



ART BRIDGES: Lesson Plans for Enrichment, Growth and Healing

Music Enrichment for Senior Citizens

**Activities submitted by Board-Certified Music Therapist
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Disclaimer

The arts are a powerful modality to influence positive change in a number of clinical, medical, and educational settings. However, there is a significant difference between expressive therapies (i.e. music therapy, art therapy, and creative arts therapy) and arts enrichment programs. For example, therapy addresses individualized goals based on assessed treatment needs, and enrichment helps expose a group to a positive arts experience and may lead to positive functional lessons among the group as a whole. Therapy may require more arts-based skill and versatility from the group or session leader (i.e. live music, improvisation, hands-on or complex art making), whereas enrichment can often be accomplished with recorded music and by non-therapist staff members/volunteers who are skilled with that particular population. The purpose of the “Art Bridges” activities is to offer ideas to support arts enrichment programming, but none of these activities can be called “therapy” unless performed by a Board Certified Music Therapist, a Licensed Art Therapist, or a Licensed Creative Arts Therapist.

Considerations for Non-Music Therapists

Music enrichment groups with this population add a refreshing and healthy dynamic to nearly any elder care facility or community group if conducted by facilitators who are passionate and knowledgeable about this population. Music can be especially helpful in stimulating memories, elevating mood, facilitating healthy socialization, and practicing physical exercises for clients with varying levels of independence and functioning. It is recommended that clients remain seated during all activities to reduce the risk of falls and that other staff members be present to physically assist lower-functioning clients in participating in instrument and movement activities. Staff may also be helpful in transporting clients to the group room. It is also important to plan activities that are achievable within the clients' physical, verbal, and neurological limitations.

All music enrichment facilitators in this setting should have at least a basic understanding of challenges and goals that exist for people with dementia, Parkinson's disease, and other diagnoses that tend to affect aging populations. As always, music enrichment is most safely and effectively conducted under the consultation or direct supervision of a Board Certified Music Therapist.

Exercise Medley

Materials:

1. CD player or iPod with access to at least three to six songs popular in the 1940's, 1950's, or 1960's
2. Egg shakers, rhythm sticks, or other small percussion instruments



Procedure:

1. Turn on music, and encourage clients to clap or sing along while you distribute instruments around the circle.
2. Grab shakers or rhythm sticks for yourself, and encourage clients to "do what I do".

3. Lead a series of smooth, repetitive, and achievable “dance moves” with the music. For example, try slow punches with alternating hands, tapping toes, swaying side to side, or reaching up/to the front/to both sides.
4. Keep activity fun and engaging by leading with enthusiasm and allowing higher functioning clients to lead the group with their own dance moves if they have additional ideas.

Desired outcomes: increased cardiovascular strength, increased muscular endurance, mood elevation, healthy interaction

Name That Tune

Materials:

1. Accompanying instrument like keyboard or guitar
2. Chord sheets for a variety of songs popular in the 1940's, 1950's, and 1960's

Procedure:

1. Briefly explain that in the “name that tune” game, the idea is to sing along or shout out the name of a song if you recognize it.
2. Sing the most recognizable portion of a popular song using “la”. This often means starting with the chorus and using a steady rhythm that’s slightly slower than the recording.
3. If a client guesses the song correctly, offer enthusiastic verbal praise and begin singing at least one more verse and chorus of the song using words. Encourage group members to sing along.
4. If clients aren’t guessing the song, sing the words that lead up to the line where the song title is revealed and pause to allow clients to finish the phrase (i.e “So we’ll travel along, singing our song...Side by side”, “Take Me Out to the...ball game”). It may be appropriate to start the activity “finish the phrase” style if you know that particular group is lower functioning or even to warm up to this activity with a higher functioning group.

Desired outcomes: memory stimulation, mood elevation, increased verbal interaction

Song Request and Chat

Materials:

1. Large-print list of songs from a variety of genres that were popular in the 1940's, 1950's, and 1960's
2. Accompanying instrument like keyboard or guitar
3. Chord charts for each song on the list unless songs are memorized by leader

Procedure:

1. Explain that the activity is a song request game where the clients may choose songs that they like and then talk about why they chose them.
2. Play soft background music or sit in silence as clients look over the list. Once someone speaks up, acknowledge that they made a great choice, and begin playing.
3. Encourage singing or clapping along during music if clients are comfortable with active participation, but make it clear that it's okay to simply sit and listen too.
4. As the song ends, ask the requester why he or she chose that song. If they are vague or unsure, point out that sometimes songs become our favorites because of their meaningful words, their energetic rhythms, a personal memory that is linked to them, or the happy/relaxed feeling we get when we hear them.

Desired outcomes: healthy interaction among group members, memory stimulation and expression, mood elevation with preferred music.

Tone Chime Choir

Materials:

1. A tone chime set that includes the notes included in a I-IV-V-VI progression in the key of your choosing



2. A chord sheet for an elder-preferred song with a simple progression (i.e. “Amazing Grace”, “Stand By Me”, or “Edelweiss”)

Procedure:

1. Divide group into 3 or 4 subgroups (depending on number of chords in the song), and arrange chairs so that clients are sitting near their fellow subgroup members with a slight space between each subgroup.
2. Distribute one or two tone chimes to each group member that fit into their assigned subgroup triad (C, E, and G chimes for the C chord, G, B, and D for the G chord, etc.)
3. Ask group members to play their bells when the leader points to their group. Warm up by verbally counting a rhythm (1 2 3 4 1 2 3 4, etc.) and gesturing to a different group every time you say “1”.
4. Begin singing the song-to-learn without tone chimes, to prepare group to play along. As you begin the second stanza, gesture to the groups that correspond with each chord change. Make eye contact with sub-group members just before you cue them to help them focus and play on time. Keep pace of song slow and steady, and repeat stanzas when necessary to help the group learn the progression.

Desired outcomes: positive teamwork and interaction, increased self-esteem due to making music in an achievable way, maintaining nonverbal communication skills (i.e. focus, posture, eye contact), practicing motor reaction timing and accuracy

*Heartfelt thanks to Board-Certified Music Therapist **Rachel Rotert**. She specializes in using music-based strategies and interventions to assist her clients in reaching a*

wide variety of emotional, relational, behavioral, and physiological goals. These music interventions may include song writing, music-assisted relaxation, lyric analysis, and drum circles. Rachel has worked in a wide variety of mental health treatment settings including a residential center for adolescents, an inpatient behavioral health hospital, and an outpatient recovery program for veterans. Rachel continues her mission to impact lives through music in her work at KVC (Kansas City, MO). KVC is a health system committed to enriching and enhancing the lives of children and families by providing medical and behavioral healthcare, social services and education. Hildegard Center had the honor of seeing Rachel at work “up close and personal” when she conducted “Music Magic” Workshops for children “at risk” as part of a grant Hildegard Center for the Arts received through the Lincoln Arts Council. You can contact Rachel at <https://www.linkedin.com/in/pianopeacemt>.

If you have used this activity, we’d love to hear from you! Please send questions or comments through our website www.hildegardcenter.org .

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