Assisting Older Adults Transition into Long-Term Care:

A Music Therapy Intervention Approach

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ABSTRACT

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Tina Chi Luan

This study presents a music therapy intervention program that addresses social support needs and purposeful life in older adults 65 years old and older, who are transitioning from private homes into long-term-care facilities. Six malleable mediators were identified to influence needs relating to social support and a purposeful life for older adults in this transition, from an analysis of data obtained from current music therapy and psychology literature from 1981 to 2011, and interviews conducted with a music therapist, social worker, and recreation therapist. Malleable mediators include: (a) to provide opportunities for interaction and build connections; (b) to develop awareness of newly-relocated residents; (c) to develop mutual support; (d) to encourage acceptance of new residents; (e) to provide opportunities for residents; and (f) to help each other and to help residents voice their opinions in the community. Action strategies were paired with the malleable mediators, and a detailed music therapy intervention program was designed. Ideas for future research related to the overall process of transition are also discussed.

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Chapter 1: Introduction

Around the world, scientific advancements have resulted in people living longer, resulting in growth of our aging population. Currently the population of baby boomers, which includes those born from 1946 to 1965, is disproportionately larger than any other population bracket in Canada (Statistics Canada, 2012). The 2006 Canadian Census predicted that the elderly population would continue to increase steeply, outnumbering children under 15 years old within a decade. Moreover, the 2006 Census also reported that, next to the 55 to 64 age range, elderly people 80 years in age and older had the largest jump in population with a 25% increase since the 2001 provincial census. It is predicted that adults 75 years of age and older will experience the fastest growth, increasing from a population of 847,000 in 2009 to 2.2 million by 2036.

According to the 2011 Canadian Census, there are 5 million older adults aged 65 and above in Canada. Of these individuals, 92.1% live in private homes and 7.9 % live in collective dwellings; 4.5 % of the aging population live in nursing homes or long-term care facilities (Statistic Canada, 2012). As the population ages, it is more likely that these older adults will reside in special care facilities as these collective dwellings are able to provide daily support, professional monitoring, care and treatment. In fact, 56.5% of 90 year old adults live in private homes while the remaining 43.5% reside in nursing homes (Statistic Canada, 2012).

There are a few options for older adults in need of care: living at home, in long-term care facilities, or in supportive housing. Supportive housing is an option for older adults who cannot live independently but are not ready for long term care facilities (MacDonald, 2011). Residents can live independently with some assistance such as housekeeping, laundry, and meals (MacDonald, 2011). This remains an option until residents need more

intensive care. Long-term care is offered to accommodate those who require daily onsite intensive care. The deinstitutionalization movement has also resulted in adults living with mental health issues being relocated to long-term care facilities (Read, 2009). This adds to the demand of quality care in long-term care to accommodate the needs of older adults.

Chapter Outline

The five chapters within this thesis consist of the introduction, literature review, methodology, results, and discussion. The literature review found in Chapter 2 examines the growth of the older-adult population, stages of transition, repercussion and contributing factors to maladaptive transition, one model of coping, resilience of older adults, non-music therapy interventions, music therapy with older adults, and creative arts therapies and life transitions. Chapter 3 provides a description of the intervention research methodology utilized in relation to methodological design, data collection, and analysis. In Chapter 4, the research findings as well as the intervention program design, are presented. Lastly, in Chapter 5, the findings and limitations are discussed and future research directions are outlined.

Chapter 2: Literature Review

Increasing Older-Adult Population

The population of Canadian adults aged 65 years old and over is growing rapidly due to technology and medical advancement resulting in longer life expectancy (Renfeldt & Dixon, 2008). According to the 2006 Canadian Census, those 65 years of age and older comprise 13.7% of the entire Canadian population. This ratio is expected to double within the next 25 years. By 2036, there will be an estimated 2.2 million older adults in Canada (Statistics Canada, 2006). Similarly, an increasing number of older adults will be moving into long-term care. Research has estimated that 20 to 50% of the elderly population will have lived in long-term care at some point in their life prior to their death. Transitioning into long-term care homes is an emerging issue as relocation to long-term care homes is seen as a major life event (Staveley, 1997).

Transitioning

Stages of transitioning. Overall, transitioning into a long-term care home consists of three phases: pre-relocation, relocation and post-relocation (Staveley, 1997). The pre-relocation phase refers to the preparation before moving to the long-term care facility, which includes researching possible care choices, deciding the level of care needed, preparing mentally and physically for moving, and taking care of financial adjustments. The relocation phase refers to becoming familiarized with the new environment of the care home, dealing with privacy issues, and determining a personalized care plan for medication and therapies. Moreover, decisions have to be made quickly about advanced directives, such as legal issues and resuscitation (Staveley,

1997). The post-relocation stage refers to getting settled into the long-term care home, and getting familiarized with the environment by meeting care staff teams and creating new routines within the facility. Additionally, one has to come to terms with what has happened during the pre-relocation and relocation phases (Staveley, 1997).

Negative repercussions of transitioning. Experiencing the emotional and physical effects of transitioning can be stressful. If poorly managed, repercussions can include poor adjustment, as well as depression, stress, isolation, and a decline in physical and psychological functioning (Ames, 1990; Bourestom and Patalan, 1981; Eustis, 1981; Mikhail, 1992; Staveley, 1997; Kydd, 2001 and Young, 1990). Choi, Ransom, and Wyllie (2009) demonstrated that depressive symptoms are most frequently reported when transitioning to long-term care homes. A self-perceived cause of these depressive symptoms includes an inability to exercise autonomy (Choi et al., 2009). Residents reported feeling “trapped,” “stuck,” “confined,” “isolated,” and “discouraged” (Choi et al., 2008, p.539). Among residents, former professionals often reported a loss of independence and feelings of discontinuity when comparing their lives prior to relocating to long-term care to their lives after (Choi et al., 2009). Residents may express their inability to perform daily life routines and participate in community religious organizations. Feelings of social isolation and loneliness may also be present (Choi et al., 2009). Older adults may feel cut off from their world, and it may seem to them that “getting out” is the only escape from isolation, to connect with the world and maintain continuity of their previous life (Choi et al., 2009, p. 540).

In situations involving a roommate, there is also an issue of lack of privacy and personal space. One’s sense of autonomy can be compromised as a result of restrictions,

regulations, and rules within institutions. Other residents' ambivalence towards cognitively-impaired residents could also compound feelings related to depression as there can be a mixture of compassion and indignation, while also a fear for their own future (Choi et al., 2009). The continuous presence of death and grief can also remind residents of their own mortality (Choi et al., 2009). In addition, high staff turnover rates and staff shortages can result in residents being reluctant to ask for assistance. Individuals may become frustrated and may feel helpless when faced with long periods of time waiting for assistance with activities of daily living (Choi et al., 2009).

Contributing factors to repercussions of transitioning. There are multiple factors that can contribute to the negative repercussions of transitioning. First, older adults face issues regarding choice, control, and predictability. Older adults may feel a sense of loss of control and a loss of the ability to make decisions in the new setting (Stavesky, 1991). Not knowing and/or understanding the impact of the transition may also have negative consequences (Janssen et al., 2011). Other effects include residents failing to cope effectively with environmental demands and to appreciate the emotional and social significance of transition (Stavesky, 1991).

Kahana's coping model. There are various factors that contribute to different possible outcomes during the transition period. Kahana's (1982) coping model focuses on the fit between person and environment. Where the adaptation and life crisis models place responsibility on the individual to adjust and to meet the need of the transition setting, Kahana's (1982) model focuses on the dynamics of the person (the resident) and environment (the long-term care facility). Coping is the result of the successful interaction between the environmental demands and personal needs (Kahana, 1982).

There is a mutual responsibility and flexibility for the environment and the individual. When there is a good match between the individual and environmental needs, adaptation occurs (Stavesky, 1991). When there is less of a fit between the individual and environmental needs, the increased stress, and lack of control result in poor adaptation.

Resilience in Older Adults

Old age is usually associated with feelings of loss and developmental stressors (Bartky, 1991; Hardy, Concato, & Gill, 2004). However, a majority of older adults are capable of moderating the effects of these stressors in their lives (Hardy et al., 2004). Janssen, Van Regenmortel, and Abma (2011) suggested that psychological factors, such as personal qualities and attributes may buffer or absorb the impact of negative influences. Janssen et al. (2011) identified three overall personal qualities of resilience: control, commitment, and challenge. However, there are different sources of strength identified (Janssen et al., 2011). Personal traits such as belief in self-competence, acceptance of vulnerability, acceptance of help, pride in personality, not falling into the role of victim, and carpe diem were identified as sources of strength (Janssen et al., 2011). Interactional traits related to how well older adults cooperate and interact with each other and staff members to meet goals and needs are another source of strength. Residents who form meaningful relationships acknowledge the power of giving and see themselves as meaningful to others (Janssen et al., 2011). Another source of strength is the context, meaning that the accessibility of care and availability of materials and resources must be taken into account (Janssen et al., 2011). Researchers acknowledge that positive adaptation and development is also influenced by external factors such as families and communities (Luthar, Cicchett & Becker, 2011; Masten, 2001).

Non-Music Therapy Interventions

Current information and research concerning what has been done by long-term care facilities to help older adults during this difficult transitional period is limited (Staveley, 1997; Kydd, 2001). However, interventions concentrating on aspects of sociability and environmental stimulation have been identified to be helpful during the relocation and post-relocation phase (Stavesky, 1991). These two concepts are closely interrelated as social means serve as environmental stimulation which can also be a form of social support. Social support groups have been shown to be effective in meeting both the individual and environmental needs. Participating in social activity groups also serve as a form of control for residents (Stavesky, 1991). Dye and Erber (1981) found that residents in social support groups seemed to exhibit more personal control and exhibited less anxiety than residents who received no group counseling. Interventions that focused on problem-solving skills reflected meaningfulness in activities while reality orientation groups that focused on current events encouraged a sense of control (Stavesky, 1991).

Additionally, the current literature indicates that the creative arts therapies are effective in aiding in life transitions (Weiss, 1999; Van Lith, 2008; Spier, 2010). Art therapy focuses on self-expression and self-identity in the transitional process (Van Lith, 2008). As a result, art therapy has been effective in assisting older adults, adolescents, and creative art therapists in transitioning into the different life stages (Weiss, 1999; Van Lith, 2008; Spier, 2010).

Music as Intervention

According to Chan, Chan, and Mok (2009), music can be a non-invasive stimulus that has a soothing effect on stress induced by physiological and psychological factors.

Music is considered an effective tool for reducing physiological and depressive symptoms (Chan et al., 2009). In fact, music interventions can help older adults make specific changes in physiological and psychological functioning (Chan et al., 2009). Bernard (1992) has suggested that listening to music increases motivation to exercise, thus promoting physical functioning. Music listening has also been found to be effective for reducing chronic osteoarthritis pain (McCaffrey & Freeman, 2003). Additionally, music interventions promote social integration for older, physically-frail individuals, and older people who are considered to be well (Palmer, 1997; Adam, 1995). Furthermore, music has been found to be an effective tool for decreasing symptoms of depression for people with leg fractures and for building social connections and increasing morale (Kwon, Kim & Park, 2006; Bright, 1997).

Music Therapy and the Needs of Older Adults

Aging can bring changes within the domains of functioning. Some of these changes include: cognitive functioning, perceptual motor functioning and social health (Abbott, 2013).

Changes in cognitive functioning include memory, comprehension, and reasoning. Abbott (2013) noted that older adults need opportunities to think and be stimulated. It is important to provide visual cues with explicit communication (repeated) and which allow adequate reaction time.

Aging also affects perceptual motor functioning. This includes the loss of balance, physical endurance, strength, and agility as highlighted in Abbott's (2013) report on the work of Clair and Memmott. To cope with these changes, Abbott (2013) noted that music

therapists need to catch the attention of older adults before speaking, and then use slow and clear communication.

Residents of long-term care facilities may also experience an impact in their social health as it results in changes of roles, such as from “caregiver to caregivee” (Abbott, 2013, p.688). Abbott (2013) showcases the work of Bright, Clair, and Memmott, noting the need to engage residents in a meaningful group that promotes opportunities to express concerns and support; this can be accomplished by discovering common interests within music therapy while working towards a goal that fosters a sense of belonging.

Despite these negative changes in the human developmental domains, Abbott (2013) credits Gibbons for noting that humans have a natural capacity for music development, and this is maintained despite physical conditions due to aging. Residents have their own unique musical history relating to their life events and relationships; these wisdoms, through experience, allow each resident to access the integrity of individuality (Abbott, 2013).

Music Therapy and Older Adults in Long-term Care Homes

As one of the creative arts therapies, music therapy may also be useful in facilitating an effective transition process. Loewy, Altilio, and Pietrich (2005) documented that music therapy was used effectively to help an older adult explore death through sharing music, reviewing life experiences, and playing out future events. These music rituals built a path to transition. Moreover, across the years, music therapy has played a prominent role in addressing quality of life needs for older adults with use of such interventions as singing, instrument playing, music improvisation, music sharing, and discussion (Abbott, 2013). The most common music therapy methods used in this

area fall into three broad categories: receptive music therapy, recreative music therapy, and compositional music therapy. Receptive music therapy includes “eurhythmics” (matching and moving to the music through energy and movement), “music appreciation” (listening and learning familiar and unfamiliar music), “reflective music listening” (listening to recorded music that reflects the current physical and mental state, followed by a discussion), and “music reminiscence” (listening to familiar music and reflecting back on personal experiences) (Abbott, 2013, pp.690-691). Recreative music therapy includes musical games as well as participation in ensembles such as choirs, chime choirs, percussion groups. Lastly, compositional music therapy includes song writing in a group or an individual setting (Abbott, 2013).

Kydd (2001) highlighted the capacity of music therapy to assist older adults in the transition into long-term care, with such interventions as instrument playing, music listening, song writing, and lyric substitution as transitional tools. The familiar nature of music provided comfort and improved quality of life for the long-term care residents. It also promoted relaxation, socialization, physical and mental stimulation for the residents (Kydd, 2001)

Most music therapy literature with older adults has focused on the effectiveness of music therapy with dementia and Alzheimer’s patients. Through music therapy interventions, residents with dementia were more relaxed, responsive, focused, and experienced a decrease in agitation. Also, music therapy was shown to be successful in extracting responses, improving vocal and physical movement, alleviating sleeping problems, and improving mood in older adults (Sung, Chang, & Lee, 2010; Ledger, & Baker, 2006; Harrison, Cooke, Moyle, Shum & Murfield, 2010, Hong & Choi, 2011;

Sung, Chang & Abbey, 2006). Studies have also shown that music therapy was able to promote increased melatonin production in older adults for better sleep quality (Sung, Chang & Lee, 2010; Ledger, & Baker, 2006; Harrison, Cooke, Moyle, Shum & Murfield, 2010, Hong & Choi, 2011; Sung, Chang, & Abbey, 2006).

Music therapy has also been found to be effective in improving the quality of life of those older adults without cognitive impairment. In a study conducted by Mohammdi, Shanabi, & Panah (2001), music therapy was used to focus attention, regulate arousal, and increase socialization among older adults struggling with stress, anxiety, and depression. The results of this study and of other literature indicate that music therapy has been effective in improving physical competence, social relationships, and the organization of mental processes (Mohammdi et al., 2001; Rio, 2002).

A review of the current literature has shown an abundance of research on transitioning into long-term care (Ames, 1990; Bourestom, & Patalan, 1981; Eustis, 1981; Mikhail, 1992; Staveley, 1997; Kydd, 2001; Young, 1990). However, little research exists to date which involves the direct application of transition research findings into practice. As previously noted, the need for long-term care for older adults is growing due to increased population growth in the age bracket of adults 75 years of age and older and also because of the deinstitutionalization movement in mental health care. There is a need for facilities and therapists to create stimulating and challenging programming to help residents feel a sense of control of their lives as they transition into the long term care environment (Staveley, 1997).

Research examining the use of music therapy with older adults discussed the therapeutic uses of music with older adults, with much of it focused on dementia care

(Sung, Chang, and Lee, 2009; Ledger & Baker, 2007). In addition, music therapy has been acknowledged as an effective transitional technique that can be utilized as a coping strategy during life transitions (Loewy et al., 2005; Kydd, 2001). Common symptoms and issues with relocation include: depression, anxiety, confusion, and insomnia (Brooke, 1989; Rehfeldt, Steele & Dixon, 2001). Moreover, music therapy can address some of the common symptoms and issues associated with residing in a long-term care home, such as anxiety and depression (Mohammadi, Shahabi, & Panah, 2001; Rio, 2002); this can help older adults to further build resilience and can moderate symptoms associated with poor transitioning. Specific coping strategies and interventions need to be established to assist older adult residents in transitioning into long-term care, to provide support in living in their new home, and to prevent and reduce negative effects of relocation.

Research Question

The primary research question is: How can a 3-month music therapy program assist older adults transitioning into long-term care?

Operational Definitions

For the purpose of this research, the following operational definitions were accepted:

The act of *transitioning* within the context of this research involves relocating from living independently to living in long-term care (Staveley, 1997), and the subsequent exploration of negative repercussions that may occur such as disorientation of time and place, depressed mood, and abnormal behaviours (Rehfeldt, Stelle, & Dixon, 2001).

Older Adults is defined as people who are 65 years old and older (Abeles et al., 1998).

Summary

The multidimensional nature of music can be used to reach our physical, psychological, and social dimensions of consciousness (Lee, Chan, & Mok, 2010). Having examined the current literature on transitioning into long-term care for older adults, there appears to be few interventions specifically targeted towards helping individuals through this life event. However, research has demonstrated that interventions such as social groups that focused on sociability and environmental stimulation can be helpful during the transition phase. With the advent of scientific advancements, the population is aging and older people are living longer. The emerging need for long-term care for older adults is growing. Specific coping strategies and interventions need to be established to assist older adult residents in transitioning into long-term care, to provide support in living in their new home, and to prevent and reduce negative effects of relocation. The present literature also documents the benefits of music therapy interventions with older adults. It is evident that music therapy can serve as an effective aid in addressing the needs of the older adults in long-term care. As a result, it is important to explore the establishment of a music therapy intervention program to support older adults in transitioning into long-term care environments, thus promoting their quality of life.

Chapter 3: Methodology

Intervention Research

For the purposes of this research, an intervention research methodology was chosen as it was most congruent with the established research question. Intervention research involves the systematic study of purposive change strategies, which is characterized by the design and development of interventions (Fraser & Galinsky, 2010). In establishing a program, risk factors are targeted by change strategies to produce positive results (Fraser & Galinsky, 2010). There are five steps in intervention research (Fraser & Galinsky, 2010). The first step is to identify the problem and develop the program theories. The second step is to specify program elements and processes. The third step is to refine and verify the program components through efficacy tests. The fourth step is to test the intervention program in a practical setting. Finally, the last step is to publish the findings and the program materials (Fraser & Galinsky, 2010). The scope of this thesis will be delimited to the development of the initial phases of this research methodology. Data will be collected and the program will be designed only up to Steps 1 and 2 of the Fraser and Galinsky model. Implementation and testing of the program are outside the scope of this thesis.

The core premise of intervention research is to make a difference through the development and implementation of an action strategy (Fraser, Richman, Galinsky, & Day, 2009). From a social work perspective, intervention research involves identifying, adapting and implementing what researchers understand to be the best available strategies (Fraser et al., 2009). It also examines the relationship between client conditions, and personal and environmental factors (Rothman & Thomas, 1994). Intervention research

also promotes understanding of the individual, as well as community involvement through contributing to the movement of change. Past intervention research has been conducted to promote and improve quality of life for older adults in institutional settings and care facilities (Burns, 2003; Raglio & Gianeli, 2009).

Fraser et al. (2009) noted that an individual is ready for intervention research when there is an idea to develop a new service or to revise an existing one. It is through experience and research that one begins to develop a different strategy that has no clear evidence bases, but aims to improve current services. Intervention research can also be compared to evaluation research. It is a research that provides a new program or service in detail with an evaluation of the program's effectiveness (Fraser et al., 2009).

Participants

Intervention research is also a dynamic process. Practitioners and agencies do not have sufficient time and resources to design, implement, and evaluate new strategies and services. It is the collaboration of the agency, practitioner(s) and researcher(s) that makes intervention research possible and plausible. For this reason, data was collected for this research project through interviews with expert stakeholders about their knowledge and experience in relation to older adults transitioning into long-term care. Three professionals were interviewed: a music therapist, a social worker and a recreation therapist. The researcher interviewed her supervisor from her past internship, along with one other professional from her past work place. The third professional is a friend of a colleague. These professionals work in permanent positions associated with older adults residing in long term care facilities. Each works closely on a daily basis with these older adults, and each was asked to share their experiences. Convenience sampling was used in

selecting these participants who were volunteers from a bigger pool of possible participants.

Ethical and interview process

Following receipt of ethics approval from the Concordia University Human Research Ethics Committee (UHREC), participants were contacted to participate in the research. Previous work and supervisory relationships had been completed and therefore issues pertaining to conflict of interest were not relevant. Consent forms and information letters were provided before the interview (See Appendix A). Participants were provided with the opportunity to ask questions about the parameters of their participation. Participants were reminded that they could refuse to answer any question and that they could end their participation without any negative consequence at any time. Once informed consent was obtained, each participant completed a 1-hour interview. The interviews occurred at a pre-determined time and location of the participants' choice. Interviews were semi-structured, and consisted of five open-ended questions (See Appendix B).

Situating the researcher

As a result of my education and training, I am highly influenced by a client-centered approach. Thus, I strive to meet the needs of my clients by encouraging an equal contribution in the therapy process. In my internship and volunteer experience, I have worked with older adults in this transition period, and I have seen them struggle to adjust and find the sense of self within the long-term care environment. When I was asked why I wanted to enter the field of music therapy in my undergraduate admission interview, I

was not able to give a verbal response, but I felt a very clear emotional response. I remembered my conversations with new, struggling residents, and in remembering their feelings of frustration and helplessness, I was moved to pursue music therapy as my career.

Assumptions and Biases

Having worked with older adults, I feel as if residents living with dementia and cognitive impairment receive more support in the long-term care environment than those with purely physical needs. As a result, these residents may not receive programming that is tailored in response to their overall needs. I am aware that this may be my personal bias based on my own clinical experiences, and that every facility is different. Perhaps I did not see all the elements of the facilities I worked within as I was interning as a member of the creative therapies team with recreation, arts, and music therapy and did not necessarily interact with all of the staff and administrators. I believe that positive outcomes rely on the amount of quality support and stimulation provided by the staff and care team. Through working with my research advisor, I was careful to craft interview questions that did not reflect my biases and allowed me to gather data that openly reflected the participants opinions on what interventions would best benefit older adults living in long-term care. Throughout the research process it was helpful to refer to Kanaha's (1982) model when thinking about how positive coping lies within the mutual responsibility of the individual (residents) and environment (staff and facility). In addition, it was also important to review and refer back to articles on resilience in older adults. This helped me to keep a check on my biases.

Delimitations

For the purposes of this study I interviewed three professionals who worked with older adults in long-term care settings: a social worker, a recreation therapist and a music therapist. The intervention program was purposely designed for older adults without cognitive impairments such as dementia and Alzheimer's disease. Within the context of this thesis, this program is at the theoretical stage and has not yet been put into practice.

Data Collection

Data sources included the literature review and the coded transcripts of audio recorded participant interviews. Participant interviews were conducted and recorded via Skype. Detailed information concerning the transcription and coding of these transcripts follows.

Data Analysis

Interview data were transcribed by the researcher and sent to participants for their approval of the accuracy of the transcription. The transcripts were then thematically coded using open, axial and selective coding (Neuman, 2006). Open coding was employed to find initial themes, connections were made through axial coding by grouping themes into broader themes, and selective coding was used to identify selective data to represent the themes in the coding process (Neuman, 2006). Overall, in designing the intervention, existing research and theories were evaluated and incorporated, along with participant interview data. Through the collaboration between researchers, agencies and practitioners, this intervention research aimed to design intervention principles and action strategies to improve and enhance strategies that can be utilized with older adults transitioning into long-term care.

Chapter 4: Results

In this chapter, the development of the intervention program will be outlined and discussed within the context of the first two steps in the intervention programming: (a) development of the problem and program theories; and (b) program procedures and processes.

Step One: Development of Problem and Program Theories

Identification of the problem. According to the data analysis of the literature and the three participants' interviews, there are four main problems faced by older adults transitioning from a private home to long-term care facility: feelings of loss, unfamiliarity, isolation, and depression (Ames, 1990; Bourestom & Patalan, 1981; Eustis, 1981; Mikhail, 1992; Staveley, 1997; Kydd, 2001; Young, 1990). As older adults move from private homes to collective public dwellings, they enter a new environment with new people. The resulting unfamiliarity, even regarding changes to their daily routines, may result in the older adults feeling intimidated in their new home environment (Choi et al., 2009). The social worker participant noted that residents are quickly moved into a new surrounding with "new smells, new people, new routines, [and] new food". For the newly relocated residents, the music therapist participant reported that there are often feelings of unfamiliarity and alienation relating to the new and already-established community, and that residents have to face their own challenges, as well as challenges within the community. Consequently, this can lead to feelings of entrapment and isolation (Choi et al., 2009). According to Health Quality Ontario, social isolation is the main predictor of how successful a transition from a private home to a long-term care facility will be (Medical Advisory Secretariat, 2008). It has been noted by the Medical Advisory

Secretariat (2008) that reduced social contact and isolation have been associated with a reduced quality of life for older adults. As a result, these issues can lead to negative outcomes such as compromised health, maladaptive behaviour, and depression (Ames, 1990; Bourestom & Patalan, 1981; Eustis, 1981; Mikhail, 1992; Staveley, 1997; Kydd, 2001; Young, 1990). These maladaptive symptoms are related to negative effects in quality of life in long-term care facilities.

Program theories. The premise of this intervention program is based on the music therapy concept that music can be used to promote quality of life for residents of a long-term care facility. For example, music therapy interventions often are used to provide relaxation, socialization, and stimulation for residents (Kydd, 2001).

Malleable mediators.

Social support. All three participants acknowledged the importance of social support for residents in a long-term care facility. Identified sources of support included fellow residents in the facility and the community atmosphere established within the facility itself. These connections among individuals and within the community can help a new resident to develop a sense of "home" in the long-term care facility. According to the music therapist participant, social support consists of two elements: receiving and giving. The first element involves new residents being on the receiving end of the support network. The community shows hospitality through awareness of the newly relocated resident, and acceptance by inviting the new resident to the community-based events. The giving aspect of social support involves being part of the social support system within the community. This is acknowledged by the music therapist participant as a *mutual support group* which helps people form connections with peers and establish a community that

targets the negative aspects of transition: isolation, depression, and loneliness. Therefore, malleable mediators associated with social support include: to provide opportunities for interaction and build connections, to develop awareness of newly relocated residents, and to develop mutual support and to encourage acceptance of new residents.

Purposeful life. As residents relocate from their private home to a collective dwelling, they face a sense of loss regarding their belongings and individuality. The music therapist participant acknowledged that it is important for the residents to have a sense of purpose. This is also connected to being part of the facility's social support system, as residents can use their own unique skills and capabilities to become part of the community of the facility. Being part of the mutual support group and community gives them a sense of purpose as they develop a voice within the larger community in the long-term care facility. Malleable mediators associated with purposeful life include: to provide opportunities for residents to help each other and to help residents voice their opinions in the community.

Summary. Six malleable mediators were recognized as promoting social support and a purposeful life for older adults to successfully transition into a long-term care facility, while also avoiding negative repercussions of transition.

1. To provide opportunities for residents to interact and build connections with their peers.
2. To develop awareness of new residents with the current residents of the long-term care facility community.
3. To develop a mutual support group within the facility.
4. To help encourage acceptance in the established community of residents.

5. To provide opportunities to help other residents.

6. To help residents voice their opinions in the facility.

Action Strategies.

To increase opportunities for residents to interact and build connections with their peers. The music therapist will encourage participants to check in, discuss, sing or play instruments with their peers in dyads or triad. There will also be opportunities for the participants to interact within the group during the program within a mutual support group setting.

To develop awareness of new residents on the part of the current residents of the long-term care facility community. The music therapist will encourage all residents, not just new residents, to participate in the program and/or other daily activities in the facility. The music therapist will encourage participants to invite new residents to join the program.

To develop a mutual support group within the facility. Participants will engage in group discussions and active music-making activities. Group discussions will sometimes involve themes relating to the community or individual life experiences. The music therapist will provide positive feedback and encourage feedback from others about participants' strengths and capabilities.

To help encourage acceptance in the established community of residents. The music therapist will encourage participants, consisting of both new and established residents, to explore best ways to handle the transition for those residents who recently relocated into long-term care. The music therapist will engage the residents in lyric analysis to help facilitate the exploration of transition and change. The music therapist

can also help participants to provide suggestions and ideas anonymously by providing cards for participants to write ideas or suggestions. Then, residents can be encouraged to place those cards within a container so that the idea may be shared anonymously.

To increase opportunities to help other residents. Participants will be encouraged to help new residents by sharing their musical abilities. The music therapist participant noted that this could potentially be facilitated through the use of established special events such as residents forming a choir to sing for a lonely resident or performing in a variety show for the greater community.

To help residents voice their opinions in the facility. Participants will engage in group discussions on topics relating to the facility. The music therapist will designate a time in the program for such discussion, and encourage residents to help other residents voice their opinions.

Step Two: Program Procedures and Processes

Program goals and objectives. The following are the goals and objectives for the intervention program:

Goal 1: To encourage social support.

Objective 1.1: Participants will engage in group discussions and music making in dyads to increase opportunities for interaction with other participants.

Objective 1.2: Participants will write invitations for new residents that invite them into the program to develop awareness of new arrivals in the facility.

Objective 1.3: Participants will engage in group discussions, providing feedback to other participants about their strengths and capabilities, and giving suggestions to other participants to develop a mutual support group.

Goal 2: To promote meaningful life experiences in the long-term care facility.

Objective 2.1: Participants will engage in special events such as performing in a choir or a varierty show for the community.

Objective 2.2: Participants will discuss their opinions and help other residents to voice their opinions about the facility.

Program referral. The program is open to any resident living within the facility community with an emphasis on new residents transitioning into the facility. According to the music therapist participant, residents can be referred to the program due to their interest in music. Residents who have an affinity for music will be a priority. In addition, residents who are displaying struggles in transitioning (i.e., symptoms of isolation and depression) will also be highly recommended. These guidelines will be explained to the professionals working at the long-term care facility.

Program duration. As social isolation is a predictor for failure to successful transition (Medical Advisory Secretariat, 2008), establishing connections amongst residents is essential. It was noted by the recreation therapist participant and music therapist participant that a critical time frame for making connections is the first 6 months after moving in. Therefore, passing beyond this time frame, it may be very difficult for residents to make connections with other residents. With this in mind, the program duration is set for 20 sessions. However, as the nature for this program is a mutual support group in the long-term care facility, the program will be on-going. New residents may join at any point in the 20 sessions as the program aims to be a mutual support group that provides opportunities for support. It is in the first 20 sessions that the music therapist would focus on encouraging and helping residents to make connections with

each other. Overall, the music therapist will aim to develop a mutual support program that establishes a place for sharing ideas, and to feel empowered as a community.

Session one.

Session goals. The following are the goals for the first session:

1. To introduce the music therapist and residents, and welcome them to the program.
2. For the group members to begin to make connections with each other.
3. To establish guide lines for the mutual support group.

Essential content.

1. The music therapist will facilitate musical and non-musical interactions between the participants to help to establish connection.
2. The music therapist will help the participant create a comfortable environment that fosters mutual support.

Session plan.

The session will start with a welcome song. The music therapist and participants will sing *Hello and Goodbye* to welcome the residents who are present. Then the group will engage in a group discussion. Participants will break up into dyads or triads and introduce themselves amongst their group. They will share their name, some information about themselves (i.e., where they are from, what languages they speak, what their hobbies are, etc.), their musical experiences and preferences. The music therapist will provide them with a list of possible topics that they can discuss with each other. Afterwards, the small groups come back to the group and participants share information about each other. They may also ask a group member to represent them, and share the information with the group. The music therapist will also introduce herself to the group.

Then the music therapist will encourage each member to pick an age-appropriate shaker and then sign their name on the instrument. The signed shakers will be the residents' own instrument and they will be encouraged to bring them to each session.

After everyone has had the opportunity to share their information, the music therapist will say a few of words of welcome and ask the group to pick a welcome song to sing together from a predetermined list (e.g., *Getting to know you*, *Hello Again,* etc.) The song will be sung in A-B-A form, with the group singing the first verse and chorus in the A section, followed by an instrumental improvisation in the B section, and then returning to the song's second verse and chorus, or a repeat of lyrics in the A section. In the improvisation section, participants will have the choice of playing a pitched or rhythmic instrument. The music therapist may cue duos or trios to do a solo moment in the group if they seem comfortable doing so.

Following the song, music therapist will explain the nature of the mutual support group. As a group, participants will brainstorm and suggest ideas about how to create an environment where they are comfortable in sharing their personal experiences and concerns. These ideas and suggestions will form the ground rules of the mutual support group. The ground rules will be improved and edited until all the participants have reached a unanimous agreement. Towards the end of the session, the music therapist will ask each participant to write down possible topics they would like to discuss in the future sessions/meetings.

Session two.

Session goals.

1. To introduce and welcome new residents into the program (if applicable).

2. For group members to continue to make connections with each other.

Essential content.

1. The music therapist will facilitate musical and non-musical interactions between the participants to establish connection.
2. The music therapist will facilitate group discussions to establish connections by sharing personal experiences or suggestions to concerns.

Session plan.

To start the session, the music therapist will hand out the ground rules that were established in the previous sessions.

To start the group discussion, the music therapist will ask one of the participants to pick out a topic from a predetermined list (see Table 1). These lists were inspired by personal experiences from working with older adults and conducting the *Java Music Club*, a standardized mutual support group program for long term care (Theurer, Wister, Sixsmith, Chaudhury, & Lovegreen, 2013).

Table 1 Themes for Group Discussion
Examples of Themes for Group Discussion

Adolescence
Birthdays
Marriage
Music
Working Days
Media
Holidays
Adulthood
What is different today?
Seasons
Vacations
Friendship
Pets
School Years
Anniversaries
Surprises

After a group member has chosen the topic, he or she will also choose a relevant song choice under the topic. The music therapist will perform the song with the participant, if she or he is comfortable in doing so, or the participant may play the prepared recording of the song. Then music therapist will ask the group what the song is and guess the topic of discussion. The music therapist can encourage participants to give hints to the group. After guessing the theme, the music therapist would encourage the group members to suggest other possible songs to add to the list.

Next, the music therapist will engage participants in an open discussion on the theme selected. The music therapist will ask open questions and encourage participants to share personal experiences, challenges in the theme. In addition, the music therapist will also ask participants to share ideas in response in bringing up the challenges; the music therapist can also encourage residents to provide support to each other in response to the challenges that are identified. Within the music context, the music therapist will introduce

lyric analysis to further explore the theme within the group. The group will listen to *Both Sides Now* by Joni Mitchell (Mitchell, 1968) performed by the music therapist and engage in lyric analysis with printed lyrics in front of them. The music therapist will help residents identify themes and emotions within the song (two sides in situations, simplicity, changes). Thus, the music therapist will encourage participants to explore changes in their lives. At the end, the group will sing the song again as the music therapist accompanies them. The music therapist may also engage participants in song writing to brainstorm and identify suggestions and solutions to the challenges within the theme.

As the session ends, music therapist will ask the group if anyone has any current challenges, problems or concerns and would like to seek suggestions. She lets them know that they can talk about it in the next session or submit their input on a card anonymously in a container.

Session three to twenty.

Session goals.

1. To introduce and welcome new residents into the program (if applicable).
2. For group members to continue to make connections with each other.

Essential content.

1. The music therapist will facilitate musical and non-musical interactions between the participants to help to establish connection.
2. The music therapist will facilitate group discussions to help to establish connections through the sharing of personal experiences and/or suggestions.
3. The music therapist will designate a time for participants to bring up problems and explore solutions.

Session plan.

If there is a new resident joining the group, the music therapist will ask a current participant, in advance, to welcome and introduce the new resident. The music therapist will then start the session by asking for a group member to volunteer to share the guidelines for the program.

To start the group discussion, the music therapist will follow the outline written on the agenda sheets based on the different themes. Each theme will have an outline describing the activities and questions (See Tables 2 and 3).

Table 2 Example of Theme Discussion Outline, Adolescence

Example of Theme Discussion Outline, Adolescence

Adolescence
Guessing the Theme (Song choices) 1. *Sixteen Going on Seventeen*, Sound of Music (Hammerstein & Rodgers, 1959). 2. *I Saw Her Standing There*, The Beatles (McCartney & Lennon, 1963). After participants have successfully guessed the theme, ask them to brainstorm more songs relating to the theme. Discussion Tell me about what you were like when you were a teenager (e.g., hobbies, likes and dislikes). Reminiscing Teenage Years Show participants a clip from YouTube *Telephone Hour* from the musical Bye Bye Birdie Question: Would you relieve your teenage years? (Differently? The same?) Teenagers Today Listen to *Welcome to My Life* by Simple Plan (Bouvier & Comeau, 2004). Lyric analysis What was the song about? (What problems did they talk about?) What were the emotions associated with adolescence? What kind of suggestions would you give to teenagers nowadays?

Table 3 Example of Theme Discussion Outline, Pets
Example of Theme Discussion Outline, Pets

Pets
Guessing the theme (song choices) 1. *How Much Was That Doggie in the Window*, Pattie Page (Merrill, 1953). 2. *Martha, My Dear*, The Beatles (Lennon & McCartney, 1948). After participants have successfully guessed the theme, ask them to brainstorm more songs relating to the theme. Discussion Tell me about the pets you had/have. Participants take turns talking about their pets. Music therapist may ask who also had the same or different pet. If participant has never had a pet before, music therapist may ask… What kind of pets do you wish you have? After music therapist acknowledges everyone's participation, he/she ask about… Unique pet choices Show participants pet choices in the present time through photos. Show participants unusual pet and owner relationship via YouTube. Man and Lion Man and Waterfowl Singing Dog Challenges Tell me about the challenges you had with your pet. What suggestions would you give to pet owners? Under different pet categories, music therapist would write down the unique suggestions contributed by the residents on a whiteboard or poster board. Song writing intervention Then the music therapist would engage participants in a song writing intervention. First, the group would identify feelings associated with having pets and dealing with the troubles. Then the music therapist would incorporate these ideas into a song.

1. Choosing a theme, guessing the theme.

After the ground rules are read, the music therapist will ask a group member to select a theme for discussion from a predetermined list, or the participant can pick a random theme out of a basket as well. After the participant has picked a theme, the music therapist will ask the participant to choose a song that is associated with the theme, and the group will guess the theme.

2. Audio/visual support.

The music therapist will display and/or show short video clips or photos to reflect the current time or aid in reminiscence of past memories associated with the theme. The group can also sing songs relating to the theme.

3. Group Discussion

The music therapist will encourage an open discussion on personal experiences within the theme. The music therapist and the group will also discuss challenges and/or difficulties associated with the theme through verbal processing and lyric analysis. The music therapist will also encourage residents to share successes in relation to the theme.

4. Community corner/(facility's name) corner

Then music therapist will facilitate an exploration of the group's concerns and suggestions. In response, music therapist will encourage residents to share ideas for these concerns. Participants can choose to seek suggestions or provide feedback anonymously, by putting personal input into a container. The music therapist will record the concerns and solutions, and organize them into a book of wisdom. In addition, the music therapist will give new residents a copy of accumulated wisdoms.

5. Closing

The music therapist will close the group with listening and singing *Both Sides Now* by Joni Mitchell (Mitchell, 1968) to remind the participants about previous group discussion about embracing changes in life. As the nature of this intervention is that of a mutual support group that is on-going, there will not be an end to the program. However, the group size may get bigger and less manageable in terms of facilitating discussion within time restrictions. The music therapist may choose to divide up the group to smaller groups in terms of where they live, having one group for each village/home area depending where the participants reside.

Special events. The music therapist will attempt to create special occasions and/or opportunities for individuals to volunteer and help others in the community.

Variety shows. The music therapist will gather residents to recruit and perform in a variety show that occurs every 4 months. The residents may perform through musical or non-musical means, such as displaying a piece of artwork and telling the story behind it and/or what the artwork means to them. They can share jokes or funny stories. They can perform a song with a pitched or rhythmic instrument as a solo act, or with other residents. The music therapist may also ask residents if they would like to be the host of the variety show. Residents are able to participate in their own ways in the role of a performer, being part of a show in a duo or trio (as performers or even as an assistant), and being part of the audience. The variety show may aim to achieve music therapy goals such as promoting self expression, and encourage interpersonal awareness through varied means of participation. The music therapist will encourage the clients to invite staff, executives of the facility, other residents and family members. The music therapist would

work with the residents and the facilities art therapist, if they have one, to create simple invitations.

Situational considerations.

Death/illness, or relocation of group members. As death, illness and relocation of older adults will inevitably occur, the music therapist will designate a special time for the resident affected. The music therapist may work with other professionals in the multidisciplinary team to establish a "Time to Remember" for those who are affected. If a resident has passed away or has become ill, music therapist may bring premade origami cranes (this arrangement can involve residents, music therapist, recreation therapist, and art therapist, as possible) and ask each resident to pick a crane and share a positive memory of the resident or positive thought of the ill resident, and string and hang the cranes. The music therapist could have soothing music in the background as the discussion takes place. If possible, this can also be sent to the resident's family or memorial service. If a resident is relocating, the music therapist may bring premade stars, ask residents to pick a star and share fond memories of the moving resident, or even what the resident meant to them. Then residents can put the stars in a pouch or a container for the resident to take with them.

Arrival of new residents. The music therapist can ask the staff to inform the music therapist about the arrival of new residents. The music therapist may team up with a resident in the program and invite the new resident to the program. If the resident prefers not to attend, the music therapist may leave a paper program invitation that will indicate the program's weekly dates and time. The music therapist and recreation therapist participants suggested that the music therapist can also spend time with the

resident by inviting them for a cup of coffee and tea, or walking the resident to the dining room. If a resident decides to come, the music therapist will designate a time to introduce the new resident and hand out a token of welcome in the form of a beautiful, age-appropriate shaker with the resident's signature.

Chapter 5: Discussion

As a result of the current study, a music therapy intervention was created to help older adults (who do not suffer from cognitive impairment) transition into long-term care. As the population ages, it is more likely that people will need daily care and treatment. Therefore, long-term care facilities may be the best option of care for many older adults. Unfortunately, when relocating from a private home to a collective dwelling, older adults may experience many negative repercussions in the process of transition. This current research combines the knowledge and experience of three professionals (a social worker, recreation therapist and music therapist), current music therapy, psychology and related literature, as well as the researcher's own clinical experiences and training.

This intervention program serves as a detailed music therapy protocol that can be used by music therapists and other clinicians to assist older adults in transitioning. If used by other clinicians, they may first consult with a music therapist to identify their skills and limits, which portions they could use or adapt, and which portions would require music therapist support. Clinicians may also choose to team up with a music therapist to conduct this program and combine different elements of creative arts therapies. As the researcher reviewed the literature, little was found specifically addressing music therapy for support of older adults in transitioning into a long-term care facility. Although music therapy was acknowledged as being effective in helping older adults adjust to life in long-term care homes, no specific program or intervention was outlined for the transition. In response, this current intervention research aimed to raise awareness, outline detailed goals, procedures, and structures to meet the needs of the specific population going through this phase.

Findings of this research may also be adapted for use with other related creative arts therapies. Music therapists may also add to or modify the intervention program to suit their own particular contexts, while maintaining the main goals in helping older adults transition into long term care. By looking at the malleable mediators in targeting social support and purposeful life, different action strategies from other disciplines can be formed. Further research may be helpful which explores the combination of action strategies to create a multidisciplinary intervention program to address different interests and strengths of residents in collective dwellings.

It was beyond the scope of this thesis to complete all of Fraser and Galinsky's (2010) five steps of intervention research, thus completing only steps 1 and 2. Future research could involve completion of the remaining steps with an examination of the results of running the program, receiving feedback from clinicians and participants, and further analyzing the feedback and results. Moreover, further suitable themes may be identified and examined with an eye to enriching the group process.

Another area for further research is the process of transition for older adults. As discussed in the literature, the process of transition consists of three stages: pre-relocation, relocation and post relocation (Staveley, 1997). This thesis focused primarily on the second and last stage of transition. Further examination might focus on the first stage of transition, the pre-relocation phase. This stage involves the preparation before the relocation and the family involvement in looking at the choices of long-term care facility. Through further exploration, while keeping the three transition phases in mind, the process of transition can be examined more as a whole since each step is interconnected with each other.

During the interview process, it was interesting to hear the different perspectives of the social worker, recreation therapist, and music therapist. Each professional had different involvement in the different stages of transition. It led me to realize how intricate the services of care were within the long-term care facilities. Perhaps further research can be done in examining the process of transition and in the involvement of professionals within the facility. It was very valuable for me to be able to able to come in contact with the three professionals. I felt that my music therapy clinical experience and my experience in a long-term care facility had been enhanced. In addition, since the focus is to help an older adult transition into long-term care facility, it would be helpful to interview older adults who are transitioning to long-term care.

Limitations

This study was limited in three ways. The data was limited to the available current psychology and music therapy literature, and to the knowledge and experiences of the three professionals selected as a convenience sample. Due to the rise in popularity of private in-home care, most of the transition research came from the 1990's, with little research about current transition practices available. In addition, generalization was limited as information was gathered from three professionals from three different long-term care sites.

Conclusion

This research study presented a music therapy intervention to assist in successful transition by older adults from private home to long-term care facility. Through the interview of a music therapist, a social worker, and a recreation therapist, six malleable

mediators were identified in affecting the social support and purposeful life of a transitioning older adult resident into a long-term care home. These malleable mediators were then paired up with action strategies from the knowledge derived from the researcher's training and experiences to create a music therapy intervention program. This intervention is designed to develop a mutual support program that establishes a place for older adults to share experiences and to feel empowered within a community.

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Appendix A: Consent to Participate in Research Form

CONSENT TO PARTICIPATE IN Helping Older Adults Transition into Long-Term Care: A Music Therapy Intervention Program

I understand that I have been asked to participate in a research project being conducted by Tina Chi Luan, a graduate student of the Department of Creative Arts Therapies of Concordia University(Phone: 647-985-2269; Email: tluan@uvic.ca). This is under the supervision of Dr. Sandi Curtis of the Department Creative Arts Therapies of Concordia University (Phone: 514-848-2424 ext. 4679; Email:sandi.curtis@concordia.ca).

A. PURPOSE

I have been informed that the purpose of the research is as follows: to develop a music therapy program designed for high-functioning older adults transitioning into long-term care. This program design will be informed by means of interviews with experts investigating helpful interventions in different domains of therapy for high functioning older adults transitioning into long-term care.

B. PROCEDURES

I understand that we will meet twice, with each interview (interview and transcripts review) being 1 hour long. I understand that the interview will be recorded through a recording device. I will be interviewed to determine the needs of high functioning adults transitioning into long-term care. After the interview, the researcher will review transcripts from our interview with me to ensure I feel my statements are an accurate representation of my work and occupation. I understand that pseudonyms will be used to ensure confidentiality is maintained and protected.

RISKS AND BENEFITS

I understand that my participation is voluntary. My participation will help in the process of designing an application that could potentially help older adults transition into long-term care. I have the right to ask questions at any time or refuse to answer any question.

I understand that all demographic data collected will be kept confidential. I can refuse to answer any question and withdraw my participation without any consequence at any time prior to reviewing and approving the analyzed transcripts of their interviews..

D. CONDITIONS OF PARTICIPATION

I understand that I am free to withdraw my consent and discontinue my participation at any time without consequences. (prior to reviewing and approving the analyzed transcripts of my interview) without negative consequences.

- I understand that my participation in this study is confidential (i.e., the researcher will know, but will not disclose my identity)

- I understand that the data from this study may be published. I understand that the findings of this project will be published for a Master's research project and will be bound and kept in the Concordia University Library. This project may also be published in a journal for educational purposes or presented at educational settings.

I HAVE CAREFULLY STUDIED THE ABOVE AND UNDERSTAND THIS AGREEMENT. I FREELY CONSENT AND VOLUNTARILY AGREE TO PARTICIPATE IN THIS STUDY.

NAME (please print) ____

SIGNATURE ____

If at any time you have questions about the proposed research, please contact:
Principal Investigator:
Tina Chi Luan, BMT, MTA
Concordia University
Phone: 647-985-2269
Email: tluan@uvic.ca

Or

Faculty Supervisor:
Dr. Sandi Curtis
Department of Creative Arts Therapies,
Concordia University, VA-260
Phone: 514-848-2424 ext. 4679
Email: sandi.curtis@concordia.ca

If at any time you have questions about your rights as a research participant, please contact the Research Ethics and Compliance Advisor, Concordia University, 514.848.2424 ex. 7481 ethics@alcor.concordia.ca

Appendix B: Interview Questions

The interview questions for the three participants were as follows:

Music Therapist:

1. Can you tell me about your work with older adults transiting in long-term care?
2. What music therapy interventions do you find helpful for older adults adjusting to being in long-term care?
3. Do you use improvisation in your sessions with older adults? (Follow up: was it helpful?)
4. What kind of feedback do you get from residents in music therapy?
5. Can you give me some examples of types of music that older adults enjoy?
6. Are there specific needs that you find in residents who are transitioning into long-term care?

Social Worker

1. What do you think will help older adults prepare for the transition into long-term care?
2. What do you think the facility and staff can do to help older adults to transition into long-term care?
3. What do you think the family can do to help older adults to transition into long-term care?
4. What resources are available to adults transitioning into long-term care?
5. Have you ever referred a resident to music therapy services?
6. What is your role as the social worker when residents first arrive at the facility?

Recreation Therapist

1. What activities do you find helpful for older adults transitioning to long-term care?
2. Can you give me any examples of recreation activities that older adults enjoy?
3. What kind of feedback do you get from residents about recreation activities?
4. What role does music therapy play in your facility?
5. What is your role as the recreation therapist when residents first arrive at the facility?

Appendix C: Certification of Ethical Acceptability

CERTIFICATION OF ETHICAL ACCEPTABILITY
FOR RESEARCH INVOLVING HUMAN SUBJECTS

Name of Applicant: Ms. Tina Chi Luan

Department: Creative Arts Therapies

Agency: N/A

Title of Project: Assisting Older Adults Transition into Long-Term Care

Certification Number: 30001916

Valid From: September 26, 2013 to: September 25, 2014

The members of the University Human Research Ethics Committee have examined the application for a grant to support the above-named project, and consider the experimental procedures, as outlined by the applicant, to be acceptable on ethical grounds for research involving human subjects.

Dr. James Pfaus, Chair, University Human Research Ethics Committee

01/29/2009