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Music Interventions for Chinese Patient with Parkinson's Disease: Alleviating Symptoms through Arts-based Interventions

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Abstract

Care for the elderly is increasingly important, especially in long-term care centers. How to maintain the quality of life of the elderly is a very important issue for a therapist. There are many therapists dedicated to developing unique expressive arts therapy treatments for residents in long-term care centers. For these customized treatments, therapists need to consider a number of factors, including the problems for referral, medications, and diagnosis. In addition, the patient's cultural background is one of the factors that must be considered in designing a treatment plan. This inquiry explores how music therapy interventions can help a patient from Eastern culture with Parkinson's disease in long term care system. This treatment plan will focus on alleviating Parkinson's disease symptoms through arts-based interventions, helping the patient adapt to the new living environment, reducing their depression and self-isolation. Because the patient is from Eastern culture, the design of this intervention will be based on Peking drama and traditional Chinese arts. The design uses the familiar art form of the patient to help the patient adapt to the new living environment. In addition, the therapist spoke Chinese in the sessions. The results showed that the patient gradually adapted to this new long-term care facility.

Keywords: music therapy, Parkinson's disease, quality of life, Chinese culture, Peking drama

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Introduction

America's 65-and-over population is projected to nearly double over the next three decades, from 48 million to 88 million by 2050 (US Census Bureau, 2018, p. 1). With the increasing number of elderly people in the world, health care for the elderly population has been discussed much more. There are 47 million people diagnosed with dementia worldwide (Shiltz et al., 2018). Treatment and care costs approximately $818 billion (Shiltz et al., 2018, p. 17). Older people are a group that needs to be taken care of because older people are prone to physical and psychological problems. As a student of clinical mental health counseling and music therapy, I am particularly interested in the psychological concerns of the elderly.

Music therapy can be an effective intervention for the elderly, and there have been many studies in the past which show that (Shiltz et al., 2018). I am working as an intern in an elderly long-term care center to provide patients with music therapy activities. I have found that the purpose of music therapy for the elderly is often to maintain their quality of life. At my internship site, I have the opportunity to lead music therapy group sessions and have individual sessions with some specific patients. I found that the intervention of music can do a lot more than usual therapies. I would like to use this opportunity to explore how music interventions can help the elderly within my thesis.

Patients in long-term care centers are often diagnosed with many psychological and physical diseases. Therefore, they usually take a variety of drugs and are restricted to specific places (such as their wards or specific units). In addition, some patients are even unable to move, exercise, or converse with people. At my internship site, some patients are also taking

psychotropic medications in addition to medications to treat their health problems. I hope to have the opportunity to use music activities and music interventions with these patients specifically. My hope is that with music therapy interventions, these elderly people who have lived in the ward for a long time can reduce the use of psychotropic substances and have the opportunity to leave the ward to avoid long-term isolation.

According to *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; American Psychiatric Association [APA], 2013), the prevalence of neurocognitive disorders varies greatly by age and etiology. In people over the age of 60, the prevalence increases dramatically with age. The DSM-5 details the following neurocognitive disorders which are very common in older people: Alzheimer's disease, frontotemporal lobar degeneration, Lewy body disease, vascular disease, traumatic brain injury, substance/ medication use, and Parkinson's disease. Most of these diseases are unlikely to be cured because most of them are caused by permanent nerve or brain damage (APA, 2013; Kring, Johnson, & Davison, 2013). Therefore, using music therapy to help patients slow down the disease is even more important.

In this thesis, I develop a 12-session music intervention for an individual patient at my internship site. This patient has severe depression and Parkinson's disease, along with experiencing psychosis. This patient is from Asian culture, so the issue of cultural differences must be considered when designing a plan for music intervention. When this patient was referred to me, my main goal was to help him alleviate his depressive symptoms by allowing this patient to express self, according to his culture and intellect, and to support this patient's acceptance of the new living environment.

Literature Review

This literature review will consist of four sections. First, the review will pertain to

the current state of music therapy for the elderly population. Secondly, literature about evidence-based research (including quantitative research) on the use of music therapy for the elderly will be summarized. Thirdly, I will review the related qualitative research; and lastly, some literature about Parkinson's disease and music therapy will be reviewed.

Patients with neurocognitive disorders are becoming increasingly dependent on drugs (Jankovic & Aguilar, 2008). For expressive art therapists, our mission can be to use art to help these patients slow the disease and enhance their quality of life. As a music therapist trainee, I envision the use of music interventions to help my patients to ease symptoms in new ways without as much medication. Especially in the current multicultural environment, music can transcend culture. In addition, for patients in long-term care centers, music can help them enjoy creative activities in their daily lives. Furthermore, "although music therapists have been working in palliative care and hospice settings, empirical research evaluating the efficacy of music therapy with the terminally ill is exiguous" (Hilliard, 2003, p. 114).

Current State of Music Therapy for the Elderly Population

There is an abundance of research evaluating music therapy interventions with the elderly population. Currently,

> existing research has primarily evaluated music therapy (MT) as a means of reducing the negative affect, behavioral, and/or cognitive symptoms of dementia. Music listening (ML), on the other hand, offers a less-explored, potentially equivalent alternative to MT and may further reduce exposure to potentially harmful psychotropic medications traditionally used to manage negative behavioral and psychological symptoms of dementia (BPSD). (Shiltz et al., 2018, p. 17)

Shiltz et al.'s (2018) research explored the impact of hearing music on taking psychotropic substances. The experiment showed that there was a significant change in mental exposure of the music listening group than the general group. This study supports that a personalized music playlist can help reduce the dose of antipsychotics. In addition, it also supports listening to music as an adjunct to drug interventions and can be applied to long-term care institutions to alleviate the incitement of the elderly.

According to Ridder, Stige, Qvale, and Gold (2013), the incitement of people with dementia in nursing homes can lead to an increase in the use of psychotropic substances and a decline in quality of life. The aim of the study was to investigate the effects of individual music therapy on agitation in patients with moderate/severe dementia living in nursing homes and to explore its' effects on psychotropics and quality of life (Ridder et al., 2013).

Hilliard (2003) conducted a study about the effect of music therapy on the quality of life with patients who diagnosed with terminal cancer. Hilliard used the Hospice Quality of Life Index-Revised (HQLI-R) to measure the effect (Hilliard, 2003). This quantitative research example for a music therapy study with the elderly population, found that music therapy is effective in the treatment of elderly care and improves their quality of life.

Evidence-Based Research

There is evidence-based research related to music therapy with the elderly as well. Schall, Julia, and Pantel (2015) evaluated the effects of individual music therapy on communication behavior and emotional health in patients with advanced dementia. They found "positive and statistically significant intervention effects on participants' communication behavior, situational well-being, and their expression of positive emotions" (p. 113). Schall et al. also mentioned that they rarely see the use of time series analysis as an assessment of music therapy.

Ray and Gotell (2018) pointed out that few studies have shown the impact of music interventions led by certified care assistants (CNAs) trained by music therapists on depressive symptoms and well-being in patients with dementia. They designed an experiment to invite the participants to a 2-week music intervention by CNAs, who had a 3-day training session by an accredited music therapist, and measured the depression symptoms of these participants using the Cornell Depression Scale (Ray & Gotell, 2018).

Shiltz et al. (2018) pointed out that previous research only focused on how music therapy reduced the negative symptoms associated with Alzheimer's patients. As a result, they wanted to explore the impact of music listening on taking psychotropic medications for Alzheimer's patients. However, the result of this research was that there were no significant changes in psychotropic exposure for both the music listening group and the general group.

Ridder, Stige, Qvale & Gold's research (2013) examined the effects of individual music therapy on agitation in patients with moderate/severe dementia living in nursing homes and to explore their effects on psychotropics and quality of life. The results show an increase in inflammatory destructiveness during general treatment, and vice versa during music therapy.

Qualitative Research

Ahonen-Eerikäinen et al. (2007) conducted a video and qualitative research of the music therapy session in the music therapy program at the St. Joseph Health Center in Guelph, Ontario, Canada. The study showed that music therapy interventions can solve some of patients' initial negative emotions, enabling them to be proud of their ultimate achievement, and begin to enjoy the experience. This result shows that music therapy has a great effect on improving the quality of life of the elderly. It is worth mentioning that this article provides a narrative summary

section, which is rarely mentioned or provided in other articles. This summary will allow me to use my language more effectively in the future when I face patients who have dementia.

Another qualitative study established by Osman, Tischler, and Schneider (2016) used semi-structured interviews with people who have dementia, as well as their caregivers. They explored the impact of singing on BrainTM, an intervention based on the Alzheimer's Society's group singing activities for dementia patients and their caregivers. However, this article is not about music therapy, but music intervention. In addition, the participants in this study were too homogeneous (all white British), so it is not enough to assess activities in different regions to capture a more diverse population. This research reminds me of the cultural aspects that must be considered when designing music therapy or music intervention.

Parkinson's Disease and Music Therapy

Parkinson's disease is a chronic neurodegenerative disease that affects the central nervous system, mainly affecting the motor nervous system (Jankovic & Aguilar, 2008). Its symptoms usually appear slowly over time. The most obvious symptoms in the early stage are tremors, limb stiffness, motor dysfunction, and gait abnormalities (Kring, Johnson, & Davison, 2013; APA, 2013). There may also be cognitive and behavioral problems, as dementia is quite common in patients with severe conditions. Moreover, major depressive disorder and anxiety disorder can co-occur. Other symptoms that may accompany include sensory, sleep, and emotional problems (APA, 2013). The current treatment for Parkinson's disease uses the intervention of medications and rehabilitation treatments. Medications are currently most used to relieve symptoms. However, medication does not have a satisfactory effect on the symptoms associated with the progression of neurodegenerative diseases. Some institutions and rehabilitation centers for the treatment of patients with Parkinson's disease recommend the

development of non-medication interventions as first-line treatment (Zhang, Liu, Ye, Li & Chen, 2017).

Patients with Parkinson's disease frequently experience an overall depressed mood or symptoms associated with some voice or speech problems (Han, Yun, Chong & Choi, 2017). A program which was led by a certified music therapist in Korea shows how singing techniques can enhance the speech and vocal attributes of Parkinson's disease patients. The research team designed six sessions of music therapy and used singing as a therapeutic medium in a group (Han et al., 2017). They stated that, "singing involves the use of similar muscles and the neural networks associated with vocal function and emotional response" (Han et al., 2017, p. 121). The aim of this study was to enhance the vocal cord quality and depressive symptoms of patients with Parkinson's disease through an individual singing program (Han et al., 2017). This study led me to decide to develop a series of treatment sessions to help my patients with similar issues. In addition, such research can also help with implementing music therapy with patients who have Parkinson's disease.

Expressive arts therapy for patients with Parkinson's disease is not just about the music modality. Zhang et al. (2017) led a qualitative study to explore how music-based movement therapy improves motor dysfunction in patients with Parkinson's disease. They believe that the power of music and its non-verbal nature make it an effective medium of communication when someone's language is weakened or abolished (Bruin et al, 2010; Zhang et al., 2017). Although the efficacy of music therapy remains uncertain, music can easily cause interactions between exercise, stimulating perception, and motor systems (Zatorre, Chen & Penhune, 2007). The development of music in the expressive arts therapy is to improve the exercise capacity of patients with Parkinson's disease. In addition, the definition of music therapy is not only to hear

music, but also to sing and play rhythmic percussion instruments. In Zhang et al.'s (2017) study, they used activity controls and individuals who received routine care as a comparison group. The sensitivity of people with dementia to music has been shown to be therapeutic. They stated that "the intriguing sensitivity to music exhibited by persons with dementia has been shown to have therapeutic purposes" (Zhang et al., 2017, p. 1630).

Pereira et al. (2019) explored how music and dance/movement can improve the gait of patients and alleviate symptoms of Parkinson's disease. After examining five reviews and 40 papers, they believed that rhythm stimulation and dance/movement provided the benefits of exercise, cognition, and quality of life for patients with Parkinson's disease (Pereira et al., 2019). Therefore, music stimulation and dance/movement can provide a satisfactory effect for body movement of patients. It also has positive effects on improving cognitive ability, such as exercise control and adjustment as well as spatial memory. Their conclusion is that dance/movement and music therapy interventions are non-invasive, simple treatment options that can promote the patient's motor ability and cognition (Pereira et al., 2019).

Summary

Most of articles reviewed mention that music intervention is effective for long-term care patients. However, there is no significant mention of how to use music interventions specifically to help patients with Parkinson's disease. Also, most of the research is conducted within the western culture. I was born and raised in Asian culture, which led me to notice that there is lack of expressive arts therapy research conducted in Asian/Eastern society. I hope that through more qualitative observations, I can explore how music can help elderly people in long-term care, especially those with Eastern backgrounds.

For such qualitative inquiry, I believe that I can explore the relationship between music and patient with Parkinson's more deeply. Since this project is applied to the elderly, when implementing the music intervention plan, I must also consider the patient's emotions and the role of the intern, who is the body of music therapy, to maintain the quality of the lives of these patients.

Methods

The purpose of this thesis is to explore how to use music interventions to help Parkinson's patients adapt to the new living environment and alleviate the symptoms of Parkinson's disease. The design of this music intervention also takes into account the patient's culture and background. The music choice for music intervention is very individual and intentional. Therefore, how to choose the appropriate music or art form will be the most important part of this music intervention design.

Participant

Mr. T is a newly admitted patient at my site. He is a 78 year old, English and Chinese speaking man. He has been admitted to this site due to functional loss and decline, that led to safety concerns. He spent a month at a rehab and failed to return to his previous functional status, becoming wheel-chair bound. He was diagnosed with Parkinson's in 2005 and has been declining ever since.

The expressive arts therapy department received his referral from the psychiatrist. The reasons of the referral are lack of engagement due to cultural differences, depression, self-isolation, and Parkinson's disease. This patient was initially my mentor's responsibility. When my mentor tried to do the evaluation and assessment, he found obstacles in communicating with Mr. T because he refused to speak English, which made it harder for my mentor to assess him.

Moreover, Mr. T refused to attend any activities or groups. However, I am from the same country and cultural background as Mr. T. Therefore, my mentor hoped that I could use this strength of this to work with Mr. T and help him adapt to this new environment. Because of this opportunity, I started to design a unique set of musically anticipated paintings to practice cross-cultural music therapy.

Mr. T was born in China and raised in Taiwan. He came to the United States to pursue a doctoral degree. He is married with two children. His wife, one son, and grandchildren live locally and visit him regularly. His favorite hobby is watching Peking drama, which is a traditional form of opera in China. It combines music, vocal performance, miming, dance and acrobatics. He also has encyclopedic knowledge of Tang poetry.

Materials Used

This music intervention took place at a senior rehabilitation center in the Greater Boston area, which is a hospital-type institution. Most of the patients here need special care and cannot live independently. Patients who live here for a long-term care are usually referred by general hospital referrals or family members. In general, the patients here are over 65 years old. This institution helps the elderly to maintain their quality of life and provides a comprehensive range of personalized healthcare services through an energetic, high-end living community. Because this institution is affiliated with a medical school, conducting influential aging research and teaching the next generation of aged-care professionals are also missions for this institution.

Because the purpose of this music intervention is to help the patient adapt to the new living environment, most of the sessions took place on the floor where the patient lives. The location of doing this intervention includes the patient's room, the dining room on that floor, the

activity room on that floor, and so on. In addition, going to other public spaces in this institution was also one of the options.

The materials I used for this intervention included downloaded videos and music from Peking dramas on the iPad, which was brought to this patient. I also brought some paddle drums with sticks and maracas to do this intervention. Per Mr. T and his family, Peking drama is his favorite art form. As a result, I chose Peking drama as the main resource of music intervention for this music session design. Peking drama, also known as Beijing opera, is the most dominant form of Chinese opera which combines music, vocal performance, mime, dance and acrobatics. It arose in Beijing in the mid-Qing dynasty (1636–1912) and became fully developed and recognized by the mid-19th century (Goldstein, 2007).

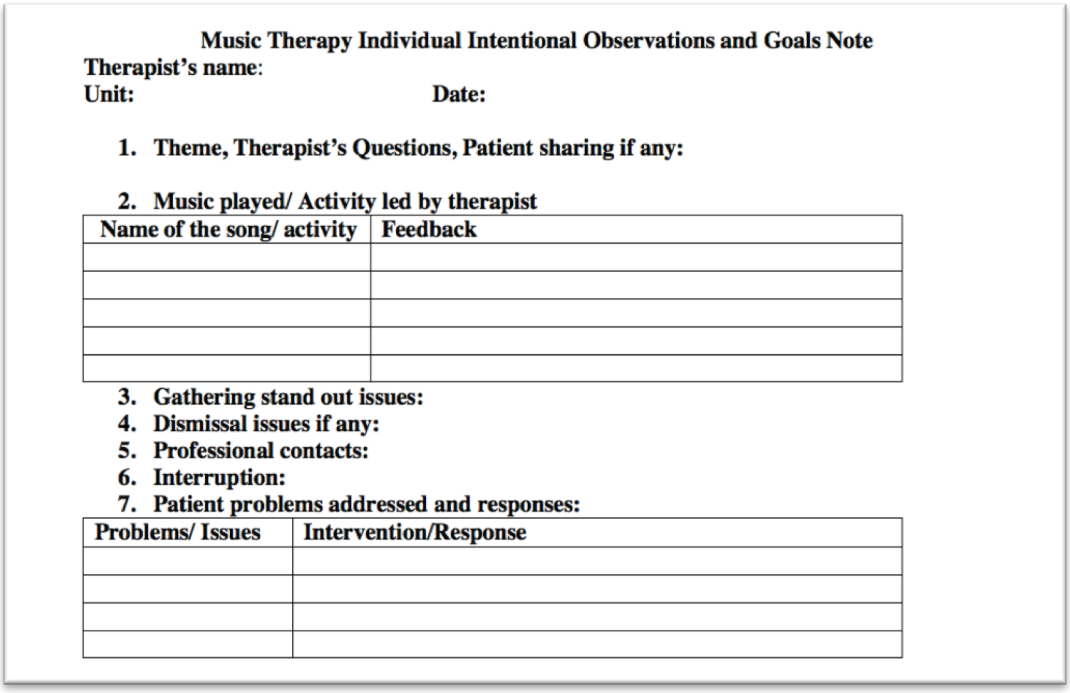
For document of sessions, progress notes are a very important component of professional training as an intern for music therapists. The clinical role of progress notes includes communicating with clinicians in different fields and helping the therapist itself understand the patient's condition (Hobbs, 2004). The SOAP format is a form of progress notes accepted by clinicians (Cameron & Turtle-Song, 2002). As a result, I used the SOAP format for my observation notes and progress notes. The purpose of SOAP charting is to record the client's condition and progress that occurs in each session of treatment. There are four main components in SOAP notes, Subjective, Objective, Assessment, and Plan (Cameron & Turtle-Song, 2002).

Subject is the part of a clinician’s notation that should describe the impressions of and information about the client/patient (Cameron & Turtle-Song, 2002). This section should be utilized to report subjective information of clinical significance with respect to the treatment of the patient. Objective part is the information that you gain with your own observations (e.g. changes in the client’s affect, mood, energy, etc.). It could also encompass what techniques were

done during the session but more importantly how the client responded. Assessment part is to report the immediate results of the session or what you think has happened with the patient. The Plan part is what you recommend and/or are going to do next after considering the information you gathered during the session.

Procedures

I designed a unique music intervention to help Mr. T adapt to the new environment, relieve Parkinson's symptoms, and alleviate his depressive mood. The plan lasted for a total of 12 sessions throughout 4 months. At the beginning of intervention, I focused on helping Mr. T adapt to the new environment and reduce his isolation. Next, I gradually shifted the treatment goal to alleviate his depression and Parkinson's symptoms. For each session, I completed a session observation note, as illustrated in Figure 1. This observation note detailed the time and location of each session. In addition, this record also included my observations and my approach to intervention.



Music Therapy Individual Intentional Observations and Goals Note

Therapist's name:
Unit: **Date:**

1. **Theme, Therapist's Questions, Patient sharing if any:**

2. **Music played/ Activity led by therapist**

Name of the song/ activity	Feedback

3. **Gathering stand out issues:**
4. **Dismissal issues if any:**
5. **Professional contacts:**
6. **Interruption:**
7. **Patient problems addressed and responses:**

Problems/ Issues	Intervention/Response

Figure 1. Blank observations and goals note.

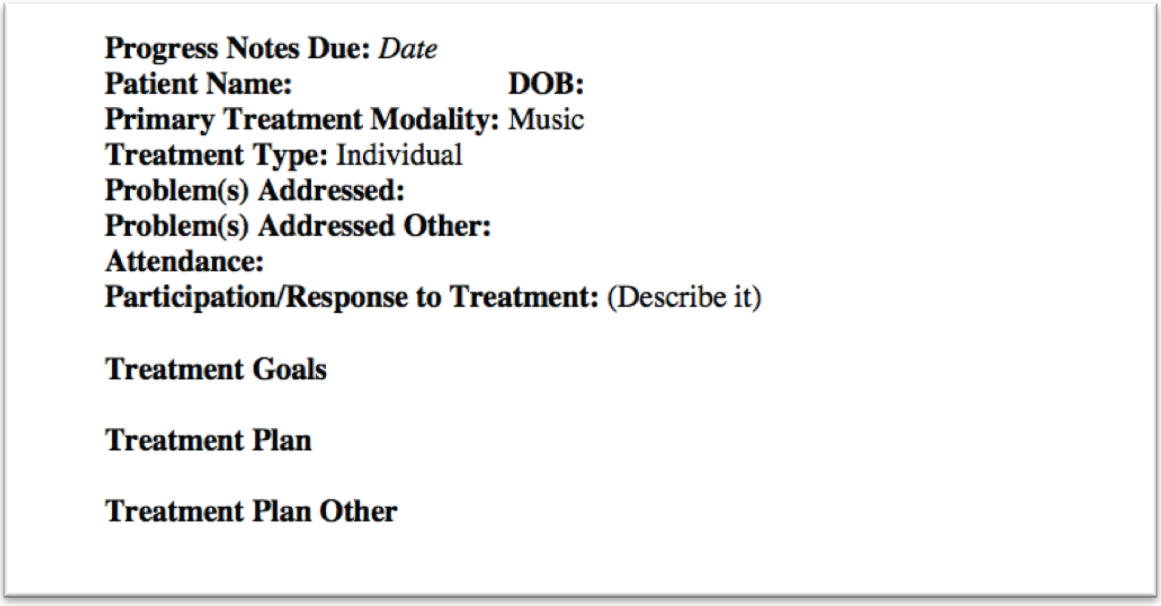
Interview for the assessment, November 07, 2018. When I first met with him in his room, Mr. T made very little eye contact with me. However, when I started speaking Chinese to him, he began to speak and create eye contact with me. I introduced myself and expressed why I was there. He was very cooperative throughout the assessment process. His mood was also very calm. However, in his words, he often revealed very pessimistic thoughts, such as "I know that my illness is no longer getting better, and I don't think any treatment is useful to me."

The interview and assessment session was 35 minutes long. We talked about some traditional Chinese drama and life in the USA. His cognition is the same as at intake. He has decent long-term and short-term memory. He could recall things that he did in the past week. His verbal ability is proficient in Chinese. He expressed that his favorite art forms were Peking drama and Tang poetry. His verbal responses are delayed due to Parkinson's. Mr. T seems to feel bitter about his life in USA because he was not able to realize his intellectual potential. He offers negative comments about nobody needing him anymore. He misses the Chinese society; however, he said he was gradually getting used to living here. He didn't want to make friends here because he thought this would make things worse and worse. By observation, he tended to avoid the conversation about his life and career in the USA. He was willing to *share* his knowledge of Chinese history and Peking drama.

Overall, he continued his journey to adjusting to his life in this institution. He continued to be isolated and rejected activities that are offered due to cultural and language differences. In addition, his cognition is higher than the patients on his floor. All of the above put him at risk for depression and poor adjustment. Mr. T is responsive to one on one sessions with me. Sessions were led in Chinese and he was able to express self in his native language. He enjoyed

sharing his knowledge of Chinese drama and Chinese history. I have attached the assessment report of music therapy in the Appendix.

Treatment plans and goals. The treatment goal was to alleviate his depressive symptoms by allowing him to express self-according to his culture and intellect and to support his acceptance of his new living environment. I evaluated once every four sessions and complete the progress notes, as illustrated in Figure 2. Per the following content, I will describe in detail each session and the progress notes.


Progress Notes Due: *Date*
Patient Name: **DOB:**
Primary Treatment Modality: Music
Treatment Type: Individual
Problem(s) Addressed:
Problem(s) Addressed Other:
Attendance:
Participation/Response to Treatment: (Describe it)

Treatment Goals

Treatment Plan

Treatment Plan Other

Figure 2. Blank progress note.

Session 1, November 14, 2018. I scheduled the time at 3:30 pm weekly to have sessions with Mr. T. This is the first formal session I had with Mr. T. The duration of today's session was 35 mins. At the beginning of the session, I introduced myself again to see if he remembered me. The language I used in the session was Chinese. He was very fluent in Chinese communication. However, I also tried to use English to talk to him, but he refused to answer the question I asked in English. I took the video and script of Peking drama to discuss it with him today. Mr. T just listened to me quietly at first. However, in the middle of the session, he began

to share his knowledge of Peking drama fluently in Chinese. I also learned more about his interest and growth background by talking to him. Because of the relationship with Parkinson's disease, his speed of speech was slow. However, the symptom of shaking was not so obvious during this session. In addition, I was informed from nurses and life-enhancing staff, Mr. T was not comfortable or adapting to the new environment, and he was not willing to communicate with others on his floor.

Overall, I am building a relationship with the patient. The patient can be willing to communicate with me in a language he is familiar with. I think this is very helpful for building relationships. At this stage, I will use the familiar art form of the patient to help him adapt to the new environment more easily. For next session, I will play a video of Peking drama to guide him to have more communication.

Session 2, November 21, 2018. This session was held in the patient's room and the duration of this session was 45 minutes. In this session, Mr. T seemed lethargic. When I attended his room and greeted him, he just nodded his head and kept his eyes closed with quiet. After greeting, I asked him for permission to play a Peking drama. I had viewed this video and read the script beforehand and have a certain understanding of the story described in this drama. I thought this would help me talk to Mr. T. When the music was aired, Mr. T opened his eyes and began to look at the screen. While the video played, I discussed the story with him (the video still had been playing). He could answer questions very smoothly but still delayed. It could be seen that his cognition has not declined. Throughout the session, Mr. T maintained a steady mood. As far as I can see, the symptoms of his Parkinson's disease are not very obvious. He could control the direction of the wheelchair and reach for the newspaper.

I was still building the relationship with Mr. T in this session. I noticed that Mr. T was more active in talking to me and interacting with me, asking questions. According to the nurse's report, Mr. T still self-isolated and spent a lot of time in his room. In future sessions, I would try to invite Mr. T to have sessions in the public space (family room or activity room). However, even in public spaces, the session would still be one on one.

Session 3, November 28, 2018. This session was held in the patient's room and the duration of this session was 35 minutes. When I attended his room, he waved to me when he saw me. I tried to invited Mr. T to have the session in the family room but he refused. He said he want to stay in his room. As a result, I asked his permission to play the Peking drama in his room and he was willing to watch the Peking drama in this room. I continued to play the same Peking drama as I played in the last session. Today, he seemed in a good mood. He was very active in talking about the story. I also asked some question about the music in this drama. The communication was very smooth, and he seemed comfortable to chat with me. In the end of the session, his wife came to visit him. It was my first time to meet his wife. I had a quiet communication with his wife (also in Chinese) and she said Mr. T also felt happy to have me with him.

I felt that my relationship with Mr. T was very good. As a next step, I would continue to invite him to participate in the session in a public area. His wife also hoped that he will not stay on the ward all the time. Next, I would also try to bring some percussion instruments to introduce in the session with Mr. T.

Session 4, December 05, 2018. This session was held in the patient's room and the duration of this session was 35 minutes. It was the first time I heard his negative thoughts directly from him. In this session, the patient revealed that his condition was getting worse. The

patient was in a depressive episode. When I arrived at the ward and greeted him, he continued to repeat that things were getting worse. The patient said that he had not slept well these days because he often saw people walking around outside his ward at night. He also reported that someone was talking to him at night. The patient remembers who I am and knows the purpose of my coming to him. I continued to play the Peking drama from last week. However, he seemed to have no interest in watching Peking drama today because he did not focus on the screen and often looked around while watching.

He displayed lack of eye contact with me during the session. He was quite slow in answering the question because of his Parkinson's disease. His left hand was shaking quite a bit. He has difficulty swallowing and has a loss of appetite (this information from the nurse). Mr. T constantly mentioned negative thoughts in the session and was very lacking in eye contact. I learned from the conversation that the patient was familiar with his illness. I will continue playing Peking drama in the following session and bring the script to discuss with this patient in order to help the patient build self-confidence and turn his attention to the present.

Progress note 1, December 10, 2018. Mr. T received weekly individual music therapy session in the past month. I was engaging the patient in verbal discussion; however, patient's responses were delayed due to Parkinson's. He sometimes had negative thoughts, such as the world is getting worse and worse. I used the music and videos from Peking drama to encourage Mr. T to utilize his intellect, discussing Peking drama and Chinese history. He was willing to share what he knows about Chinese culture and Peking drama in Chinese. However, Mr. T continues to self-isolate. I tried to encourage him to do some activities in the public area such as an activity room, but he refused. At the same time, he is getting used to his floor and has had some interactions with the staff on his floor. Per his family, Mr. T likes Christmas related songs.

In the future session, this intern will bring some Christmas-related songs to use for music intervention.

Session 5, December 12, 2018. The duration of today's session was 35 minutes. When I greeted Mr. T, he reported his condition was getting worse and no way could help treat his disease. Also, he reported he did not sleep well this week. As usual, I invited him to watch the Peking drama today and would like to show him some instrument. He was willing to watch the Peking drama with me but refused me introducing the instrument or to play. He seemed to have low energy today because he only answered my question at 4 out of 10 attempts. Also, he made less eye contacts with me in this session. I noticed that his hand was shaking more obviously and more frequently.

As I saw, the symptoms of Parkinson's in Mr. T were getting worse. By the time of this session, I thought I could change my treatment plans and goals. The patient seemed to be familiar with the new environment despite continued self-isolation. I would focus on how to alleviate the patient's depressive mood. In the next session, I would continue to encourage Mr. T to play the instruments and watch Peking drama. In addition, I also hope that I can alleviate his Parkinson's symptoms by guiding Mr. T to play some rhythm on the paddle drum or hand drum. Finally, I will report this information to his treatment team for reference by physicians and other treatment members.

Session 6, December 19, 2018. When I got to the floor, I found Mr. T in the big dining room watching the TV with other patients, though they did not interact with each other. I walked over and tried to introduce him to these patients because I thought it was helpful for him not to be isolated. However, when he saw me, he told me that he wanted to go back to his room. Then, I asked him if he wanted to continue watching the news or watching the Peking drama in the

public space, but he refused. Therefore, this session was still in his room. Since this session was my last session before the holiday, I spent a little time communicating to him to let him know that my next session will be in the next month. I played the Christmas songs after talking. I observed that his head would move with the music and the hand shake would slow down while the music was playing. After the Christmas songs listening, I continued playing Peking drama. After the Peking drama was finished, I tried to invite him to play drums with me, but he refused after picking up the drums.

In general, music was helpful to alleviate the symptoms of Parkinson's in Mr. T. I thought it would be good to have some music listening and instrument playing in the future sessions. I would also continue to try to encourage Mr. T to have sessions outside his room. Also, I would try to invite him to participate in other expressive arts therapy groups on his floor. Today's session lasted 40 minutes.

Session 7, January 09, 2019. In today's session, the patient revealed that his condition was getting worse, same as the past sessions. When I got to his floor, I found him in the dining room. I walked over to greet him and invited him back to his ward to see Peking drama with me, but he refused. Today's session was conducted with conversation. Because today we did not watch Peking drama, he had instant eye contact when talking to me. His responses in the conversation were still slow, however, this problem is caused by his difficulty in swallowing rather than his cognitive function degradation. The nurse told me that he had not had a good night's sleep recently.

The negative thinking of the patient today is more serious than before. He even refused to participate in today's activities. I think that even if I do not follow the treatment plan which I set before, accompanying him can help to ease his negative thinking and depression. The patient

will watch the Peking drama with this intern and discuss the scripts to help the patient build self-confidence and turn his attention to the present. However, if the patient refuses to watch the Peking drama, this intern will have conversations to accompany this patient. The duration of today's session was 35 minutes.

Progress note 2, January 10, 2019. Due to the holiday season, I only had 3 sessions with Mr. T in the past month. I was engaging the patient in verbal discussion with his favorite music drama and Chinese culture. However, he refused to watch the Peking drama with me and repeated the consistent negative thoughts during the sessions in the past month. He believed that no matter what he does, his condition will not get better anymore. Mr. T continues to self-isolate. However, in the most recent session, he showed the interest in the Chinese novel, *Romance of the Three Kingdoms*[1]. In the future sessions, this intern will bring the story from this novel to discuss with him and provide supportive accompany to him.

Session 8, January 16, 2019. When I arrived at his floor today, I found him dozing off in the dining room. I went up to greet him and asked him if he wanted to play drums with me. He seemed to be tired and rarely spoke today. However, he picked up the hand drum and stroked it. I played some rhythm on my drum to direct him. He seemed to have reaction with the rhythm because he followed my speed to stroke the drum. After he played for 10 minutes, he said he was tired and wanted to go to bed. At the same time, I invited him to watch Peking drama, but he refused. Today's session lasted only 25 minutes because he said he wants to sleep and repeated that his condition of his body will not be cured. As a result, I asked the nurse to bring him back to his room to rest. At the time of the session, Mr. T always said that when he slept at night, he would hear someone else talking outside his room. However, after the session I asked

[1] Luo, G., & Brewitt-Taylor, C. H. (2005). *Romance of the three kingdoms.* Rockville, MD: Silk Pagoda.

staff, and learned nobody would be talking outside his room at night. Moreover, he often asked me to check whether there is anyone outside in the session because he heard someone calling him. Thus, it seemed the symptoms of his psychosis are getting worse.

The situation of Mr. T today was not usual. In addition to the growing symptoms of psychosis, his mood has been in a very melancholy state. For further sessions, I would prepare some of his familiar novels such as the *Romance of the Three Kingdoms* to discuss with him as an alternative plan.

Session 9, January 30, 2019. He refused to have session last week. It was the first time he refused my session. I found him in the dining room when I attended to his floor. I planned to have session in the dining room. Today, he still refused to watch Peking drama with me. However, when I talked to him about the story in the novel of the *Romance of the Three Kingdoms*, he showed interest. When I was telling a story to him, he had constant eye contact with me. When I asked him a question after the story, he answered my question very smoothly with slow speed. Today's session was completely conversational. His answer was still slow because of Parkinson's disease. I found that the symptoms of his hand shaking were getting worse. In addition, he tried to stand up many times during the session and repeated that his body is getting worse. The duration of today's session was 35 minutes.

Overall, Mr. T was in depression episode these few weeks. Therefore, I thought I need to discuss the new treatment plan with my supervisor and report that to his treatment team. In future sessions, I will continue to use his familiar art forms to alleviate his depression mood and reduce self-isolation.

No sessions period, February 06/ 13/ 20, 2019. During the past few weeks, when I attended to have session with Mr. T at the schedule time, he was sleeping. After consulting with

the nurse and life enhancement staff, I decided to reschedule my session time, because Mr. T was more energetic after lunch. Therefore, starting from the February 27 session, I would meet Mr. T one hour earlier than usual. It would be 2:30pm every Wednesday.

Session 10, February 27, 2019. In supervision, my supervisor suggested that I lead Mr. T on his floor and introduce some art works on the wall to help him expand his world. Today, after I arrived at his floor, I found that he was still having lunch. Therefore, I decided to accompany him to finish the lunch and had conversation with him. Today's session was delayed until 3:00. When he finished his lunch, I asked him if he would like to go with me to watch the painting gallery on this floor. At this site, there are usually some artworks or paintings from patients on the walls of each floor. He nodded and agreed to let me push him to go around the floor. While watching the paintings, I created a series of descriptions and questions to talk with Mr. T. Although his answers were short, I felt that he tried to answer and interact with me. Today's session lasted for 30 minutes.

Overall, the new treatment plan seemed effective. Expanding Mr. T's world with the creativity conversation would be the main intervention in the rest of sessions. I would still invite Mr. T to have activities with his familiar art form. Also, I would start to try to invite him to participate other activities which would be held on his floor, such as dance/movement group or the Parkinson's group.

Session 11, March 06, 2019. When I got to his floor, I found him watching TV in the living room. I walked over to greet him, and I did a brief check-in with him. I tried to invite him to go out to see the gallery on another floor with me, but he asked to watch the Peking drama in his room. Today's session was conducted in his room. I also invited him to hear some live violin music from me, but he refused. His mood seemed very calm today and he didn't mention

anything negative during the session. We had a great discussion about his knowledge of Peking drama. He shared what he knew and really engaged in today's session. He displayed consistent eye-contact today when he talked to me. His responses during the conversation were still slow. However, this problem is caused by his difficulty in swallowing rather than his cognitive function degradation. However, he still reported he had not slept well during the time.

The patient was in a good mood during the session time. He didn't show any negative thinking in this session. He seemed like he was well-adapted on the floor. However, his mood and symptoms from Parkinson's still need to be focused on. The patient will watch the Peking drama with this intern and discuss the scripts to help patients build self-confidence. Also, the patient will be invited to see the art gallery on the other floor and will be invited to the dace/movement therapy group on his floor, too. However, if the patient refuses to watch the Peking drama, this intern will have conversation to accompany this patient or play some live music instead. Today's session was 45 minutes.

Session 12, March 13, 2019. This was the last session of this intervention design. The duration of this session was 35 minutes. Mr. T was in good mood today. He invited me to watch the Peking drama when I arrived at his room. Today, we spent 20 minutes watching the Peking drama that we had not finished before and discussing the plot. Today's Mr. T was very talkative, although the speed of speaking was still slow. However, he also reported that he had not slept well at night either. During the session, he frequently asked me questions that were not related to Peking drama and asked me to confirm if there was anyone outside. This seemed to show that his psychosis symptoms due to Parkinson's were getting worse. After watching the Peking drama, I asked him if he wanted to go to other floors to see the paintings. He refused and asked to rest in bed.

Overall, Mr. T's mood is stable today. However, he still showed isolation and negative thought. Although today was the last session of the overall intervention design, I still have sessions with Mr. T until the end of May. In the future, I will still try to use his familiar art forms to help him alleviate his depression, and try to invite and accompany him. He participated in other activities to reduce self-isolation.

Progress note 3, March 20, 2019. Mr. T only attended 50% of the offered individual sessions since last report. Also, he attended two out of four movement therapy group sessions on his floor. During the three individual sessions, the patient was observed in bed and in a depressed mood for half of the session time. Though he used to enjoy watching Peking drama last month, he refused this form of engagement for two consecutive sessions. This intern was engaging patient in verbal discussion about his favorite music and Chinese culture. Patient was displaying consistent negative thoughts. Sometimes, he mentioned he saw something unrealistic in the session. Mr. T continues to self-isolate.

Results

In this 12-session music intervention design, Peking drama played a role in helping Mr. T adapt to the new environment and build relationships with me. This traditional Chinese arts form includes music and animation, so this helped Mr. T to focus on what was happening. For Mr. T, keeping focus was often difficult because he suffered from Parkinson's disease. In the first six sessions, watching Peking drama and discussion of the scripts were the main part of my music intervention design. As the relationship built, it was very important to obtain his trust and make him accustomed to the treatment relationship, especially he was in a new environment.

In addition, the use of the same language to Mr. T in the session and therapists with the same background were also important factors in this intervention design. It can be found from

the records that cultural differences are a major obstacle to treatment and activity design for Mr. T. Therefore, language and culture played a very important role in establishing relationships with this patient.

Referring to helping Mr. T keep focusing, the playing of the instrument could help him focus and sooth the symptoms of Parkinson's. Patients with Parkinson's disease have difficulty focusing. Keeping music or animation playing and face-to-face conversations could help him focus on and reduce their delusions. For patients with psychosis, such music intervention design considerations are very important.

Mr. T experienced the depression episode during the last two months of this music intervention period. At that time, I decisively converted my treatment goals and plans. While switching treatment goals, I found that keeping the flexibility of treatment plans for him were effective. In this case, the clinicians in the treatment team also need to work together to help the patient, and the progress notes played a bridge between the members in a treatment team. Because not every clinician was in contact with a patient at a time, notes can help clinicians better understand the patient's updated condition and help clinicians update the most appropriate treatment plan and medication for the patients.

Overall, I believe this music intervention arrangement was effective. For Mr. T, our goal was not to heal his disease. However, our goal was to help him adapt the new environment and maintain his quality of life.

Discussion

As the result, such music intervention arrangements were helpful for Mr. T from Eastern culture. I believe that the idea of this kind of intervention design can give clinicians a reference when working with patients from Eastern culture. In the process of training to become a music

therapist, I have found that music therapists who are educated under the Western education system, often have challenge to design treatment plans and decide the modalities when they encounter patients from Eastern culture. Since expressive art therapy places great emphasis on the elements of art, it is inevitable that cultural differences will cause obstacles in clinical field. I hope this thesis can provide some different perspectives to design cross-cultural music interventions and art interventions. Even so, I still believe that it is very difficult for cross-cultural psychotherapy. Culture is a very complex and subtle factor. Moreover, culture has a profound impact on the expressive arts therapy.

For patients with depression episodes, I have found that the therapist must be flexible to work with them. Sometimes, patients do not need more effective treatment plans and more rich forms of art intervention. They may only need to be accompanied or or allowed to rest at the time. Emotions are very difficult to control for patients with depression. Sometimes it can be very challenging for clinicians to design the treatment goals and plans. Therefore, I believe that how to work with the elderly population with depression is one of the topics that should be discussed continuously. In addition, the issue of self-isolation of the elderly is also very important for clinicians. I believe that such research can help a society be more prepared for an increasing aging population.

Finally, the cooperation of multiple modalities for patients with Parkinson's disease is a feasible research direction. It is absolutely impossible to use a single modality for the treatment intervention of patients with Parkinson's disease. Therefore, I believe that a variety of modality combined treatment design can be studied. For example, in my opinion dance/movement therapy is a modality that could directly improve the symptoms of patients with Parkinson's disease. However, instrument playing in music therapy field could help patients keep focusing.

In addition, rhythm changes in music therapy are also very effective in alleviating the symptoms of Parkinson's disease (Pohl, Dizdar & Hallert, 2013). Therefore, I believe that dance therapy must also rely on the design and selection of music

Expressive art therapy is not a panacea. Not all patients are suitable for expression art therapy. I can only say that expressive art therapy provides a diversity in psychotherapy to help patients.

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APPENDIX

Music Therapy Assessment Report

Date:

November 07, 2018 (Report completed on November 10, 2018)

Therapist Attended:

Yan-Jhu Su/ ET-INT

Resident:

TXXXXXXXXXXX, a 78-year-old male.

Reason for Referral:

Lack of engagement due to cultural difference
Depression
Isolation
Parkinson's

Psychiatric History:

Major depression
Hallucinations
Delusional disorder

Physical History:

Dysphagia
Cardiomyopathy
Parkinson's disease
Patient sustained a fall few months ago and was found on bathroom floor.
Ambulation: wheelchair

Social/Family History:

Education: Bioengineering PhD at UC Davis
Occupation: Post-Doc, Scientist, and Technologist
Family: Wife, 1 son with 1 grandson and 1 granddaughter, 1 daughter
Lives: Newton, MA
Religion: NA
Other Social Hx: NA

Eye Contact:

WNL
Good eye contact. However, he tends to close his eyes when somebody talks to him

Session tolerance:

The session today was 35 mins. We talked about some traditional Chinese drama and the life in the USA.

Functional profile: cognition, memory, verbal ability:

Pt's cognition is intake. He has decent long-and short-term memory. He could recall things what he did in the past week. His verbal ability is good in Chinese. He expressed that what his favorite arts form, Peking drama and Tang poetry. His verbal responds are delayed due to Parkinson's.

Emotional profile: attitude to placement, observed depression:

Pt seems to feel bitter about his life in USA because he was not able to realize his intellectual potential. He offers negative comments about nobody needing him anymore. He missed the Chinese society. However, he said he was getting used to here gradually. He didn't want to make friend here because he thought this would make things worse and worse.

By observation, he tended to avoid the conversation about life in the USA and the career here. He was willing to "share" his knowledge of Chinese History and Peking drama.

Family support:

His wife and son live locally and come to visit him 1 or 2 times a week (not regularly). He also has a daughter in Atlanta, GA.

Overall Assessment:

Overall, this Pt continues his journey to adjusting to his life in this institution. He continues to be isolated and rejected to our activities due to cultural and language differences. In addition, Pt cognition is higher than most of Pts of his floor. All of the above put this Pt at risk for depression and poor adjustment.

Goals:

1. To alleviate Pt's depressive symptoms by allowing Pt to express self-according to his culture and intellect.
2. To support Pt's acceptance of his new living environment.

Plan:

Weekly 45 mins 1:1

THESIS APPROVAL FORM

Lesley University
Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Music Therapy, MA

Student's Name: Yan-Jhu Su

Type of Project: Thesis

Title: Music Interventions for Chinese Patient with Parkinson's Disease: Alleviating Symptoms through Arts-based Interventions

Date of Graduation: May 18, 2019
In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Donna C. Owens, PhD