

Final Progress Report

SMT: JD Hogue
Initial of Client:
Age: All Ages
Gender:
Location of Session:

Supervisor:
Diagnosis: All Diagnoses
Gender: All Genders
Individual/No. in Group
Length of Session: up to 2 hours

Assessment Summary:

- Assessment Date: 9-11-14 to 9-25-14
- **Strengths**
 - **Physical rehabilitation.** Clients are typically cognitively and emotionally sound, but some of the clients may have cognitive issues that are being addressed by the other therapists on the unit. They can respond on topic when asked a question, follow directions, and are generally cooperative. They may be experiencing a little stress and anxiety because of the situation, but generally, they generally have a positive affect.
 - **Pediatrics.** I have only seen one child on this unit. He was a typically functioning 2-year old. Generally speaking, these clients will function at different levels, even at the same age. From child to child, the strengths will change.
 - **Cardiovascular care.** The people in this unit are typically cognitively aware and can remain on topic. Because they remain seated the entire time, it is impossible to properly assess for physical skills.
- **Needs**
 - **Physical rehabilitation.** Clients need more help with physical problems. They may have intense pain issues, limited range of motion, balance problems, or endurance problems.
 - **Pediatrics.** As each child will arrive on the unit with different issues, the needs of each child will be different. They might have needs in emotional, cognitive, and physical domains.
 - **Cardiovascular care.** The clients typically need more help in the emotional domain. They have higher anxiety because of surgery and they also report some pain, as well.

Goals, Objectives, Rationales, and Data Collection Methods

Goal: To reduce perception of pain.

Objective: Client will decrease the amount of pain he or she feels from the beginning of the session to the end of the session.

Rationale: Reducing pain will help the client feel better, participate in treatment more, and have overall better progress

Data Collection Method: Self-Report on a 1- 10 scale

Goal: To increase range of motion

Objective: Client will increase his or her range of motion he or she has from the beginning of the session to the end of the session.

Rationale: Increasing range of motion helps keep client nimble and flexible, which can help prevent falls.

Data Collection Method: Degrees of rotation on a circle

Goal: To increase endurance

Objective: Client will increase his or her endurance he or she has from the beginning of the session to the end of the session.

Rationale: Increasing endurance will help the client last long during treatments, which will help the client obtain better physical outcomes faster.

Data Collection Method: Time spent doing the exercise, the number of sets and reps the client completes, or the distance client walks.

Goal: To improve mood

Objective: Client will change his or her emotional state from strong negative emotions to weak negative emotions or from weak positive emotions to strong positive emotions.

Rationale: Changing affect to be less negative/more positive will improve the client's reactions to treatment and will help speed up the healing process.

Data Collection Method: Self-report on emotion scales from 1 – 5

Goal: To increase relaxation

Objective: Client will increase his or her relaxation from the beginning of the session to the end of the session.

Rationale: Relaxation is imperative for increasing healing rates and obtaining greater success rates from surgery.

Data Collection Method: Self-report on a 1- 5 scale

Goal: To improve coping skills

Objective: Client will state at least one healthy coping skill he or she can do in daily life to maintain his or her physical and mental health.

Rationale: An understanding of coping mechanisms will provide tools the client can use to speed up the healing process.

Data Collection Method: Frequency; The number of statements Client makes that involves coping strategies

Goal: To improve memory recall

Objective: Client will state at least one memory he or she had while listening to the song.

Rationale: Memory recall is an important life skill that helps the client survive and alter emotion.

Data Collection Method: Frequency; The number of statements Client makes that involves different memories.

Music Therapy Interventions:

- **Physical.** For the physical goals, I played music while the participant interacted either by listening, singing, walking, playing an instrument, or attempting to play a tambourine while performing leg lift exercises.
- **Emotional.** For the emotional goals, I played music and guided breathing to the music. I used music to help to help reduce heart rates by playing a slow and steady tempo. I played music that had fast tempos in a major key and that evoked positive memories to improve mood.
- **Cognitive.** I did song analyses and song discussions to talk about coping skills and how to improve and use them. I also used familiar music to spark memories by playing the song and then talking about any memories associated with that song.

Non-Musical Strategies

- I used clear and concise language talking to the clients and asking them to participate. I modified my language when talking to adults versus talking to children. I gave the clients autonomy by allowing them to choose specific activities that they would like to do.

Data Analysis: This section consists of two components:

Goal: To reduce perception of pain.

From 4 clients whose goal it was to specifically reduce pain, these four clients had a significant reduction in pain from before music therapy to after music therapy, $t(3) = 4.70, p = .009$. See Figure 1 for the means and standard deviations. This objective was met.

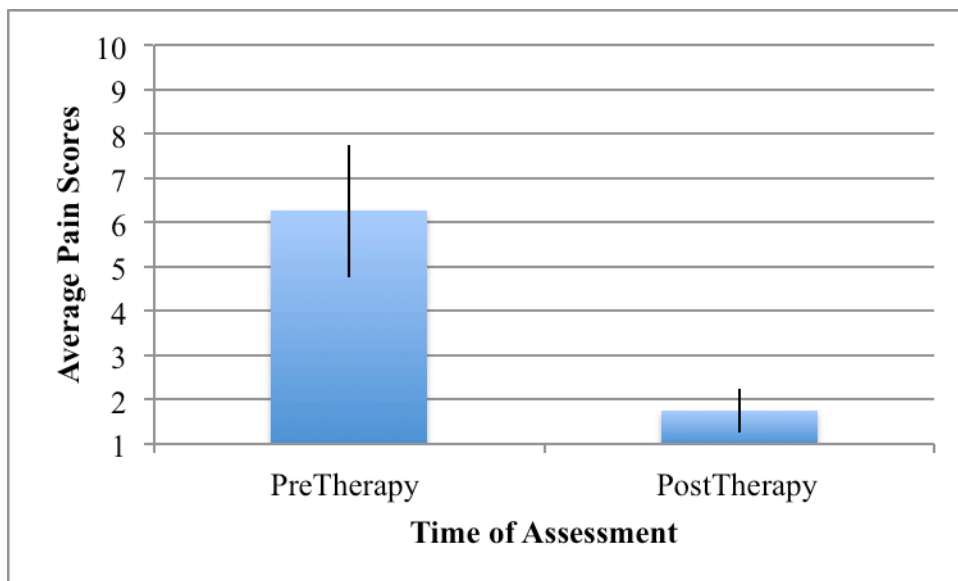


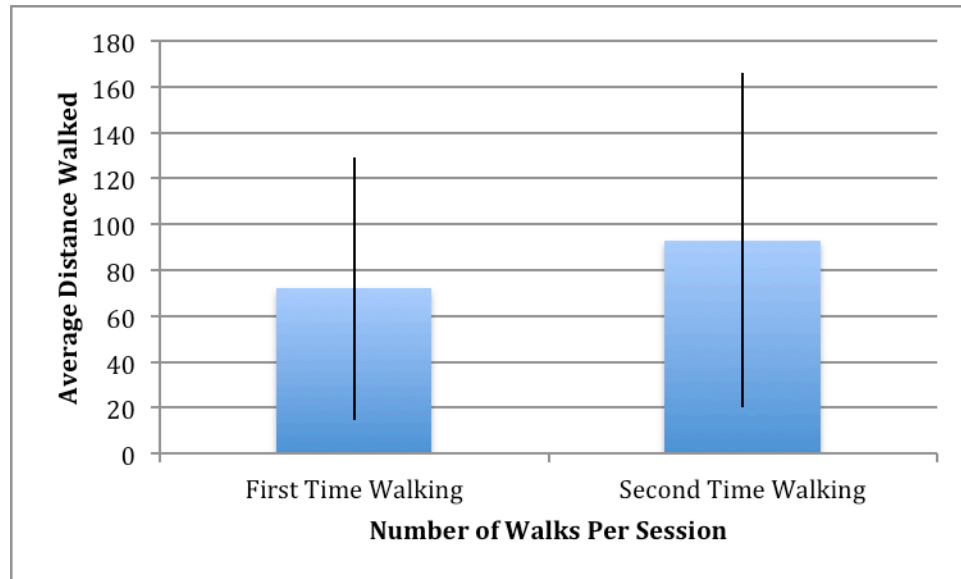
Figure 1. Pain levels before and after therapy. Pain significantly reduce after therapy.

Goal: To increase range of motion

No clients needed the range of motion goal.

Goal: To increase endurance

There were fourteen who walked in the Rehab Unit at least once. On average, these people walked 100.6 feet ($SD = 61.28$). Five people walked a second time, and on average, they walked 93 feet ($SD = 73.03$). Two people walked a third time, but decreased the average walking distance to 24 feet ($SD = 2.83$). The following figure shows the means and standard deviations for the 5 people who walked twice. These five clients walked further the second time, but this improvement in the distance in feet that they walked from the first to the second time walking was not statistically significant, $t(4) = -1.38, p = .120$. Despite not increasing their walking distance during the session, two people stated that adding music therapy to the physical rehab helped them walk further than they ever had without music therapy. This objective was not met.



Goal: To improve mood

Only one patient needed the goal of improving mood. This patient went from a 3 on the scale to a 5. See Figure 2 below. This objective was met.

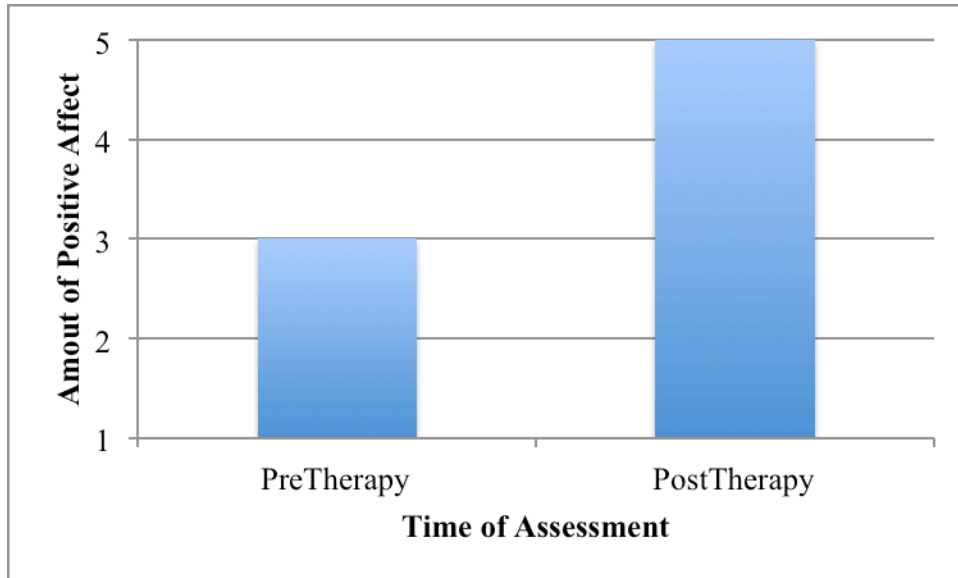


Figure 3. One person's response to music therapy on mood.

Goal: To increase relaxation

Based on 4 participants' data, there was a significant increase in patient's relaxation scores from pre therapy to post therapy, $t(3) = -2.45, p = .046$. This objective was met.

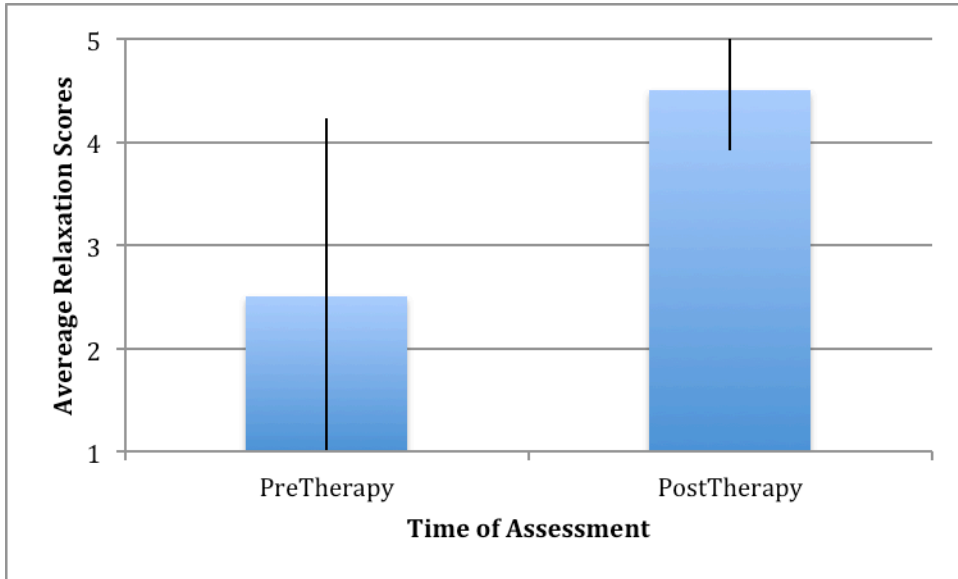


Figure 4. Pre and post treatment relaxation scores. Client were more relaxed after therapy than before therapy.

Data from heart rate monitors were also collected for this goal, when possible. Heart rate significantly decreased from the highest measurement to the lowest measurement, $t(3) = 3.26, p = .04$. Clients started with the highest heart rate measurement and progressed to the slowest during treatment. Figure 5 shows the means and standard deviations.

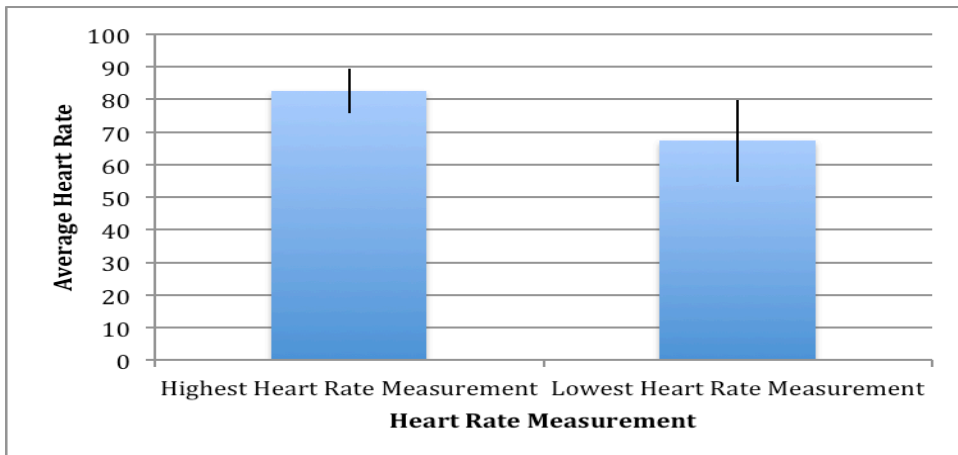


Figure 5. Heart rate measurements.

Goal: To improve coping skills

Only one person needed the coping skills goal. This person successfully stated one skill he or she could use to help cope with stressors. This objective was met.

Goal: To improve memory recall

Four people needed this goal. Out of these four people, the average number of memories evoked from the session was 1.25 ($SD = .50$), and these memories were statistically significantly higher than zero, $t(3) = 5.00, p = .008$. This objective was met.

Evaluation of the Music Therapy Interventions

Did the client meet or make progress toward treatment goals and objectives?

On average, progress was made in the pain, mood, relaxation, coping skills, and memory recall goals. The patients did not make improvements in the endurance goal. Problems with the endurance goal were that there were too few people assessed to find a significant difference and that there was too much variation between the people in how far they could walk.

What was the impact of the MUSIC on your client's progress?

For some clients, the music was incredibly beneficial. If I played the right song or if they could put themselves in the music, I noticed strong effects. The song would put them in a place of nostalgia and happiness, and they would forget all of their problems. Even on the Rehab Unit, I noticed playing a song the client particularly wanted to hear led to farther walking distances.

For other clients, the music did not seem to matter. For these people, I may or may not have seen improvements. The music for these people just seemed like something pleasant to which they could entrain.

From the categories of interventions you listed previously, which were most effective, or not?

The emotional and the cognitive interventions appear to have worked better than the physical interventions, at least based on the statistics. Based on oral report, though, the walking really helped clients walk farther than in previous sessions, but that statistics do not show that they walked farther during the music therapy sessions.

Additional Observations:

None.

Additional Information Deemed Pertinent in Reference to the Client or Group:

None.

Future Recommendations: Based upon your observations and data collection, provide thorough answers to the following questions:

Should your client continue to receive music therapy services?

The site should continue music therapy services to its clients. This report shows that improvements were made in clients' physical, emotional, and cognitive areas, and that these improvements were not likely due to chance.

If yes, what treatment goals should be addressed, and why? What types of specific music interventions should be implemented, and why?

In this setting, I believe all of the treatment goals should still be addressed, and all of the interventions should still be used. At their core, these areas are based on what clients need. Therefore, these as a basis and adding more will only serve to benefit the clients more.