and drum playing was interrupted only when the respiratory therapist put the bronchial drainage system vest on his chest.

Regardless of the device's intrusion, the boy continued drumming and crooning. "It was so funny because his whole body was vibrating, and he sounded like a chipmunk," she said. "It loosened the tension in the room tremendously." The boy's parents, who had been under a lot of stress because of his condition, relaxed seeing their son laughing and having fun during his treatment. Parents of other young patients, many

of whom have chronic respiratory diseases that necessitate repeat trips to the hospital, often tell Stouffer their children are not scared when they have to return for treatments. Knowing music therapy awaits them eases any anxiety.

"I have some children who have their own hospital kit with instruments and CDs and other things specific to our sessions that they keep packed and handy," she explained. "When they come back in, they bring it with them; and we just pick up from where we left off last time."

Co-Treatments: The Way to Go

Music therapy first gained momentum in the United States after World War II when traveling musicians visited wounded soldiers in hospitals simply as an act of kindness. Soon thereafter, surgeons at the University of Chicago started using music to relax patients prior to anesthesia. In other areas of the country, primarily the East Coast, music's medicinal effects were used in psychiatric hospitals. Times haven't really changed, but music therapy definitely has evolved. Now music therapy is used as a co-treatment to nearly all allied health professions. Stouffer, for one, is happy to see music therapy take that route.

"By adding music therapy in conjunction with speech or respiratory or physical therapy, I can facilitate the other therapists' goals," she explained. "For instance, if someone has very high muscle tone and is very anxious, that is going to decrease their ability to move and to breathe." And that may preclude the patient from being able to engage in active treatment from a respiratory therapy or physical therapy standpoint, she added.

Clair said that some health care professionals shy away from asking music therapists to assist with patients, not knowing when to call them. She advises if they don't know what to do with a patient, they should page an MT. "Music therapists understand the theory of music: how it functions in the brain, how people respond to it, how it is used to manipulate behaviors, and how to use it in a particular direction for what a therapist needs to happen."

Using Song and Instruments To Cut Asthma Episodes

Alicia Clair, PhD, MT-BC, music therapist at Colmery-O'Neil VA Medical Center in Topeka, Kan., recently received a request from doctors to work with a multiple sclerosis patient. The physicians needed Clair's expertise to build the patient's muscles, fearing the patient would lose his ability to cough.

Clair's prescription? Good old-fashioned singing.

"We know that singing will increase his vital capacity and strengthen his abdominal breathing and trunk muscles," she said. "If he loses his ability to cough and gets pneumonia, he will just go."

Singing, as music therapists are finding, is a great remedy to treat patient with asthma. In 2002, Leanne Wade, MT-BC, studied the effects of singing versus music-assisted relaxation in nine asthmatic kids. As she wrote in the journal *Music Therapy Perspectives*,¹ children whose sessions included singing produced an increased peak expiratory flow rates and reported an overall more positive mood than the other kids.

Previous studies showed musicians, especially those who sing and play wind instruments, have better lung functions than their musically disinclined counterparts. In a study prepared for her doctoral dissertation,² R.M. Lucia found that students who play wind instruments are more optimistic about their asthma when compared to students who do not play a wind instrument. Lucia found that after they learned to play an instrument, children with asthma recorded a reduced number of asthma episodes.

Lucia concluded: "Playing a wind instrument may be a long-term therapy for people who suffer from asthma, assisting them in having a better outlook on their illness and giving them additional coping skills."

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