

CONVERSATIONS WITH MUSIC THERAPISTS

Scott Snow, MT-BC
Editor

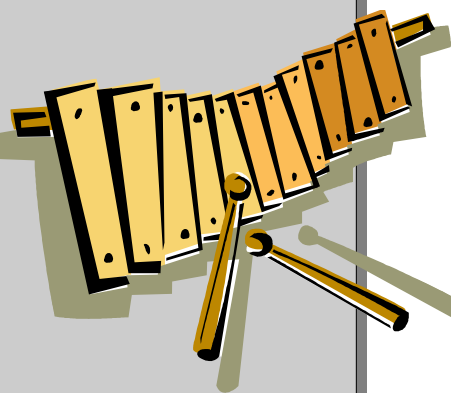
INSIDE THIS ISSUE:

<i>Andrea Tooker</i>	2-3
<i>Joseph Reilly</i>	4-5

Conversations with Music Therapists is published three times annually.

- September
- January
- May

To contact the editor:
Scott Snow, MT-BC
E: scottsnow123@charter.net
P: 508-765-1575
www.drummingtogether.com
PO Box 269
Charlton, MA 01507



ANDREA TOOKER, M.Ed., MT-BC Music Therapist, Private Practice Wrentham, MA

Andrea Tooker received her undergraduate degree in music therapy from Emmanuel College in 1989. She has worked as a music therapist since that time in public schools and education collaboratives with children with disabilities, as well as, several nursing homes. She currently provides weekly music therapy groups to two nursing facilities in addition to her work in schools. For many years Andrea was active in the Massachusetts Music Therapy Alliance as both secretary and treasurer; 1997-2001 she was secretary of the New England Chapter of AMTA, then decided to pursue a master's degree in education, awarded from Lesley University in 2002. Andrea has given many presentations including: In-service "Music Therapy and the Elderly", Eagle Pond Nursing Home, Harwich, MA; two conferences on creative arts therapies at The Music School, Providence, R.I.; Co-presenter of "The Itinerant Music Therapist" at AMTA national conference in Cleveland, Ohio; panelist and presenter at two Massachusetts Music Educators' Association Conferences; "Healing Through Music" workshop hosted by Hospice of Community VNA, Attleboro, MA; "About Music Therapy," MENC Student Organization, Boston University; and in April 2005 "A Tribute to Kara" (case history/workshop), NER/AMTA Conference. She has guest lectured at the Community College of Rhode Island and University of Massachusetts-Dartmouth. In short, she tries at every opportunity to educate about music therapy, something she is passionate about. (continued on page 2)

JOSEPH F. REILLY, MA, MT-BC, LPC Music Therapist, Private Practice Haverton, PA

Joseph F. Reilly is an established leader in the growing field of music therapy. Joe is presently the lead music therapist for a small music therapy practice, TUNE-UP NETWORK ENTERPRISES. Mr. Reilly and his team have contracts with the Department of Aging Services and do in-home prescriptive music therapy treatments. For 15 years he worked as music therapist on staff at Albert Einstein Medical Center in Philadelphia. Since 1990, he has successfully treated over 15,000 patients with a wide variety of mental and physical disabilities using music to restore, improve, or maintain states of emotional well-being. Mr. Reilly is also a music therapy consultant with Catholic Social Services and the Devereux Foundation in the greater Philadelphia area. He continues to work with developmentally delayed adults and his clinical experience with the mentally retarded spans a quarter of a century. In addition, Joe is an Adjunct Professor of Music Therapy at Immaculata College for the past ten years. He has trained hundreds of students on both the graduate and undergraduate level for exciting careers in the creative arts. His other educational pursuits often bring him to elementary and middle schools in the Delaware Valley as part of the Pennsylvania's prestigious Young Writer's Day program where he uses songwriting as a tool to spark imagination and energy in children of all ages. (continued on page 4)

ANDREA TOOKER CONTINUED

SS: Would you describe your position and responsibilities?

AT: I work for myself, contracting to different schools, individuals and nursing homes. Presently the majority of my work is in schools, but over the years I have worked in several nursing homes, and am presently at two different nursing facilities, each once a week. One is a nursing and rehabilitation center and the other is the skilled nursing facility of a retirement community. At the former I see two large groups, one in the dementia care unit and the other in the rehabilitation unit, each group twenty or more people. The participants in the dementia care unit are quite severe. I don't use as many instruments as before because it gets too crowded and there is not enough staff to work safely with them. I use songs to validate the group members. If I know anything about their background, I will involve it. For instance, if I know a person has an Italian background I will bring in Italian music. I often bring in seasonal items and pair them with songs. As an example, I use pictures of birds in the spring time, singing different songs about or mentioning birds.

I lead the groups at three o'clock, the beginning of Sundown Syndrome. I will sing songs like "When you're smiling" inserting each individual's name. There are a lot of family members that visit and it is a very nice way for family members to connect with their loved ones. Awhile back, many of the group members were more ambulatory and I would structure the sessions so if someone did a lot of wandering they could come and go as they pleased. When someone arrived I would welcome them back with a song such as "Here Comes Charlie" or "Hail, Hail [the Gang's All changed to individual's name] is Here, we're so glad to see you."

SS: Do you invite the family members beforehand or do they just show up?

AT: They usually just happen to be visiting at that time, although, I've noticed many family members will make a point to visit when my group is taking place. When I did my internship in Lawrence (Massachusetts), there were a number of patients/families of Italian descent so we started an Italian group. We met every Friday and sang a lot of Italian songs. Group members had an opportunity to reminisce and share memories of going to Italy. It was an Alzheimer's unit and visiting family members got an opportunity to see their loved ones in a different light. They were able to share something with them in a very positive manner.

SS: Would you recommend having group members complete a musical preference sheet beforehand?

AT: I have tried that with little success getting back much feedback. Also, with a large group you're not necessarily going to have individual goals for each person. If someone is new to the group, I'll ask the activities person if that person has specific musical preferences. If someone is experiencing anxiety, I try to address that within the context of the group. If you can get the group singing, clapping or moving, they are sharing something together and there is an increase in relaxation within the group. Attending staff has told me that afterwards the group is noticeably calmer.

SS: Do you have a lot of people that doze off?

AT: People with dementia can become very agitated and if at some point in the session they doze off I believe it may be because they feel safe. These folks experience a lot of anxiety and can't always make sense of what is going on around them a lot of the time, but familiar music helps.

SS: What are some more ways you facilitate reminiscing in your sessions?

AT: At the skilled nursing facility, which is part of a large retirement and assisted living community, the group is more of a discussion group centered around themes. Residents of both the nursing floor and the assisted living facility attend, as well as family members who still have their independent homes in the community. Many of these people have experienced a lot of music attending musicals, concerts, and dancing regularly throughout their lives. Recently, discussion about Irving Berlin led to "Annie Get Your Gun" which stimulated a theme of cowboy songs. Songs like "Deep in the Heart of Texas" will then trigger further discussions and memories about travel or more songs they might like to sing. I may ask if anyone knows the name of Gene Autry's horse for more discussion!

Initially, group members were very quiet saying, "Oh I can't sing," but they quickly realized what the group was about. Now people tell stories such as their recollections of their first day of school. Since people are returning to school at this time of year [interview conducted in September], I may use college songs to initiate reminiscing about school memories. In June, I may do a wedding theme. Some people eloped and describe this with great enthusiasm!

People become isolated very quickly when they move into a nursing home. I try to have people meet with each other in a relaxed and fun way so that during the week they know a bit about one another. Several friendships have formed as a result of the music group but it took awhile for us to build to the point where people could come to the group ready to reminisce and share. I always include important events including the weather or holidays for those who don't have the ability to leave the facility. I've brought in stamps or old sheet music. I bring in anything that appropriately matched with the music I've chosen may trigger memories and conversation/communication.

SS: It's obvious you have a large repertoire of songs to draw from in your work. How did you learn so many songs?

AT: I grew up in a classical music setting and wanted to be an opera singer. I wasn't very familiar with the popular songs of the twenties, thirties, and forties. When I returned to school, I met a woman who created a program called Fit as a Fiddle. It was a canned program that visited nursing homes in Massachusetts, which incorporated sing-alongs and exercise designed by a physical therapist as the format. I worked part-time for the program for five years. We'd go into about six nursing homes per week. Each program had sixteen songs so I learned a lot of songs this way.

SS: Do you play guitar or piano?

AT: I play guitar so I can get close to people. I can move around and make eye contact very easily. Sometimes, I use piano for variety. I often sing without any accompaniment and in this way I can use the music like a conversation.

SS: That's a great idea.

AT: The more repertoire you can build the better. Libraries and Councils On Aging usually have a lot of collections. We have a running joke in one of my groups because if they mention a song I don't know I will look it up so in this way they give me homework (laughs). It's been wonderful because it's gotten me to learn a lot more songs. I enjoy looking up a song's history, or the origin of a word such as "Tootsie" in "Meet Me In St. Louis"; this spearheaded more "homework," research on tootsie rolls! Once the group started to gain momentum, group members began to ask a lot more of me.

SS: Do you use sheet music or do you go by memory only?

AT: I'll use sheet music if I don't know the music that well. If I can't play and sing it at that time, I'll sing it a cappella. I recall being very nervous during an observation during my internship because I was having trouble memorizing all of my songs and my supervisor asked me why I felt everything had to be memorized. Over the years, I have memorized a lot but if something new comes along all I'll use the music. I don't think there is anything wrong with it in that situation. Music therapy is not about performing; it is about connecting.

SS: I recently led a group at a nursing home using a beach/ocean sensory theme. I passed around pictures of people relaxing at the beach. One woman said, "Those days are over for me." I didn't know how to respond to her in that moment. What are your thoughts?

AT: It's a challenge. She is feeling a sense of loss. If you were working with her individually, you may focus on that sense of loss but since you were leading a group it's more difficult. Sometimes, when you're working with a group, feelings arise that are uncomfortable.

SS: I didn't want to ignore her but I didn't want to drag the group down either.

AT: On another day, the woman may have reacted differently. I would try to get more information from the activities director about her.

SS: What is your concept for age appropriateness in the songs you use for a group of residents at a nursing facility?

AT: I would never use songs like "Row, Row, Row your Boat" or "How much is that Doggie in the Window" as focus songs. At this time of year, school is starting up again and I like to use "Twinkle, Twinkle Little Star" but when I do it in a nursing home it's not because I'm being age inappropriate. The melody is a French folk tune. Mozart visited France at age six and later wrote his famous variations of that song. The lyrics derived from a four stanza poem written by two English ladies in the 1800s. I sing the song in French. This can lead to "Who studied French?" It is all in how you present the material. If you present the songs as points of information then it is appropriate. It's a way to share and it's a little history lesson. It depends how you use it.

SS: So, if I utilized "How much is that Doggie in the Window" and poked the nose of a stuffed animal for the resident, it would be age inappropriate. However, if you sang the song then led a group discussion in which people shared experiences and memories of their pets, it would be appropriate.

AT: Yes. Actually, both of the nursing homes I go to often have dogs visiting. That line, "how much is that doggie in the window" can be a starting point for conversation. Many times, I'll just use a single line of a song. You don't have to sing the entire song.

SS: I wouldn't have thought to do that because I become very focused on doing the song. Singing a single line would really help me to slow down and explore.

AT: Right.

SS: Thank you for talking with me Andrea.

AT: It was my pleasure. 🎵



JOSEPH REILLY CONTINUED

Finally, Joe is a published researcher and an outstanding conference presenter. His work in the areas of music therapy and technology has lead to a long trail of symposia both here in the States and in Asia.

SS: Would you describe your position and responsibilities?

JR: I have a small music therapy company called Tune-up Network. I have six music therapists working with me. We provide in-home services for consumers on the medical-assistance program or the waiver program. The program has been in existence for four years. Before that I worked as the staff music therapist at the Albert Einstein Medical Center and I worked there for fifteen years. Nowadays, I have a MA provider number so I can bill similar to the way a physician bills. It's a miracle of God! Our field needs a lot more of this. The program has been growing steadily. I started out in Delaware County and have expanded outward as a result of word of mouth. Participants in the waiver program waive their right to a nursing home if the state can meet their needs for 80% of the cost. The program is a win—win situation because it's much better for individuals to be in a home setting if possible over a nursing home.

SS: Do you think this will catch on in other states besides Pennsylvania?

JR: Yes. California and Texas have waiver programs for children. I believe they will continue to spread. The program I work in lists music therapy under counseling services within the billing and has its own code.

SS: You're also a LPC correct?

JR: Yes.

SS: Is that a requirement to be listed?

JR: Yes. You need your master's degree, LPC, and you need to jump through more hoops than I have time to tell you about (laughs). There is a lot involved in getting into the federal system but self-employed music therapists may want to consider it. I'm a contractor and have sub-contractors that work for me.

SS: I understand you're using a lot of cutting edge technology. Would you describe your work?

JR: I've been interested in sound healing for about 25 years. I saw a presentation by Guy Manners, founder of CYMA Technology, and he was shooting sounds of a healthy kidney at someone's diseased kidney. After a few weeks, they performed a biopsy and showed new healthy cells had grown, as a result of, the application of those healthy sounds. To me, that was incredible. I was with my boss at the time, Sister Jean Anthony, faculty member of Immaculata College, and she looked at me and said, "This is the future of music therapy." A few moments later, a surgeon sitting on the other side of me leaned over saying, "This guy's a real whack job!" Music therapy is an alternative medicine and this surgeon was very skeptical that sound could create results that he felt only surgical procedures could produce.

SS: So, this is quite a departure from playing guitar and leading songs for a group of older adults.

JR: Yes. However, I define music as sound organized in time. I use a CYMA Manual and it lists about 50 medical conditions from asthma to high blood pressure. I treat three patients with rheumatoid arthritis, a serious condition. I use sound to generate synovial fluid between the joints and alleviate pain. I've been treating these people on a weekly basis. I'm not the only treatment they receive but they tell me their pain has lessened. Documenting this is my next challenge. I can't tap their synovial fluid. I received a grant from the Meton Foundation and with it I received a Gas Discharge Visualization camera. It takes pictures of the bio-electric field. We have been doing pre and post tests. I can use the CYMA 1000 to shoot color at the body. I've been shooting the chakras or energy centers of the body. Most people are not able to manipulate their energy centers unless they do very focused meditation. It takes several years to do this on your own. Music therapy is improving or restoring states of well-being.

These procedures are natural extensions to what music therapy is all about.

SS: Can anyone use the CYMA machine on patients?

JR: There is a training program and you must complete it before you can get a device. Most of the people using CYMA machines are not music therapists. Some CYMA practitioners are interested in more esoteric forms of healing. I can't think of a device that shoots specific combinations of tones at the body. It is something music therapists should be looking into. Another instrument I use is a Sound Beam from England. It shoots an invisible radar beam from 1 foot to 20 yards. The therapist programs MIDI events and they are triggered when the beam bounces off your hand. Basically, you are making music with your body. There is a direct, visceral connection between your movement and the sounds you create.

SS: Would you tell me about your Musical Memory Lane Program?

JR: It is conventional music therapy. I focus on the power of a specific melody for a specific person. Most of the people that care for people with Alzheimer's are tapped out emotionally. One of the men I was treating was having a very difficult time seeing his wife struggle with Alzheimer's. The man thought I was treating only his wife but I was also treating him for depression. I realized quickly it was going to be family therapy. If you are in a room where music therapy is happening, you are going to get the vibe. Music therapy is all-inclusive.

SS: What songs do you use and what are the resources you rely upon to build your repertoire?

JR: My main resource is thirty-one years of working with patients. I like to tell people I do Rock to Bach. In our field, musical preference is key. I use Hip-hop for my adolescent unit. The music is a vehicle into the personality. I can give my music therapy students a list of songs but until they actually work with a person who knows the song, they don't really know it.

You see it all the time when you go into a nursing home.

SS: Would you describe a typical Musical Memory Lane session?

JR: I'll describe the first session. It was called "Getting to know you." You can't go wrong with Rodgers and Hammerstein and that was our first song. Before the session, caregivers completed a music therapy introduction sheet for themselves and their loved ones with Alzheimer's. It had questions about past musical experience and music preferences. It was enough for me to play a song for each of the ten couples. One couple indicated a liking for Bing Crosby so we did "Don't sit under the apple tree." I set-up a keyboard and invited the caregiver to improvise to the song using only white notes. This dyad became the opening act for the group. Other couples begin singing simultaneously and it sounded really good! This established the process and we repeat it for each couple. The final couple chose "Somewhere over the rainbow" and I videotaped the group. Afterwards, the group watched the video together.

SS: What are the benefits of having them watch the video?

JR: It is the processing stage. Honestly, my underlying goal is to show people how we are all beautiful. Most of us are unaware of this. Besides, it's a real hoot and everyone loves it! Helen Bonnie says, "Music is the language of immediacy" and I suggest video can also be immediate. I use the video tape to add another dimension of positive feedback and then the group is over. The structure of having an anticipatory segment, a task that is videotaped, then a processing phase where we watch the video has been working very well for me for 30 years.

SS: Are there any other types of technology you are studying?

JR: There is a device called Heart Rate Variability (HRV) and it is currently replacing the blood pressure monitor in Asia and Europe. You place a monitor on your finger and it measures the node-to-node beat of your heart for three minutes. It takes the standard deviation of those beats and produces a lot of data. There needs to be variability within a healthy heart beat. You don't want a perfectly regular heart beat. It is a phenomenal predictor of cardiovascular health and the most powerful predictor of heart attacks in the world! I am helping a patient improve respiration by way of vocalization and HRV testing has shown improvement for that person.

SS: Thank you for talking with me Joe.

JR: Thank you – small thing, man – take care. 🎵



Thank you for reading this newsletter. If you would like to receive notification for future editions of this free newsletter please email the editor:
scottsnow123@charter.net

If you know of a professional music therapist who should be interviewed please contact the editor.

Feel free to email with comments or suggestions.

The editor is always trying to broaden distribution. If you know of a web site related to health care that would post a link to the newsletter please let editor know.