

Music Therapy in End-of-Life Care

Transcript

[Upbeat theme music plays]

Dr. Clancy

Welcome to Rounding@IOWA, a continuing medical education podcast developed by and for healthcare teams. I'm your host, Dr. Gerry Clancy, Professor of Psychiatry and Emergency Medicine and Senior Associate Dean for External Affairs here at the University of Iowa's Carver College of Medicine. Today, we will discuss guidance for clinicians in the use of music therapy in end-of-life care. Our objectives today include, first, we hope our participants acknowledge the benefits of an interdisciplinary team for optimal end-of-life care. Second, we want our participants to recognize the benefits of music therapists and music therapy on that team of supportive and palliative care specialists. And third, we hope our participants can advocate for the use of music therapy with their patients and family members for end-of-life care situations. Our expert guest today is Katie Kooi, MT-BC. Ms. Kooi serves as a music therapist on the supportive and palliative care team here at University of Iowa Healthcare. Katie, welcome to Rounding@IOWA.

Ms. Kooi

Thank you for having me, Dr. Clancy. I'm so happy to be here.

Dr. Clancy

Well, again, thank you for joining us and thank you for the work you do. I just provided our listeners your official title. Could you help us understand how you became a music therapist? What was your interest and background in music and how did you receive your training? And then tell us a little bit more on what MT-BC means within your title.

Ms. Kooi

Absolutely. I'll start with the last part. MT-BC simply means Music Therapist-Board Certified. So that is kind of the gold standard. If anyone's looking for a music therapist, you want them to be board certified. So like all of the other healthcare disciplines, we get to sit for a lovely board certification exam as well and be nervous and in a room by yourself or with many other people taking scary exams. So before that comes our education, which is a bachelor's level at least degree in music therapy. Many people do a master's program, PhD level, it kind of just depends on the person. But to practice as a music therapist and be

board certified, it is a bachelor's degree. And I personally got into the field kind of along the lines of end of life or aging population was my own grandma had Alzheimer's and dementia. So towards the end of her life, she could sing every song she ever had heard. And I was in high school at this point. And so I was very confused as to why this was working this way when she would ask me the same question over and over again throughout my visit with her. But you know, you start singing the Star-Spangled Banner and she'll know every word. So that piqued my interest in music therapy and realized that, wow, this is a real career, something I can major in, and I haven't looked back. So she was my influence and music was a big part of that side of the family, well, both sides of my family. So it's been a great career so far. And then once you become board certified and start practicing, you do 100 hours of continuing education every five years to keep your certification going. So that's where you can really specialize. I have a specialty certificate in hospice and palliative music therapy. So you learn a few more advanced techniques in the field where you're really passionate.

Dr. Clancy

Well, that's a great answer and a great background and a great story. You know, I too had a little bit of that realization of the benefits. My mother was 91. She was slowing down a little bit. I would take her out for drives. And one day I put on my iPhone, the soundtrack to Jesus Christ Superstar. And previously in life, she had been a very, very accomplished singer and sang at church on a regular basis, including from Jesus Christ Superstar. And she knew every word of every song and just belted it out. It was just a beautiful thing to see. And she was . . . she left that drive around town very happy because she felt very alive again. So I know a little bit about what you're talking about.

Ms. Kooi

Yeah, oh, absolutely. When you see it firsthand like that, it's amazing.

Dr. Clancy

Yeah, it was. Well, I know you serve on the supportive and palliative care team here at the University of Iowa. Could you give us a better idea of how that team works, a little bit on your daily efforts and what a work week might look like for you?

Ms. Kooi

Yes, so we have a pretty unique team in a lot of ways. One way is that we do have a dedicated music therapist. That I know of, there's only one other in the country that has one. So hopefully this podcast will convince a few more that they should have a dedicated music therapist. But we have an amazing team filled with all sorts of disciplines, including

social work, pharmacists, chaplains, nurse practitioners, supportive care nurses and physicians, fellows, residents, and students, and volunteers. So we have a robust volunteer program as well. So because palliative care team is consult service, we kind of see patients based on the primary team putting in a consult, as is probably typical at most hospital systems. And we serve patients all over the hospital living with serious illness. We also have an outpatient clinic. I do not go out to the clinic, but we do have a multidisciplinary clinic in some capacity. We have a palliative care unit, which has six private rooms for patients and families. And then we do a lot of team learning. We try to keep things interdisciplinary. So if we're having even a talk on something very specific like radiation and how that works, we have an expert come in and speak to our group. I would still attend that. The social workers would still attend that. And I might understand 15% of what he's saying, but it's enough to help me when I'm with a patient who's going through this treatment to maybe demystify some of the things they're scared about or talk them through the nuts and bolts, like the layman's terms of what they really need to know. And even to know that, hey, you might be able to listen to some music while you're down there. So we do a lot of interdisciplinary learning and teaching, which I think makes our team unique. And then we do partner with hospice agencies. So we have general inpatient hospice, 3 agencies in our hospital. And some of them have music therapists on their team, but typically I would see them if they are an inpatient at the hospital. So it's a really wide variety. I know a lot of times people really think palliative care is end of life, but happily it's a lot of things. So that way you don't get too, I wouldn't say burnt out, but it can be challenging to work at end of life all of the time. So sometimes we are helping with symptom management and managing complex disease. And so that can be a really neat way for me to meet patients throughout their illness. So sometimes I've seen patients for years when they come in and out of the hospital.

Dr. Clancy

Great. Well, this next question is kind of a, probably you're going to have to guess a little bit. I'm not sure the science is out there, but really what I'm geared toward is maybe there's a shortage of offerings, but do you have a sense of how often music therapy is offered as a part of end-of-life and hospice and palliative care situations?

Ms. Kooi

Like you said, it is sort of a guess. I probably could find out a more definitive answer. Since the early 2000s, there's really been a push in the hospice realm to have a music therapist. And that came out of a lot of research by Russell Hilliard, who was working with Seasons Hospice at the time. It's no longer called that anymore. But he was a music therapist, a social worker, and later on became an administrator. So then once he tells the story that

once people heard about music therapy, then people will call into the office and say, is this the place that has music therapy? And they would select that hospice based on that. So then more and more hospices, as it is a competitive world, started adding a music therapist, and then seeing the research that supported having music therapy as a part of the interdisciplinary hospice team made a lot of sense. So I would say, I don't know, maybe a majority is lofty, but it seems there's a majority of hospices that have some level of music therapy, whether that's a contracted music therapist or a staff music therapist. So I would say a majority, but there's still probably smaller agencies that don't.

Dr. Clancy

Well, that's certainly good to hear. And it certainly sounds like the trend is in the growth side of things, at least.

Ms. Kooi

Yes, definitely. I would, I think it's a benefit, not only to the patients, but also to the team, just as an entire compliment. But yeah, as far as palliative care team, most hospitals, they would consult the music therapist who works for the hospital system. Whereas our system is a little bit different where I'm actually employed as part of the palliative care team. So that is something I think is an area for growth.

Dr. Clancy

Great, great. So kind of a, hitting this subject in a different angle, do you have a sense of what would be a percentage of time for a general music therapist dedicated toward end of life?

Ms. Kooi

Well, I think it would be full-time, if that's what you're asking. But if you mean like how many hours a day do I spend with patients versus other things, maybe?

Dr. Clancy

Yeah, yeah.

Ms. Kooi

So I think there's some things that you have, my team that I work with is amazing. They're always talking me up to the patient saying, oh, she can play anything, just anything. You name it, she can play it. And I'm like, well, that's, that is very kind, but that is not always the truth. But there is a lot of time that does go into learning music since a lot of it we do live. So there is office time where we spend learning music, learning different types of

instruments, continuing education, setting things up for patients. You know, there might be the patient or family member who wants to learn to play an instrument because they're here for so long. So then you're creating kind of some guidelines for them and, you know, song sheets that they can learn. So there are some of that is administrative things. And then also then the patient care time, which at Iowa, they kind of expect is about 50-50. And some of the work is pretty taxing emotionally. So you need that time to reset and take a little time to reflect sometimes. I don't take for granted what I get to do every day with these patients. So there are moments where you just need a little time outside of those walls. So I don't know if that answers your question exactly, Dr. Clancy, but I think you would need somebody full time if you had a fair amount of census. And then as far as if you're a Joint Commission program, Joint Commission certified program, they do require a psychosocial team member to see the patient within 48 hours. So there is some of that where I can count as one of those psychosocial team members. So there is that metric that they do look at that is helpful to have all hands on deck, whether that's the social worker, the chaplain, music therapist, or whatever other team member your palliative program might have.

Dr. Clancy

You answered that beautifully. It is very interesting that you have a job that, yes, you have to be on direct with patient care, but then there's so much prep time as well. So it is really, I wanted people to be able to see that, you just, it's not about just, you know, being able to just immediately respond to a patient's need. You have to do a fair amount of prep work sometimes as well. So great.

Ms. Kooi

Yes.

Dr. Clancy

So let's talk a little bit more about your team and that interdisciplinary team that you're on that is part of our supportive and palliative care program. How do you treatment plan together and what goes into the assessment to offer music therapy?

Ms. Kooi

Yeah, we are a big team. We've grown. I've been here nine years, and in that time, I think we've probably doubled in size. So it has been more difficult to meet on a more regular basis for sheer size of a room that we need to hold our entire team when everyone is here. But we do meet as an interdisciplinary team about four times a week formally. And we talk about patients that are on our list and different needs that arise for them. So a lot of times what comes into the need for music therapy or maybe spiritual care would be some sort of

note by the, we call them LIPs. So a nurse practitioner or physician notes something. Either they're like, I don't know, there's something more there. I wasn't quite getting it. Could you go and see? Or, oh, so-and-so was very guarded, or they were very emotional. They might benefit from, you know, somebody else going in and talking with them. So it's usually that second set of eyes and ears going into the room, not only to use the tool of music, which brings out so much about people, but also to use the kind of assessment skills that we have as part of our role on the team to see how people are getting along as a family, what are they hearing from the physician teams that are coming in. Sometimes just because we're not a physician, they'll talk to us a little bit about what their understanding is and then we can report that back. So yeah, There's hopefully a little bit of a distress assessment by our team. We do use the ESAS, the Edmonton Symptom Assessment Scale. So if I don't happen to see somebody from our team and I see that in the patient's chart and I notice high numbers for things like anxiety and pain, then I'll know, or depression would be another one. I might flag them as somebody a little bit higher needs for me to go and see and prioritize. And then the other priority, it would be you know they're doing compassionate extubation or they just had a really difficult conversation. So then the physician or nurse practitioner would likely reach out to both chaplain and music therapy to go and make a visit and try to provide whatever support we can to the patient and family.

Dr. Clancy

Great. And it's a big hospital. It's almost 1,000 beds sometimes. Is it pretty much the entire hospital that you cover?

Ms. Kooi

Yeah, the adult side. It's pretty much every unit. I mean, I think I remember telling one of my family members one time that, oh, I was in the ICU and you can't get real specific, but he was like, you go into the ICU. I'm like, well, yeah, there's patients there. There's needs everywhere. And just because they're in the ICU doesn't mean you can't have very meaningful visits with them. I think there's a lot of preconceived notions about what an ICU or even the emergency department is. I've gone down there and seen patients too. And so as long as you understand what's going on before you go into the room, and I've learned a lot over the years, just being in the medical system of what things do I need to be more cautious of and less cautious of. Our hospital, good, bad, or otherwise, we have the shared rooms. So that's always interesting with music therapy because there's no way to mask that from the other side of the room. But we go on in anyway, and it's usually well-received on both sides. So I haven't had too many problems with that. But yeah, there's really no area that's not served in the hospital.

Dr. Clancy

Outstanding. Yep. Well, you might get a lot busier after this podcast. We'll see. We'll see across the hospital. Do you have times when you think, music therapy just isn't going to work and, maybe the treatment team is asking for it and you come back and say, I'm just not so sure right now. Tell me a little bit about maybe contraindications.

Ms. Kooi

Yeah, the nice thing about music therapy is that there really aren't too many contraindications. It's relatively safe. So it's a really good thing to try. Sometimes there can be, I would just say more, not inconveniences, but just things that you have to be aware of. So some of that is those shared room things. One time I was in the ICU and it was the neuro ICU and the patient on the other side of the curtain was on kind of the non-stress precautions or the low stim precautions. And because we were, it was a big family on the other side of the curtain and they were singing along and we were having a wonderful visit, it was too stimulative for the patient next door. So we did have to stop and the family was very understanding. So that was a contraindication, not necessarily for my patient, but for the patient next door. So those are things to be aware of. There can be other . . . something that I think surprises physicians or learners at times is people who are real musicians, lifelong musicians, they automatically think, oh, music therapy has to go there. And that's not necessarily an indication for music therapy just because they have been musicians. And I have just as meaningful visits with people who have never played a lick of music in their life, but just enjoy music. And sometimes it's a lot of grief on the person's or we have to work through a lot of grief if they are going to accept music therapy as a former musician, because many of those people, because of their illness or because of what they've gone through, they're not able to play music. So I have to really approach those patients in a different way from a real humble perspective to really help give them a space for them to process through that. I just had this recently with a patient and he was open to music therapy and he knew it would benefit his family. But we had to spend a little time talking about what that loss is like for him. So those are things that come up, especially in the hospital, I would say even a little bit more than when I worked in hospice outside of the hospital. And some people will straight up say like, no, I can't do that anymore. And why would I want it? I don't want to hear you do it since I can't. And so they have every right to have that anger because they're still grieving that loss. So those are some examples, I guess.

Dr. Clancy

Makes a lot of sense. It really does. What types of patient needs can you target with music therapy? When does it kind of become I'm trying to work on this distressing side of things for a patient. How do you target it? What can you do?

Ms. Kooi

Yeah, so the main goal areas that I probably work on are the emotional side of things, of course, because music is processed in our limbic system. So that is where we process our emotions. So if you're going to tap into someone's emotions, why not use music? So that is a lot of times when I will go in to see a patient and it might be somebody who hasn't really expressed much of their grief at all, but because the music brings that out in them, they'll be able to express that. So definitely emotional goals are a lot of things that I work on. When in end-of-life care, you'll hear the term dignity therapy, which is done by a lot of people. A lot of disciplines, I should say. So music is such a natural way to provide dignity therapy. Think about a song that you listened to when you were in high school. Okay, so we play that song and then what does that bring you back to? You know, sometimes you can just see them smiling or remembering, 'oh boy!' And I said, oh, you know, were those your glory years? 'Oh yeah.' You know, they'll start telling all these stories. And before you know it, you're kind of moving through their life cycle with music of you know, they talk about their career, they talk about their kids, they've talked, they talk about the ups and the downs of it. So it's, we need to acknowledge all of that so they can feel like, oh, I have lived this life, even though I'm maybe becoming a little nearer to the end of it. And that's a good thing for anybody who works in end-of-life care, not through just music, but asking questions about their life, what's important to you, who supports you. So all of that I do in my visits. So it's a great way to process some of those needs. And then a little bit on the physical domains too, which is mostly pain and anxiety. And when you look at our research, especially in end-of-life and palliative care, you'll see a lot of research that focuses on pain and anxiety. And the reduction of that when there is a music therapy session and pre and post when they do symptom assessments. I tend not to ask for pain measures afterwards because why bring the focus back to the pain when they've just distracted themselves from it? So there's pretty obvious ways you can look at that in somebody when you're working with them, if their brow is calmer, if they're not pushing their PCA button for their medicine while you're with them, which sometimes I have to remind them to do because they'll get behind on their medicine. They're so distracted, they forget they need it and I don't want them to run out of it. But yeah, so I would say the physical and the emotional and certainly among both of those things would be the family support. So family support is another big part of my role and not only the adult family, but sometimes there's children involved. So I can do a lot of things with including the kids as part of my visits. Now that kids are allowed back in the

hospital to visit their loved ones, we're able to make music. You know, there's nothing more beautiful than giving a little child a shaker and just letting them go to town. And grandma or grandpa or mom or dad or whoever the patient is gets to enjoy watching that and have that moment with them, even while they're stuck in the hospital.

Dr. Clancy

Great answer. So I'll have to admit, I have been in medicine 36 years, but I've never participated in a music therapy session. I know when it's happening, and I know that the patient is happier and the family's happier, but I don't actually know what's going on in there. So what I'm looking at here is kind of what's in your toolbox. So what are the types of music therapy interventions you can offer, particularly around, as this podcast is around palliative care, hospice, and end of life?

Ms. Kooi

Yeah, I know. We like to joke that it just looks like we're having a good time and singing songs usually, or they're crying. That's the other thing. People always say, oh, you just get to go around and make everybody happy. I'm like, well, we get through some tears and then we get to the happiness sometimes. So a lot of, yes, what you have probably walked in on or any physician, if you've seen music therapy, you see some active music making, perhaps a music therapist bringing a guitar traditionally, but there can be keyboard or any other instrument. But so it's a lot of, it's patient preferred music. That is what is the most researched and the most efficacious for patients. It also provides them that autonomy, which we're always looking for opportunity for that in the hospital, any kind of control we can give them. So they get to select the music. The family can select the music. So sometimes they'll round robin it and oh, what do you think? Oh, remember that time we were in a, on the car trip and we always listen to this song. Oh, that's right. So then we sing that song and then so-and-so thinks of another song. Oh, remember that time and there's, you know, lots of memories shared. So that's probably my most common session that you would see. You hopefully wouldn't walk in on this one because it interrupts it, but guided relaxation with music is another one. And I think that has become a growing area for music therapists and everyone because there's been so much more openness towards mindfulness-based stress reduction and apps like the Calm app and all of those things that more commonly people are using. If I used to suggest, oh, would you like to do a relaxation script? I'd play some music, you pick a place of comfort to you, especially where we practice, people may not be as open to that idea. But now there's a little bit more openness, even just to focus on, would you mind listening to some music and just focus on some of the lyrics or the images that come up in your mind when you hear the music? Because there's lots of music that provides so much imagery that you don't have to do the

formal relaxation script. You can use imagery music. If you're singing, "Sitting on the Dock of the Bay," they know exactly where their mind's going to go. You know, imagine you're by the water if that's where they want to be. I'm going to sing "Sitting on the Dock of the Bay." Imagine what you're seeing, what you're hearing, what you're feeling, and let your breath settle in while we listen to the song. And then the rhythm of the music can take them there. And the very familiar tune for most people. Sometimes there's active music making. Those are always a lot of fun. So that would be when I bring instruments that they play along with. Many people are too shy for that, but it is very fun when they want to do that. I had a patient, an oncology patient who was here for a while and she was open to that. She goes, well, I don't know. I've never played anything. I'm like, well, let me bring some things. And what you have to understand in music therapy is most of our things are very user friendly. So if it's a harp, it's something that they can strum any string and it sounds good. If it's a ukulele, I can teach them really simple chords and they can play along. Maybe it's a percussion instrument. So that doesn't happen as often, but the research really does support the more actively engaged you are, the less you focus on your pain and symptoms and are still learning something new. I had a young gentleman who was very frustrated being here, very frustrated with anyone trying to do talk therapy with him. He hated that. So I walked in one day and he goes, oh, finally, something helpful. And I can learn to play guitar. Will you teach me to play guitar? And I said, sure. So we started there. And then from there, he would talk about how he was feeling. Yeah, so I taught him to play guitar. And he said, wow, I actually learned something today. And I'm like, you did. And so even just having that small victory in a time where he felt like his life was going nowhere. That gave him a lift for the day and hopefully made the rest of his interactions go better. We never know, but sometimes it does make it easier on the other team members as well. So those are probably my most common. The other thing you might read about if you read any music therapy research done by music therapists is this term called the iso-principle. It's just a fancy word really for meeting them where they're at and bringing them to a different place. So if they're really angry or they're really anxious, you would start with something a little faster, more upbeat to match their anxiety, the intensity of wherever their emotions are, and then you would bring that down. So that is a tool that we use throughout any of those interventions that I talked about to kind of match where they're at or where the family's at, and then bring them to maybe a more calm state or a more uplifted state.

Dr. Clancy

So you kind of touched on this, but let's go a little bit more in detail. Kind of when you walk in the room and you're going to introduce yourself to a patient in that hospice or palliative care setting, how do you explain what you can offer and how you begin?

Ms. Kooi

I try to keep it simple, you know, the simple introduction. I'm Katie, I'm the music therapist. I work with the palliative care team. If they give me a very confused look, I might just say, does that confuse you? Or I bet you didn't think I was gonna walk in today, you know, kind of spin off of it and just see where they're at, really meet them where they're at. But just offer, you know, I come around and I offer music to people as another means of support. That's kind of my standard line that I use. So that's a very simple way that I enter the room. And then if they say, great, I love music. Okay, wonderful. Like, what would you like to hear? And then we go from there. Some people have more questions and that is fine. And so we can talk about how music might be helpful. Or I might ask, well, have you been listening to any music? And that will bring up a whole conversation. Well, no, I haven't because music is for when I'm happy and I feel terrible right now. And like, oh, that is really hard. What's been making you feel terrible? You can explore that. Or you can say, well, what music would match where you're at right now. There's a lot of those really angsty songs. Are there any of that run through your head? And that might lead us on another discussion. So some of my visits are just discussing music with people and how they might use music themselves without just me being in the room providing them music. So giving them another tool in their coping toolbox. It kind of just depends on the person of how you enter it. And I would like to make sure everyone knows that it's not 100% success rate. Many people say no, or no, I don't want that, or I told them I didn't want that. You know, that happens on occasion, but usually people just politely decline and we figure, well, it's one other thing, well it's one of the things they can say no to. So if you want to say no to this, great, because you probably can't say no to a lot of other things today, but you can say no to this. But most people are pretty open and at least willing to try it. And then I'll give them some options like, well, would you like to hear some music? Would you like to do more of a relaxation? And then they can pick from there. I'll never forget the time a man really barely cracked the door and really wondered who I was. And he, you'll appreciate this, Dr. Clancy. He said, this sounds like something some psychiatrist dreamed up. And he was very angry at me, but his wife could see me and she was the patient. So she kind of beckoned me in and I, you know, kept pacifying his needs and then went to her side and she looked at my iPad and we just started picking songs and she would start singing. And he backed off and he sat down. And then he started talking about family members who had played instruments. So he was softening a little bit. He asked me a few more questions about my education. And then she was engaging so much that finally, by the end, we ended up having a wonderful visit. And the music just did its thing because she was so responsive. And then the next time they were in the hospital, readmitted, and I saw him in the hall and he was with his grandson, I think. And he said, oh, that's the music therapist. It's so wonderful. And I just laughed and

thought, oh wow, we've come so far. So sometimes you have to win people over, but I know that it's not for everybody. So I am not offended if people say no.

Dr. Clancy

Well, that is a great answer. And I actually think I might bring you with me on some consults to help introduce that the psychiatrist is coming to see you because there are times when I am not welcome as well.

[laughter]

So maybe we could do a twofer. Yeah, it's music therapy and psychiatry today. So great.

Ms. Kooi

That's right. Yeah, I think there's a lot of titles that come with a lot of preconceived notions. So I am lucky, even if they're clueless about mine, at least it doesn't come with as much weight. Sometimes our chaplains get turned away because people just assume so much about them, even though they're just as neutral of a source as anyone else. So I do feel like it is a nice in with a lot of people.

Dr. Clancy

Yeah, I mean, we're all here to help. We're all here to, even the most basic level, ease some of the suffering. We really are.

Ms. Kooi

Yeah.

Dr. Clancy

So, you know, you've sprinkled in some nice examples, but any other examples you'd like to give us on some success in easing suffering for end-of-life type of situations?

Ms. Kooi

It's always fun to think back on these stories. It really affirms the work that we do. So hopefully everyone has some reflective stories that they keep for those harder days. But yes, I always think about some of my patients that I've had. And when I said I was doing this podcast, one of our physicians said, oh, you have to share the story of the patient that we saw together. And he remembers it clear as day. And I remember it a little bit, but it's interesting to hear the stories of my team members and what they remember of music therapy visits versus the ones that I remember. So I think if you asked any one of them, they would have different success stories. One that was a little bit more unique, and I talked a

little bit about teaching an instrument to people, and it's really not about them being able to play an instrument proficiently. It's about helping them cope. So it can be a great coping tool when they can sit and play an instrument and not focus on their pain or their anxiety. So that is why music therapists teach instruments, not to achieve a really successful music outcome. But there was a young man we had, early 20s, really bad cancer in his, I know he had mets to his spine, I don't remember what his original cancer was or what the origin was. So he could basically lie flat and that was about it. And one of the main things that our team was concerned about was what is his quality of life? What things can he still do that are even enjoyable for a young guy this age? And he was having significant amounts of pain. So he just had suffering upon suffering upon suffering. So I met with him and he was very open to music. I think the first day I brought some more interactive things, just thinking that might be more helpful. So I brought a little drum. It's called a happy drum. It really makes some melodies. So he was coming up with some things, lying flat, playing this, really expressing himself. Then he started talking about a ukulele. So then I brought a ukulele and lying flat, he learned to play it very quickly. And he wanted me to come every single day. I mean, I came to see him that whole week, I think. He learned it so well. He was challenging me, like, let's turn it around and play it upside down. And I'm like, I can't do that. Like, you go for it, but I'm not Jimi Hendrix, so you go and do that. And he was always so distracted from his pain when he was playing. It gave him something that he could do that was meaningful, meaningful for him, even though he was literally lying flat in a bed playing the ukulele. So some of the things that our team was most worried about, we were able to help with music therapy. And because of the Ukulele Kids Club, which is an organization that donates ukuleles to hospitals across, children's hospitals across the globe, and because of my close connection with our pediatric music therapist, because this patient was young enough, I was able to send him home with one of those ukuleles, and he was able to continue playing that at no charge to him. So it was a really big success for him and for his mom. It brought her a lot of comfort as well. So that was one. Last year, Last year or the year before, we wrote up a submission for a talk at AHPM on using music therapists to help with goals of care meetings, which is a little more obscure. You wouldn't think that happens. And I don't attend goals of care meetings very often, but I certainly hear about their goals during my visits. So I had this, I had a few different conversations or visits that I was pulling from for this talk. And one of them was an ICU patient and the daughter was at bedside. And the way the ICU room was, she was kind of in the back of the room behind all of the IV poles. And she said, yes, my mom loves music. Go ahead and play for her. She likes the Beatles. That's about all she told me. And she stayed towards the back. Well, once the music started, and I see this often, people, because it's pulls at them emotionally, they come to the bedside. They want that physical connection with their loved one. So she came to the bedside and she was tearful. And we talked a lot about her mom's background, her

music, things about their family. And she offhandedly mentioned how many children there were. Oh, and there was one other, but she died. And I said, I'm sorry to hear that. And we talked about their family and we just kind of went on with the visit and it didn't seem that impactful. I mean, of course it was impactful, but it wasn't a main focus of what we were talking about. But then a little while later, she asked me for a song and it was a girl's name. And I said, is this your sister's name? And she said, yeah, that was my sister. She was killed in a car accident by a drunk driver. And she's the oldest sister and she would be the one here making these decisions, but she's not. And now I have to make them and I just don't know what to do. And so it was so much of her grief of losing her sister that we were able to draw out with the music that she just needed to talk about her and talk about that loss and how that impacted her having to make the decision. And then after we got through that, it wasn't immediate, but the next day she was able to make that decision to move her mom to comfort care and extubate her from the ventilator. So I do like to think that it had some hand in at least helping her process through that and really helping with some of those goals of care conversations because there were things that weren't addressed that weren't talked about in the medical team rounds and sometimes it's just one thing leads to another and it happens and it feels just as magical to me as it does to people hearing this. And I'm constantly amazed by what music can do for our patients and families. But that was one that will always stick with me because you just never really know. There's a lot to people's story. And so it's as long as you can take time and listen, it's very, it's very humbling to be a part of.

Dr. Clancy

It is. It is. And you just reminded me of two different cases where music therapy was very helpful to my patients in psychiatry as well. I had an individual who had a very, very severe psychotic disorder that was very resistant most of the time to medications. And he'd gotten brought into the emergency room by way of the police and needed to have significant medications given to him to keep him calm to the point that he needed to go to the intensive care unit and he needed to actually be intubated. His psychosis was so severe and so agitated that he needed to be really heavily medicated to kind of break the cycle. And it was time to slow down on the medicines and wake him up. And we all thought together, what should we do? And we brought in music therapy to play. And we knew this, I knew this patient pretty well. And we knew that he loved gospel music. And so we were able to, as we slowly awoke him from the heavy medications and slowly turned it down, you could see him smile and there was the gospel music and it was a very peaceful awakening from what was 24 hours, a very, very severe psychosis. So it was really quite impactful for him as well. We had another situation where I was the lead staff on the medical psychiatry unit and one thing happened to another that the entire unit was pretty fired up and it was

loud and one patient seeming to agitate other patients that seemed to agitate other patients. And so the whole environment was pretty chaotic. And it was right during the middle of an accreditation visit. And-

[laughter]

Ms. Kooi

Of course.

Dr. Clancy

Of course. And I knew the site visitors were on their way. I got a phone call. And I asked the music therapist who was on the ward, I said, you got to help me here. You got to get everybody in a better place than where they are. And she said, I know what to do. And she got out her guitar and went up and down the hallways of the unit playing “Kumbaya.” And everybody joined, everybody joined in and it just calmed down. And the site visit went very well. But it was music therapy as part of that team, you know, applying their skills to help the patients be in a better place. It was really quite impactful to me as well. So thank you to music therapy. Thank you. Thank you for saving our accreditation as well. Saving your accreditation. Yes.

Ms. Kooi

I'm sure there was a lot more than that, but yeah, a little “Kumbaya” goes a long way. I haven't heard that song in a while.

Dr. Clancy

It was. It was the right song. Everybody joined in. Nurses, doctors, and patients. Everybody knows it. Yep. So let's kind of go to the other side of things. In preparing for this podcast as well, I looked into, is there research, scientifically empirical evidence that supports the use of music therapy, particularly end-of-life palliative care and hospice? And it is a positive, but could you relay that to us? Tell us kind of what did the study show as far as the usefulness of this and the benefit?

Ms. Kooi

Yeah, there are quite a few and they date back a ways. I mean, music therapy has been around for longer than people realize, I think, since kind of World War II times. But so it's still relatively new as far as therapies go, but there is a lot of music therapy research and specifically in end-of-life care and getting more in the palliative sector too. And a lot of research you might find if you're looking at music and kind of end-of-life or music in the hospital, a lot of those studies aren't done by music therapists. They can be done by nurses

and other QI projects that people do. So if you see the MT-BC after one of the author's names, then you know there was a music therapist involved. And it's not to say that those other studies aren't very interesting and are very helpful, because if you don't have a music therapist, I mean, at the very least, you should at least try some of these listening techniques that have been studied for delirium and for aphasia and things like that, are still very helpful to people. Like I mentioned before, Russell Hilliard was a music therapist and social worker who turned administrator and did a lot of some of our pioneering research in hospice and music therapy and quality of life. And then a little bit more of the symptom management things. There was a big study done, a few hundred people, and that was a Gutsell study. And that was looking at more about pain pain and anxiety and the emotional response to music therapy and looking at how they did pre and post music therapy. There's been more studies now done about the support to caregivers in that environment. And I see that very often here of how beneficial it is to caregivers. So there's been a lot of studies on that. There was one, a couple of, well, I guess, gosh, COVID times. research done by my friend, the music therapist at University of Colorado, who's the only other one I know of that's dedicated to a palliative care team. And they did a really interesting research study about video, what's the word I'm looking for? VR, virtual reality and music therapy and how they go together. So that was a really interesting study about creating a playlist that was significant songs of meaning and a visual stimulus for them to focus on while they listen to those songs, and then a kind of a debriefing with the music therapist. So it was using both technology, but also the music therapist counseling role too, to talk through the music and process it. There's a music therapist that works with Mayo that did a study looking at the ESAS. I find that to be very impressive because I know how long the ESAS is, and I wouldn't want to administer it before and after, but I can see the benefits and I can see how it helps. And sometimes, you know, I'll look at one from a week ago and one a week later and see that their numbers have improved. And so I know that's probably the work of our whole interdisciplinary team, not just music therapy, but also the chaplain and the pharmacist, and the physicians taking time with them, and the nurse practitioners changing things for them. So that was a very positive study that showed positive changes in anxiety and pain and depression as three of the main markers that we kind of look at on that study. And quality of life is on there as well. So there's just, there's a ton. And once even preparing for this talk, looking back and finding some of my favorite studies, well, one thing led to another and you're reading and finding all these other new things. And I read a neat article. I don't remember where it was printed. I don't think I cited it, but it was more of just a, not a research study, but just kind of a thought process of using a patient's song of meaning or a significant song by a physician, a resident thought, wow, I can do this. And I find so much out about the patient and I see how they change. And maybe I'm going to start implementing that as part of my discussions with patients. Tell me

your favorite song and listen to it together. And they talked about just pull it up on your phone. We all have these phones. And I know time is of the essence and I can't imagine if a hospitalist is listening to this going, yeah, right. Like I'm gonna have 5 minutes and god forbid if they pick a symphony that's gonna take 10 minutes for me. I don't have that much time. But so I think people in all disciplines are noticing and we all know for ourselves how much music makes a difference in our lives. So it's pretty easy to understand why music works and it's good to know that there is quite a bit of research and more being done all of the time in multitude of publications, whether that's a pain nursing journal or the Journal of Palliative Care or the actual music therapy journal, you can find music therapy integrated into a lot of research.

Dr. Clancy

Yeah. We had a leadership retreat and one of the best icebreakers we ever did was tell us your favorite songs and why.

Ms. Kooi

Yeah.

Dr. Clancy

And so, just the discussion. So our listeners can't see this, but Katie can see. This is Bob Marley's album, *Uprising*, here. And this is Talking Heads, *Stop Making Sense*. And this is the Doobie Brothers, *Taking It to the Streets*. And we've got whole stories behind those, but you're so right. It's a great entryway into talking to someone at a much deeper level. I couldn't agree more. I couldn't agree more.

Ms. Kooi

Yeah.

Dr. Clancy

You know, we've got a wave of baby boomers coming. The peak healthcare utilization age is about 77 and only 11% of baby boomers are 77 or older. So there's a wave coming. What do you see as far as trends for music therapy and specifically as far as end of life as you look into the future a little bit.

Ms. Kooi

That's kind of fun to think about. I really like the aging population. One thing I've noticed a lot, especially working in the hospital versus being out in the community is delirium, which is not something I was necessarily taught a lot about in college, but I have learned so much

about it and I realize how much music therapy could intersect with delirium, whether that's hypoactive or hyperactive delirium. I see it in both ways. And usually, you know, I really have to get nursing buy-in on this when I want to approach a patient who has delirium, because if there's someone who has been restless all night long and now they're sleeping peacefully, the last thing I want to do is ruffle their feathers and create hardship for our daytime nurses. But I know that it's for the patient's best interest and for everyone if we can address a little bit of that delirium. So I think there could be opportunity for even more research with music therapy and delirium and its intersection, whether that's in end-of-life care or just ICU related delirium in the hospital. We all know that adds length of stay. If we can, music is so orienting, not only because it's a good stimulus and we can use a variety of tempos and styles, but also, I mean, there's, especially in older music, there's so much seasonal music. So if it's a sunny morning now, I can sing, "Oh, What a Beautiful Mornin'," and then they know, oh, it's morning. Or I'll say, oh, it's the first day of October. Oh my goodness, I better get the polkas out. It's Oktoberfest, you know, for an older patient and broke out the "Beer Barrel Polka," and they know the song and then they know, oh, this is the time of year we're in. And so there's just so many obvious benefits, but the stimulation, when we look at the non-pharmacological recommendations that we always give as a team for delirium management, providing good daytime stimulation is one of them. And what better way than with music therapy? So I think integrating that, whether that's getting some music listening devices even at the bare minimum. And music should never be played round the clock, which is one of my pet peeves, but in certain moments or structured with good supervision, that is a good thing for patients. So I would love to see more with delirium. I'm very interested in that. I think that would be very helpful.

Dr. Clancy

I couldn't agree more.

Ms. Kooi

Yeah, sure, psychiatry loves delirium.

Dr. Clancy

We get called in a lot and oftentimes it's a delirium on top of a neurocognitive condition or a dementia. And what a great way to kind of bring people back to kind of home base is with music. So I couldn't agree more. Great insights there. What else? Any other trends you're seeing or you're predicting at least?

Ms. Kooi

I'm predicting, oh, this is fun, my crystal ball that we always say we don't really have in palliative care. But I think, of course, in pain management, I could see there being more research, not even just in the end of life sector, but for things like orthopedic surgeries, hips and knee replacements, the complicated pain that comes afterwards. We've done a research study here in Peds, post-spinal fusion with music therapy added as another means of coping and for them to work on how to manage their pain with not just medicine, but with also with breathing techniques and relaxation. Because once they get out of here, they panic and they think, my pain is so out of control, but there's a lot of things we can do to help manage that. So I think that could be something that we could do more with. And I'm sure that we're doing that a little bit, not necessarily here, but in other institutions, they're probably utilizing those services. And then I think just with the rise of the baby boomers, I think palliative care is going to be needed more than ever. And we've already seen it in our hospital. I think the understanding by other primary teams who really realize the benefit of palliative care, that it's not just death and dying. It's all types of things that we can offer to people. And we don't do chronic pain here, but we do a lot of acute pain as associated with their life-limiting illness. So I think just as those needs rise and palliative care teams grow and there's more understanding and more research, because even palliative care is still a relatively new field, and music therapy should be expanded along with the rest of the interdisciplinary team. So I think just in general, they should be added more to that palliative care complement. And then just overall wellness, keeping people out of the hospital. So engaging in choirs. We have a really robust choir at one of our assisted living facilities or retirement communities. And it's great. It's great for social. They've done, there's been studies done on social connectedness with music groups versus non-music groups. You know, they bring these two groups of people, they study them, they see how quickly rapport is built and friendships are made so much faster in a music-based group versus a non-music-based group. So I think as people are becoming more interested in wellness, music therapy can tie into that so nicely, even if it's just some active music making. They've already done some of those things. There's a program called Drums Alive, and it doesn't have to be done by a music therapist, but it's like drumming on these big therapy balls and it's exercise and it's fun. And so there's, I think they're venturing into that a little bit more. And I think music therapists and our training, we need to learn a little bit more about just overall music therapy and wellness. And that is something not only with baby boomers, but working in a hospital system that's gone through a pandemic. I have done more wellness workshops than I ever imagined doing in my lifetime as a music therapist. So we are kind of looked to as some of the wellness experts, even though maybe we're not, and we've learned it over the years, just like a lot of people. But I think we need to be equipped to help the healthcare team maintain working with all of these, this growing

population of people and empowering them and providing them the support to continue to be here every day.

Dr. Clancy

Great. You know, I do a lot of well-being workshops across the institution and I couldn't agree more. So great answer. And I would agree with your hip and knee replacement. I had my knee replaced last year, and there was a significant amount of expected pain that the meds just weren't going to control. And I couldn't agree more with well-being among the seniors as well. I was at a meeting in the basement of the Iowa City Senior Center, and up on the main floor, there must have been 100 seniors, and they were hooting and hollering as far as their music therapy. They were making so much noise. There must have been 100 up there. It was a, they were having a good time. So it was great. It was great. That's awesome. So just a few more questions. I have a question about kind of use of technology. Kind of, I'm thinking to myself, you know, you've got essentially this whole group of patients with a huge variety of music tastes. And you're kind of on demand for that. What do you use? Do you bring an iPad that helps you with the music? What do you . . .

Ms. Kooi

Yes.

[laughter]

Dr. Clancy

Yes, you've got an iPad with lyrics?

Ms. Kooi

Yes. Definitely, yes.

Dr. Clancy

So any other tech that you use today? And then the second-half of the question is where do you see tech going? And do you see anything with artificial intelligence that's going to assist you as well, as far as the future? So the question is around tech today and maybe tech in the future.

Ms. Kooi

Yeah, tech today, definitely the iPad. And that is a bonus of working in a hospital with Wi-Fi is because you can pull up any song at any time. And I worked in rural Iowa in homes, and if somebody asked for a song, I might know it, but I need the cords to be able to play it, which you can't pull up on your iPad when you don't have internet connection. So certainly I use

the iPad. And not only that, but not all music can be done on an acoustic guitar, or it doesn't need to be me singing it. Sometimes the experience of them hearing the recording, the way they know it is more important to them than me making it in some acoustic fashion, which may be good or horrible to them, I don't know. And then there's always the electronic music, which you cannot recreate either. So... Those visits were patients who are really focused on kind of the electronic music, even classical music that you can't recreate at the bedside, that is when I use my iPad a lot to pull up music. We listen to it together. We process through it. We talk about, you know, kind of if there's lyrics in it, draw out some of those lyrics of what they focus on. And then we talk about just kind of general music in their life and how it's helped them cope throughout the years. And patients, I've found this just anecdotal, but patients that are into a lot of that music, they are very into music. So it is a huge part of their life and you can't just deny it because you don't know their music. So you need to be able to experience it with them because they want to talk about it. And I've had several patients just say, that was so wonderful just to be able to talk about my music. I haven't thought about it. I haven't talked about it. I've used some music technology when patients who I've had, who have recordings out there, they have recorded something on their computer and family doesn't know how to get this off of their computer into any kind of format that they could ever listen to. So a long time ago, I had a patient where he was a music major in college, recorded a bunch of music. He wasn't done editing it, but I was able to get it good enough and we were able to get it onto a CD for his family. So yes, I still use CDs. So old technology and new technology, you got to have it all. And the other nice thing about the iPad is apps that you can do beats and create beats with people so that if rap or hip hop is more their focus, and if they have any interest in writing any type of music, it's so easy to come up with some different loops and they can have fun. Some people have never looked at any of that stuff, but once they figure out, oh, it's just the same kind of loop over and over again, well, let me add this sound and this sound, and then let's see what I can express through my words along with these beats. That's an easy thing to do with an iPad. So yes, I do use the iPad. It's very handy. As far as AI, it's a really interesting thought that I haven't utilized. I mean, we all use a little bit of AI. If you use kind of Spotify or Apple Music or YouTube, AI is what's sensing, oh, you like this, you might like this. And that's so handy for us to expand our music repertoire and be exposed to songs that we maybe didn't know. So that can be handy for patients as well as they're trying to maybe come up with a song that's different because they're in a different situation now. I haven't explored I'd be curious, maybe there's music therapists out there doing this, but using something like ChatGPT to help write songs. Like you have these ideas and these thoughts, but you're not a linguist in a way that you can make them really flow. So you could put them into that. There's probably already an app that helps you write a song. I'm just too old to know. I don't know. But I think there's probably a lot of room for some of that with songwriting. I could

see that being a really fun thing. And because my patients are anywhere from 18 to 118, it feels like I would use that with many patients. So I'm going to do some looking into that. Now you've got me thinking of what AI, am I working too hard when AI could do some of the work? But as we know, AI does never, it never replaces a human as much as they have tried. I actually listened to a very interesting podcast about a man who used AI to redevelop his mom's voice so that he could have her with him forever after she died. And I thought, wow, that's going to create a lot of interesting questions from patients and families if people catch wind that this is something that they could potentially do. So it left him feeling very empty is what I gleaned from the podcast. I don't know if we want to use it for that, but there are different end-of-life things that I never considered as far where AI could assist with those things. But we do use some recording. There is an intervention, I didn't talk about it earlier, I should have when we're talking about research. But heartbeat music recordings is a technology that a lot of music therapists use. And it's not something I do too much with, but the original kind of music therapist who started using this was to capture the heartbeat and then to pair a very significant song with that person's heartbeat as kind of a legacy gift. So it's a very neat gift. We do them, I think, a little bit more in pediatrics. But in a hospital system, we tend to get very tasky. And so it feels like a task or a thing we can offer. Let's offer this thing when there's no therapeutic relationship. And his idea was always that it was as part of a therapeutic relationship that you would offer this. It would even be used as a bereavement tool. He did a very long study with a patient's dad with the heartbeat and they kept adding to the song and they changed it and they used it in their bereavement sessions. So that is kind of what the music therapist's intention was behind this heartbeat music recording. And now it's kind of become a little bit less therapeutic and more of just like a legacy item. And maybe that's not bad, but so some of those technology things we do offer to our patients if that's something of meaning to them. So we use some technology to capture those heartbeats as well.

Dr. Clancy

Great, great. So Katie, you've been a great, great guest and boy, you've opened my eyes in so many different areas. As we close, what are some of the take-home points you'd like to leave with our listeners?

Ms. Kooi

Well, I think obviously the most important take-home point I would love to just advocate for more music therapy on palliative care teams across the country. I think it is just such a natural thing for a team to have. Patients and families really appreciate it. And I think along with that, for the music therapist to be most successful, it's when we're working with an interdisciplinary team. If I didn't know as much of the backstory before I went into the

room, it would be a disservice. So I think having the full team, the full team's insight is what makes what I do effective along with, you know, the music therapy techniques. So I think putting it as part of an interdisciplinary team is very key. I would love to just say, if you're ever able to observe music therapy, observe it. I know you've heard some stories from me, and you've probably heard or read other articles or seen talks at conferences, but once you see it and you feel it, music is a feeling, and when you're in the room and you watch it all unfold, hopefully you can see why it's effective and why it's so meaningful to patients and families.

Dr. Clancy

You did great. Really. To our expert guest, Katie Kooi, thank you for joining us on Rounding@IOWA and for the work you've done helping patients and families. And as I said before, some of the most basic things we do is ease suffering.

[Upbeat theme music plays]

For our listeners, you can access instructions for continuing education credits within our show notes. And we hope you join us again for another session of Rounding@IOWA.