

MUSIC THERAPY IN HOSPICE: SPANISH LANGUAGE REPERTOIRE, APPROACHES,
AND CHALLENGES

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DEDICATION

I would like to dedicate my thesis to my beloved family: Umma, Appah, and Oppa. You have loved me, always and unconditionally, and I am forever grateful.

ABSTRACT

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The purpose of this study was to investigate Spanish language repertoire with Spanish-speaking patients, as well as specific techniques and challenges used by music therapists in the hospice setting. An electronic survey was sent out to music therapists via email and social media, whereby 17 music therapists completed the survey. The first section of the survey asked what Spanish language songs music therapists use most frequently in the following genres: Traditional/folk; Patriotic; Religious; Popular; Children's; and Other. The second section of the survey consisted of approaches and techniques music therapists used in their practice with Spanish-speaking patients, as well as well as challenges they have encountered. The results of this study revealed a total of 49 songs used by music therapists. Results also indicated the music therapy intervention, "singing for reminiscence," as their most frequently used. Regarding challenges faced when working with Spanish-speaking patients, language barrier was a common factor that music therapists faced. Further results are discussed in the paper.

KEY WORDS: Music therapy, Spanish language songs, Spanish language repertoire, Hospice, Cultural music therapy, Patient-preferred music.

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CHAPTER I

Introduction to Problem

End of life care providers strive to serve their patients and families with pain management and emotional and spiritual support, individualized to the patients' needs (National Hospice and Palliative Care Organization, 2016). As the United States is a diverse nation of races and cultures, over 55 million individuals are of Hispanic origin, ranking as the second largest ethnic group (United States Bureau of the Census, 2016). As the Hispanic population continues to grow, end of life care within hospice also needs to grow to be culturally sensitive and patient-centered for Hispanic individuals (Kirkendall et al., 2015).

Although Hispanic people comprise a large portion of the U. S. population, research indicates that a gap in utilization of services exists between Whites and Hispanics. Adams, Horn and Bader (2005) investigated the aforementioned utilization of services and found that Whites received more social work and spiritual counsel visits than did Hispanics. A possible contributing factor may be that Hispanics receive most of their emotional support from their families instead of the services provided by hospice programs. (Adams, Horn & Bader, 2005). Another contributing factor is the language barrier that exists between the Hispanic patient and hospice care provider, which may lead to poor communication between the two (Adams, Horn & Bader, 2005). The patients may not be able to fully express their psychosocial needs to the hospice teams, and the teams may not be able to effectively communicate with the patients. These factors and barriers may exist in a variety of healthcare settings, where Hispanic patients may not be receiving quality care, compared to non-Hispanic patients.

Kirkendall et al. reported that only 6.2% hospice patients in 2011 were Hispanic, while 93.9% were non-Hispanic patients. This disparity between hospice services used by Hispanic and non-Hispanic patients raises questions regarding reasons behind this statistic. In their study, these researchers analyzed results of the Family Evaluation of Hospice Care Survey, which assesses caregiver satisfaction. Previous findings reported a positive relationship between fulfilling patients' wishes and overall satisfaction with the hospice care provided (2015). However, the same evaluation of Hispanic patients found that family members of Hispanic patients' experiences with hospice differed from previous findings. The patients and their families stated that although they received emotional support, they did not receive as much spiritual or religious support as they would have liked. This outcome may have been due to the lack of communication or knowledge presented to Hispanic patients by hospice services, affecting the patient and family's understanding of the hospice's support services (Kirkendall et al., 2015).

Results of studies regarding the utilization and evaluation of hospice services by Hispanic patient and families (Adams, Horn, & Bader, 2005; Kirkendall et al., 2015) highlight the need for better understanding Hispanic patients and their families' wishes during end of life care. Additionally, more information is needed to determine if these individuals receive culturally sensitive treatment while receiving end of life care.

Statement of the Problem

According to the American Music Therapy Association (AMTA), music therapy is used to address individualized goals for patients in a therapeutic relationship, addressing physical, emotional, social, cognitive, communicative, and emotional needs (AMTA, 2014). The AMTA's Standards of Practice (SOP) and Professional

Competencies both include information about expectations for music therapists in regard to culturally sensitive treatment. For example, the SOP indicates that music therapists are expected to include music, instruments, and musical elements from the client's culture, as necessary. Moreover, the ability to demonstrate awareness of the influence of race, ethnicity, and language on the therapeutic process is expected of all entry-level music therapists. From a practical standpoint, practicing culturally sensitive music therapy is an important component of individualizing treatment goals. The relevant competencies are listed in Appendix A.

Despite the need for culturally sensitive music therapy practices to customize treatment based on clients' backgrounds, barriers may exist that make implementing such practices difficult. Often times, the ability to demonstrate and implement effective and culturally-based methods for assessing strengths, needs, musical preferences, level of musical functioning, and development (AMTA, 2014) begins with the basic acknowledgement of the client's preferred or primary language. With regard to Spanish-speaking clients, a paucity of Spanish language music therapy resources exists, including descriptions of culturally sensitive techniques and appropriate repertoire. Such resources would be helpful in assisting music therapists in learning appropriate repertoire as well as assisting with the tools to build and maintain a therapeutic relationship with Spanish-speaking patients.

Need for Study

Theoretically, this study may help music therapists' treatment planning and implementation with Spanish-speaking patients within the hospice setting. Currently, there are vast amounts of resources music therapists utilize in hospice care with English

speaking patients. On the other hand, there are limited resources for Spanish language songs to be used in the hospice setting, and this lack of resources can create barriers for music therapists to provide appropriate care to Spanish-speaking patients. Therefore, identifying current music therapy repertoire and techniques utilized by music therapists with Spanish-speaking clients may shed light on emerging best practices.

Music therapy students and interns may also meet core competencies if they have access to materials that help them prepare for hospice work with Spanish-speaking clients. By acquiring the skills and knowledge to work with culturally diverse populations, one can properly prepare for future patient interactions.

From a practical standpoint, this study serves as a starting point to create an applied resource consisting of Spanish language songs used by music therapists working with patients in hospice care. Studies that have explored music therapists' repertoire minimally mention Spanish language songs and focus primarily on songs predominantly known and sung in English. Additionally, there are no existing studies specifically addressing Spanish language songs used in hospice. Therefore, this study will help expand music therapy resources in hospice and enhance music therapists' practices with Spanish-speaking patients.

Purpose Statement

The purpose of this research study was to identify Spanish language songs used in hospice by music therapists, as well as specific techniques and challenges while working with patients who are primarily Spanish-speaking. Although resources are currently sparse, the need for Spanish language repertoire is growing, as evidenced by interactive correspondence amongst music therapists on social media platforms unable to find

readily available and reliable resources. Therefore, data collected from this research study serves as a starting place to gather useful information for music therapists working with Spanish-speaking individuals in hospice.

This study's primary research questions are as follows:

1. What Spanish language songs are most frequently used by music therapists working in hospice in the United States?
2. To what extent are music therapists working with Spanish-speaking patients in hospice in the United States?
3. What therapeutic techniques do music therapists use with Spanish-speaking patients in the United States?
4. What are the main challenges when working with patients who are primarily Spanish-speaking in the United States?

Definition of Terms

Hispanic: of, relating to, or being a person of Latin American descent in the U.S.;

especially: one of Cuban, Mexican, or Puerto Rican origin

CHAPTER II

Review of Literature

This literature review will describe music therapy in hospice, music therapy and patient-preferred music, and Spanish language repertoire in music therapy. In the first section, the researcher will present information about music therapy in hospice care and the positive outcomes associated with the use of patient-preferred music. In the last section, the researcher will present research supporting the need for resources to help music therapists acquire repertoire for working with individuals who are primarily Spanish-speaking in hospice care.

Music Therapy in Hospice Care

Hospice care involves a multidimensional framework of patients' goals and needs, usually served by an interdisciplinary team of physicians, case managers, social workers, chaplains, health aids, and other supportive therapy services. The National Hospice and Palliative Care Organization emphasizes terminal patients' care should consist of compassion and quality for both patient and family members (2010). Many hospice organizations, such as Seasons Hospice and Palliative Care, adopt a holistic philosophy, where hospice care providers strive to provide the patient relief, both physically and spiritually (2014). Within this framework, the focus is quality of life and patient and family are considered the experts of their own care and know best what will be meaningful and purposeful for their remaining time. To promote quality of life, hospice experts suggest that music therapy be utilized in conjunction with palliative care as a means to provide emotional expression, life-review, pain management, communication, and spiritual and psychosocial support (Hilliard, 2003).

Many hospice care organizations employ music therapists as part of their supportive care staff. Specific music therapy goals may include enhancing coping skills, relaxation, reminiscence, and meaningful interactions between patient and caregivers/families (Hilliard, 2001). Music therapists may also help manage physiological symptoms by noninvasive means, resulting in decreased perceptions of pain, anxiety, agitation, and other behavioral symptoms accompanying patients with terminal illnesses (Hilliard, 2001).

A growing body of research illustrates the myriad of ways in which music therapy can improve quality of life for patients in hospice care. Hilliard (2003) studied the effect of music therapy on the quality of life (QOL) of people who were receiving hospice for terminal cancer. Although QOL is subjective, certain factors can be measured such as comfort levels, anxiety, depression, isolation, instability, and nausea, in order to partially quantify it. (Hilliard, 2003). Results of Hilliard's study showed that participants' who received music therapy reported higher QOL ratings than a control group who did not receive music therapy, even when physical function declined. More importantly, QOL was reported to increase over time when music therapy was implemented.

Another goal addressed in hospice is pain control or the management of pain. Krout (2001) studied the effects of a single-session music therapy intervention by incorporating live music listening with relaxation and imagery experiences to facilitate pain management. Results showed a significant decrease in the levels of pain through observation and self-reporting, before and after their music therapy session.

Bradt et al. (2011) measured the effects of music therapy on mood, anxiety, and relaxation with a group of cancer patients. Music therapy was provided live, as opposed

to pre-recorded, and was based on the patients' needs. Quantitative and qualitative results were analyzed, revealing that patients benefited from the music, feeling relaxed, peaceful, and calm.

Kruse (2003) interviewed music therapists working in cancer settings in order to identify music therapy trends addressing goals and interventions. As oncology patients went through drastic changes during the disease progression, psychosocial needs were one of the primary goals that were addressed. Kruse researched past literature that identified psychosocial needs to include coping, family support, and spiritual processing. Survey results of Kruse's study indicated all music therapist respondents addressed psychosocial needs with their clients, using passive and active interventions in music therapy. Most respondents stated they preferred incorporating live music when possible and all respondents reported music was used as an outlet for emotional expression (Kruse, 2003).

Literature regarding music therapy in hospice settings illustrate that music therapists play an integral part in the hospice interdisciplinary team by addressing a variety of goals, such as reducing pain perception, increasing relaxation, and improving overall quality of life for patients at the end of life. Within individualized hospice care, music therapy can also promote individualized treatment by providing a variety of interventions and music preferred and selected by patients (Włodarczyk, 2007).

Music Therapy and Patient-Preferred Music

The American Music Therapy Association states that music has the ability to stimulate senses, which “provokes responses due to the familiarity, predictability, and feelings of security associated with it” (AMTA, 2017). Further, the practice of music

therapy is based on theory and research supporting the use of music selected from personal preference, which has the ability to foster an environment that is familiar and positive to the patient (Gerdner, 2010). Research has shown that individualized and patient-preferred music produced a greater response in reducing agitation in patients with dementia receiving music therapy (Gerdner, 1992).

In a recent study, Hogan and Silverman (2015) investigated the efficacy of a coping-infused dialogue through the use of patient-preferred music and its effect on pain and mood. The experimental group comprised of solid organ transplant patients and chose a song from a given songbook to be used for music listening as part of a coping mechanism. Results revealed a significant difference in positive affect, negative affect, and pain in the posttest, compared to the control group, who did not receive music therapy. These results supported past literature with music therapy and its effect on decreasing pain.

Increasing relaxation is also a common goal addressed in hospice, at times accomplished by decreasing pain perception (Pierce, 2011). Tan (2012) investigated the relationship between preference, familiarity, and psychophysical properties in relaxation music. Results showed a positive correlation between music preference and perceived degree of relaxation, which supported past literature stating music preference as an important factor in enhancing relaxation (Tan, 2012).

Oftentimes, the moments immediately prior to a patient's death are especially difficult for both the patient and loved ones (Krout, 2003). When a patient is imminent or actively dying, music therapy can assist in facilitating release in many ways. Beyond symptom management, music therapy has the means to provide comfort on a

psychosocial and spiritual level by creating unique opportunities for the family to express themselves. Whether asking family members to choose a familiar or favorite song of the patient, or even singing along with the music therapist, reminiscence and life review can take place, contributing to a healthy grieving process, individualized and special to each family member and patient. Krout shares how music therapy can uniquely serve as a service modality, addressing the complex emotional domain, significant in the final days of a patient and their family (2003).

Therefore, research supports the effectiveness of patient-preferred music in the practice of music therapy, producing positive responses by using interventions such as singing, songwriting, and music to address emotional and spiritual needs (Włodarczyk, 2007). Given the individuality and uniqueness of each person, the selection of preferred music carries significant weight during the therapeutic process. In order to provide patient-centered care to a growing population of culturally differing patients, music therapists are required to continually learn repertoire for their practice. Among this repertoire may be music representing a variety of genres and languages preferred and spoken by clients.

Music Therapists' Spanish Language Repertoire in Hospice

As far as can be determined, research specifically exploring music therapists' Spanish language repertoire, particularly for use in hospice settings, does not exist. However, research does exist focusing on music therapy repertoire in geriatric settings, hospice settings, and culturally and linguistically diverse groups (VanWeelden & Cevasco, 2007; Baker & Groeke, 2009; Pierce 2011). In the present study's context,

reviewing these resources may be helpful in revealing a gap amongst available music resources for music therapists, most which lack Spanish language songs.

VanWeelden and Cevasco (2007) conducted research to compile a list of repertoire used by music therapists working with older adults with dementia, and/or residing in geriatric psychiatric units, nursing homes, or assisted-living facilities. The researchers surveyed music therapists to determine their most frequently-used songs in the following categories: popular, patriotic, hymns, folk, and musicals. The responding music therapists reported a total of 522 songs which were further categorized and presented by decade. Of the songs reported in this study, participants listed a total of four Spanish language songs, including *Guantanamera*, *Cielito lindo*, *La Bamba*, and *De colores*, none which made the list for most frequently repeated songs. Therefore, the results raise questions regarding why music therapists use these songs infrequently and on a broader scope, why respondents reported such a small number of Spanish language songs. For example, are music therapists who work with Spanish-speaking patients unfamiliar with a wide variety of Spanish language repertoire, is there a language barrier that restricts further assessment for patient-preferred music, or do Spanish-speaking patients represented in the study prefer non-Spanish repertoire?

In a related study, Baker and Grocke (2009) investigated the repertoire and music therapy approaches used in care of the aged, specifying repertoire used amongst culturally and linguistically diverse groups (CALD) served by Australian music therapists. The researchers asked participants to describe challenges faced when working with CALD groups. Researchers also inquired about Vanweelden and Cevasco's study, pointing out that a large number of CALD groups in America were disproportionate to

the small number of Spanish language (or other language besides English) songs reported by participants (Baker & Grocke, 2009).

The study's results indicated that music therapists serve 15 different CALD groups, and of the repertoire reported, nine songs were in Spanish. The results did not indicate the country of origin for the Spanish language songs. The authors categorized the overall repertoire results into genres, such as popular, religious, patriotic, folk, and musicals. Upon further investigation of the listed Spanish songs, four of them are in English, one in Italian, and two seem to be of Spanish origin. Therefore, due to different geographic locations and backgrounds of CALD groups in America, there is a need to investigate these questions in the United States more in depth, where cultural backgrounds vary from those in Australia.

More recently, Pierce (2011) investigated the repertoire and music therapy techniques that music therapists use in the hospice setting, focusing on genres of oldies (prior to 1950), religious/spiritual, country/western, musicals, and popular (after 1950). Three Spanish language songs were identified; *Cielito lindo* and *Bésame mucho* were categorized under the oldies genre and *La Bamba* under the popular genre.

Similar to VanWeelden and Cevasco's results, Pierce's results were categorized into North American/Caucasian genres, and the three Spanish language songs were included under those categories and not given a category of their own. The existence of these songs lends assumption to patients preferring them, however, the quantity raises questions regarding the ratio of Spanish to English songs.

Furthermore, on social media networks, recent threads have highlighted the need for repertoire suggestions and appropriate use when working with Spanish-speaking

individuals. A Facebook group, “Spanish Music Resources for Music Therapists,” was created in March 2015, presumably to benefit those seeking resources and feedback for appropriate use of Spanish language songs from North and Latin America. In this group, a music therapist sought supervision for the appropriate usage of a children’s song that was sung to an adult individual in the hospice setting. This thread began an ongoing conversation amongst several music therapists regarding how to select and implement effective culturally-based methods. This discourse supports the need for music therapists to have resources for identifying and learning age-appropriate Spanish songs.

Within the same Facebook group, a music therapist working with Seasons Hospice and Palliative Care in Florida shared a personal document comprised of 49 Spanish songs with extensive information regarding country of origin, the song’s publication date, and categorical information (C. Rodríguez, personal communication, October 27, 2016). This document appeared to be the first of its kind to be available for public use, unlike other song resources accompanied by research. Anecdotes such as these highlight the need for Spanish language resources due to the fact music therapists search and ultimately are unable to find research-based resources.

Given the large population of Hispanic individuals in the United States, resources for working with culturally and linguistically diverse groups such as individuals who speak primarily Spanish would be extremely useful. Although previous studies have produced useful materials used by music therapists in hospice, there has not been a U.S. study investigating commonly used repertoire in languages other than English; such a study could support the development of cultural competence among music therapists.

Summary of the Literature Review

Providers of end of life care attends to a multidimensional array of needs, providing care within the physical, psychosocial, and spiritual domains of hospice patients (Wlodarczyk, 2007). Music therapy services are utilized within the hospice population and address specific goals such as managing pain and psychosocial needs, as well as increasing relaxation and overall quality of life. Furthermore, music therapists must emphasize individualization and patient-preferred music and their positive effects on the achievement of patient and hospice goals. Current studies have provided numerous resources for repertoire in hospice, including patriotic, spiritual, religious, and popular genres, and this information assists music therapists in preparing to meet the needs of patients. However, recent studies have focused on English language repertoire, neglecting the growing awareness of varying cultural needs, including those of patients who prefer Spanish language music.

Therefore, the question remains: what songs and techniques are effectively used by current music therapists working with Spanish-speaking patients in hospice?

CHAPTER III

Method

Participants

A total of 31 individuals took part in this study. In order to participate, participants needed to be board certified music therapists working in hospice with Spanish-speaking patients in the United States. Additionally, participants had to have access to the internet in order to take the survey.

Although 31 participants originally took the survey, data from 14 participants was removed from the final data analysis due to not meeting criterion. Thus, data from 17 participants is included in the data analysis.

Participants recruitment. Participants were recruited through word of mouth, regional email list-servs and Facebook regional pages, Seasons Hospice and Palliative Care music therapists via email, and Facebook group pages. The primary investigator was able to reach the Mid-Atlantic regional list-serv, and the regional Facebook pages of the Great Lakes, Southwestern, and Midwestern regions, as well as the National Music Therapy list-serv. By accessing and collecting responses from music therapists in different regions across the country, the data reflects repertoire used in hospice settings with Spanish-speaking patients in varied geographical areas.

Measure

The researcher developed and utilized an online survey to gather data from professional music therapists across the United States. An internet-based measure was used to maximize accessibility and to reach the greatest amount of participants possible. The survey platform Qualtrics was utilized to administer the survey.

Online survey. The measure was developed based on research questions of this study as well as relevant past literature. The survey was comprised of a combination of 12 open and closed-ended questions, divided into two parts. Questions 1-9 focused on the identification of Spanish language repertoire music therapists used as well as the respondent demographics such as age, ethnicity, and location of employment. Question 2 asked respondents to specify their listed Spanish language songs into categories of religious, patriotic, traditional/folk, popular, other, or unsure. Questions 10-12 consisted of open-ended questions addressing challenges faced when working with Spanish-speaking patients, as well as specific music therapy approaches used with Spanish-speaking patients. To view the survey questions, see Appendix C.

Procedures. Prior to being conducted, this study was reviewed and approved by Sam Houston State University's Institutional Review Board (IRB) (protocol #2016-11-33183). Following approval, a link was sent to potential participants, inviting them to participate in the study. Within the invitation, potential participants received a consent form, an attachment regarding the purpose of the study, and a link to the online survey. These individuals were asked to complete the survey via Qualtrics using a web survey link. When participants agreed to participate on the consent form, the survey became available to complete and the responses were kept anonymous.

After the participants completed the survey, they were thanked for their participation and given contact information of the researcher in case they had any further questions. Once the survey was closed, the data was collected, compiled, and analyzed.

CHAPTER IV

Results

The purpose of this study was to explore Spanish language song and techniques used, as well as challenges encountered by music therapists working in the hospice setting. Board-certified music therapists were contacted via regional email lists, social media group pages for music therapists, and a nationwide email list for Seasons' Hospice & Palliative Care. Initial emails and posts inviting individuals to participate in the survey were sent out. The poll was closed three and a half weeks after the initial distribution. A total of 34 individuals took part in the survey. Of those who started the survey, 12 participants did not meet the criteria of working with Spanish-speaking patients in a hospice setting and four did not finish the survey in its entirety. One respondent took the survey, but submitted answers consisting of unintelligible writing. Therefore, the participant's responses were omitted. For these reasons, results from 17 participants were included in the data analysis.

Demographic Information

Regional representation. All of the regions had representation except the Midwestern region. The region with the largest number of survey participants was the Western region ($n= 5$, 29.41%), followed by the Southeastern region ($n= 4$, 23.53%). The next most represented region was the Mid-Atlantic ($n= 3$, 17.54%), followed by the Great Lakes and Southwestern regions ($n= 2$, 11.76%). The region with the smallest response was New England ($n= 1$, 5.88%) and the Midwestern region did not have any representation ($n= 0$).

Age, gender, and ethnicity. The average age of respondents was 29.52 years old, with a range from 23 years old to 44 years old. The total number of survey participants consisted of 16 females and one male. Of all the respondents, thirteen (76.47%) indicated they were white/Caucasian. Three (17.65) of the respondents indicated they were Hispanic/Latino. Finally, one respondent (5.88%) identified as Asian/Pacific Islander. Results are indicated in Table 1.

Table 1

Participant Demographic Information

Demographic Variable		
Region	Number Reporting	Percentage
Great Lakes	2	11.75%
Mid-Atlantic	3	17.65%
Midwestern	0	0.00%
New England	1	5.88%
Southeastern	4	23.53%
Southwestern	2	11.76%
Western	5	29.41%
Age	Number (in years)	
Mean Age	29.52	
Lowest reported age	23	
Highest reported age	44	
Gender	Number Reporting	Percentage
Female	16	94.12%
Male	1	5.88%

(continued)

Demographic Variable		
Ethnicity	Number Reporting	Percentage
White/Caucasian	13	76.47%
Hispanic/Latino	3	17.65
Black/African American	0	0.00%
Native American/American Indian	0	0.00%
Asian/Pacific Islander	1	5.77%

Age ranges of patients served. The participants were asked what were the most common age brackets(s) of patients they worked with in the hospice setting. None of the respondents indicated they served 0-8 years of age. One respondent indicated serving the 19-44 years of age bracket. Three respondents indicated they served the 45-64 years of age bracket. Fourteen respondents indicated they served the 65-84 years of age bracket. Finally, eight respondents indicated they served clients that were 85 years and above.

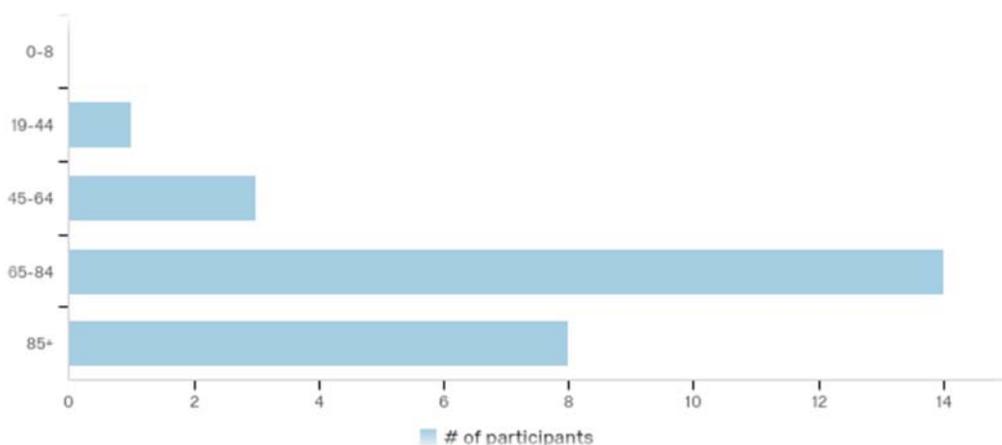


Figure 1. Age brackets of patients served.

Music Therapists' Spanish fluency. Survey participants were asked to rate their fluency in Spanish on 5-point Likert type scale from one to five, where one was “not at all fluent” and five was “very fluent.” Six (35.20%) of the respondents rated their fluency on a scale of one, or “not at all fluent”. Three respondents (17.65%) rated themselves with a “2.” Three respondents (17.65) rated themselves with a “3.” Two respondents (11.76%) rated themselves with a “4.” Finally, three respondents (17.65%) rated themselves with a “5,” or very fluent. Table 2 indicates participants' rating of Spanish fluency.

Table 2

Participants' Rating of Spanish Fluency

Fluency in Spanish	Number Reporting	Percentage
1 (not at all fluent)	6	35.29%
2	3	17.65%
3	3	17.65%
4	2	11.76%
5 (very fluent)	3	17.65%

Results organized by research questions.

Research question #1. The first research question investigated what Spanish language songs were most frequently used by board-certified music therapists working in the hospice setting in the U. S. The provided list of categories consisted of Traditional/folk, Patriotic, Religious, Popular, Children's, Other, and Unsure, if applicable. A combined total of songs ($N=49$) were provided within the given musical

categories. Upon review, the total number of songs listed under more than one category was eight, creating overlaps. A large number of songs ($n= 25$) were indicated by only one music therapist. The descriptive results are presented below.

Traditional/folk songs. When asked to list the most frequently used traditional/folk songs, a total of 13 songs were indicated by respondents. The most commonly indicated song was *Cielito lindo*, indicated by 9 participants, followed by *Guantanamera*, endorsed 7 times. *De colores* was the third most frequently listed song. The remainder of the songs under this category were all listed one time.

Patriotic songs. When asked to list the most frequently used patriotic songs, a total of 2 songs were listed, given by the same respondent. The songs were *La Borinquen* and *La Bayamesa*.

Religious songs. When asked to list the most frequently used religious songs, a total of 16 songs were indicated by respondents. The most commonly endorsed songs were *Pescador de hombres* and *Alabaré*, both indicated by 4 participants each. The second most commonly indicated song was *Sublime gracia*, endorsed 3 times followed by *Cuan grande es El* and *Cristo me Ama*, each indicated twice. The remainder of the songs were indicated once.

Popular songs. When asked to list the most frequently used popular songs, a total of 10 songs were indicated by respondents. The most commonly listed song was *Bésame mucho*, indicated by 9 respondents. The next most frequent song was *Eres Tú*, indicated 3 times, followed by *Solamente una vez* and *La Bamba*, indicated 2 times each. The remainder of the songs were indicated once.

Children's songs. When asked to list the most frequently used popular songs, a total of 5 songs were listed by respondents. The most commonly indicated song was *De colores*, listed by 2 respondents. The remainder of the songs were indicated once.

Other songs. There were not any songs indicated under this category.

Unsure. There were not any songs indicated under this category. For a complete list of songs, see Appendix B.

Research question #2. The second research question investigated the extent to which music therapists worked with Spanish-speaking patients within the hospice setting in the U.S. The survey asked for the percentage of participants' current hospice caseload who were treating Spanish-speaking patients, as well as how long they have worked with Spanish-speaking patients. The researcher also asked participants to indicate the countries of origin their patients mostly identified themselves with, in order to collect specific data about participants' Spanish-speaking patients.

Percentage of hospice caseload consisting of Spanish-speaking patients.

Participants were asked to give a percentage of their caseload involving treatment with Spanish-speaking patients. Participants were given the option to submit their own answer. Results varied, where more than half of the respondents ($n=9$) indicated that 5-10% of their caseload was treating Spanish-speaking patients. The remainder of the respondents fell into three different ranges of percentages, including "less than 5%" ($n=2$), "15-20%" ($n=3$), and "greater than 85%" ($n=3$). The results are presented in Table 3.

Table 3

Percentage of Spanish-speaking Patients in Music Therapists' Caseload

Caseload Percentage	Numbers Reporting	Percentage
Less than 5%	2	11.76%
5-10%	9	52.94%
15-20%	3	17.65%
Greater than 85%	3	17.65%

Years of clinical experience with Spanish-speaking patients. Participants were asked to indicate the years of clinical experience with Spanish-speaking patients in the hospice setting. Four participants (23.53%) indicated their experience was less than two years. Twelve participants (70.59%) indicated 2-5 years. Finally, one participant (5.88%) indicated more than ten years of experience. Results are presented in Table 4.

Table 4

Music Therapists' Clinical Experience with Spanish-speaking Patients

Years	Numbers Reporting	Percentage
Less than 2 years	4	23.53%
2-5 years	12	70.59%
6-10 years	0	0.00%
Over 10 years	1	5.88%

Spanish-speaking patients' country of origin. Participants were asked to indicate the country of origin with which their Spanish-speaking patients most culturally identified, whether México, Puerto Rico, Cuba, countries in Central America, or countries in South America. Participants were also given the option to indicate “Other” and “Unsure,” if applicable. The country identified most was Cuba ($n=208$), followed by Mexico ($n= 23$), then Central America ($n=22$), where one respondent specified serving 9 Spanish-speaking patients from Honduras. The fourth largest indicated country was Puerto Rico ($n= 19$). Participants also indicated working with patients in South America ($n= 4$), with specific countries listed for responses. The last two choices of “Other” and “Unsure” ($n= 4$) remained. Data from only 14 respondents was included due to two respondents not following directions when answering the question. Results are presented in Table 5.

Table 5

Spanish-speaking Patients' Countries of Origin

Countries	Number of Patients
México	23
Puerto Rico	19
Cuba	208
Central America:	22
<i>Honduras</i>	9
South America:	4
<i>Colombia</i>	3
<i>Perú</i>	1
Other	0

Countries	Number of Patients
Unsure	4

Research question #3. The third research question investigated therapeutic techniques used by board-certified music therapists in their clinical practice with Spanish-speaking patients in the hospice setting.

Assessing and implementing treatment with Spanish-speaking patients. Survey participants were asked to indicate assessment and implementation approaches used when treating Spanish-speaking patients. The survey item provided a list of options to choose from, with the option to indicate more than one response. The top two indicated approaches by respondents ($n=13$, 76.47%) were “ask a family member to translate,” followed by “use of non-verbal communication” ($n=9$, 52.94%). The third most commonly indicated approach was “other,” where respondents ($n= 8$, 47.06%) were invited to elaborate. Some respondents indicated they spoke Spanish and were able to communicate with the patients, while others reported learning basic phrases in Spanish to communicate to a certain extent. The least commonly indicated approaches included “utilize hospice company’s translator services via phone” ($n=4$, 23.53%) and “use an online translating resource (ie: Google Translate)” ($n=3$, 17.65%). Figure 2 presents the frequency of assessment and implementation approaches used by music therapists with Spanish-speaking patients.

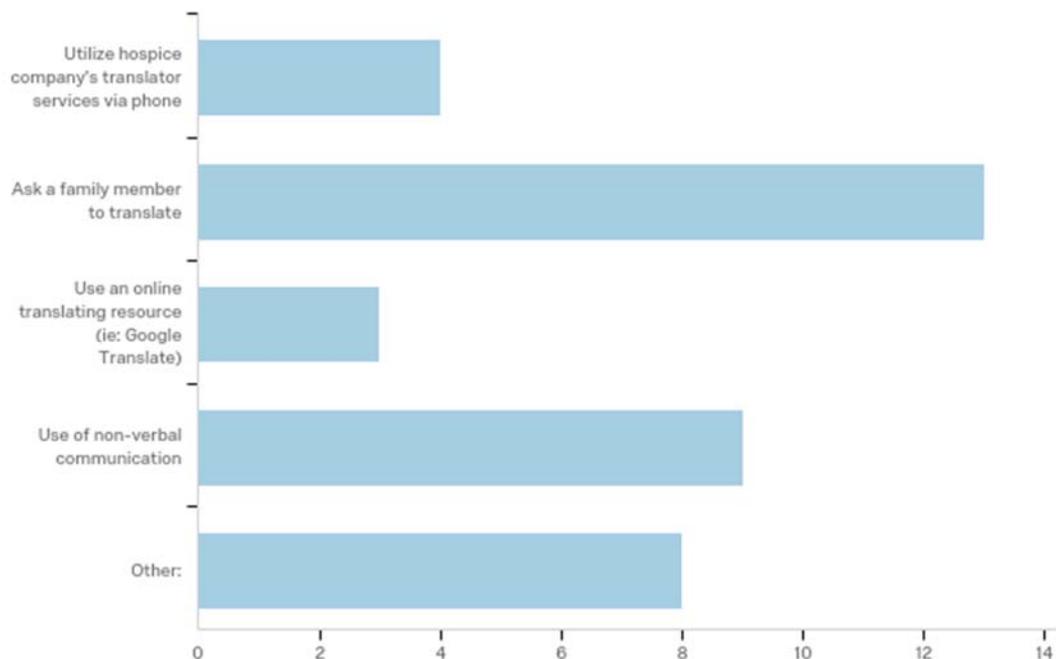


Figure 2. Frequency of assessment and implementation approaches.

Common music therapy techniques used with Spanish-speaking patients.

Participants were asked to rank the most frequently utilized music therapy interventions when working with Spanish-speaking patients from the following choices: Singing for reminiscence, Clinical Improvisation, Relaxation, Songwriting, and Other. After review, 14 out of the total 17 respondents answered this question.

The most frequently indicated intervention was “Singing for Reminiscence,” followed by “Relaxation” and “Clinical Improvisation.” “Songwriting” and “Other” were the least frequently used interventions, compared to the previously stated interventions.

Figure 3 presents the frequency of music therapy interventions utilized by participants with Spanish-speaking patients in the hospice setting.

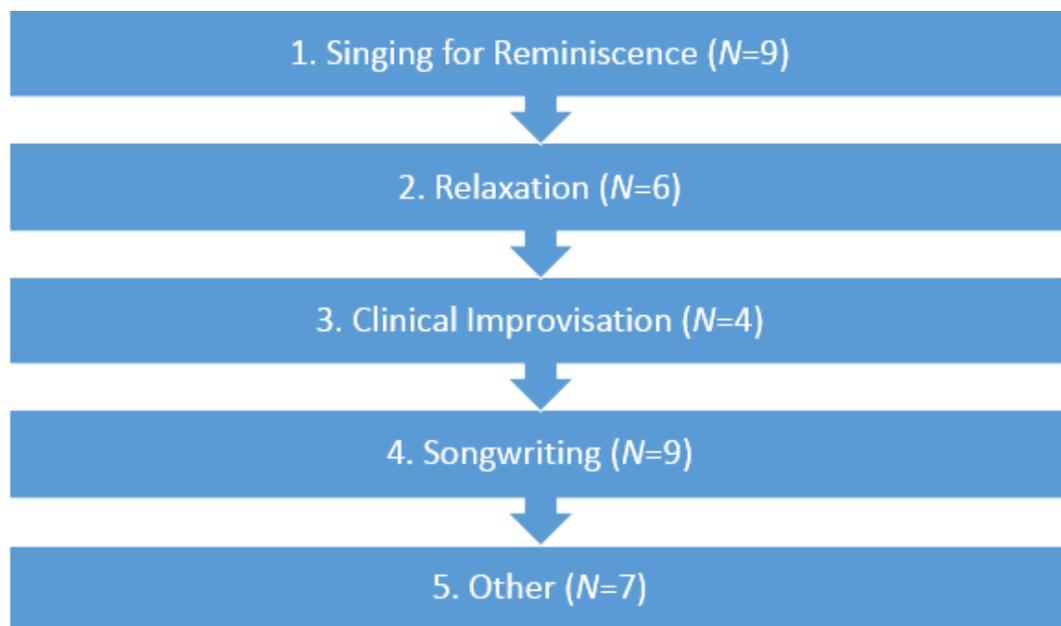


Figure 3. Ranking of music therapy interventions prioritized by music therapists.

Order of frequency: 1= most frequently used; 5= least frequently used. The *N* for each intervention represents the number of participants that ranked at that level.

Building rapport and maintaining a therapeutic relationship with Spanish-speaking patients. The survey asked participants to explain how they built rapport and maintained a meaningful connection with their Spanish-speaking hospice patients. After review, a thematic analysis of the responses generated three themes: 1) language, 2) cultural awareness and repertoire, and 3) nonverbal communication.

Language. A total of 8 respondents mentioned the importance of communicating with their patients, whether communicating fluently in their language, or learning basic phrases in Spanish.

Cultural awareness and repertoire. A total of 8 respondents mentioned the importance of learning their patients' culture as well as patient-preferred songs, which are in Spanish.

Nonverbal communication. A total of 5 respondents mentioned how being present with their patients helped them connect with their patients. Various responses were given including the use of objects and pictures in a patient's room, as well as physical gestures such as eye contact and smiling.

Research question #4. The final research question asked participants to share main challenges they had encountered when working with patients who are primarily Spanish-speaking in the U.S. A thematic analysis of the responses generated a category with two major themes: 1) language barrier, and 2) limited repertoire.

Language barrier. A total of 5 respondents mentioned language barrier as a challenge in their clinical practice with Spanish-speaking patients. Due to the language barrier, their ability to provide opportunities for verbal processing and emotional support was compromised. One respondent specified the lack of training and limits of a translation service as a challenge as well, if there is a language barrier. One respondent stated they did not face any challenges due to their Hispanic ethnicity, identifying with the culture and understanding it very well.

Limited repertoire. A total of 6 respondents mentioned limited repertoire as a challenge in their clinical practice with Spanish-speaking patients. Two respondents mentioned the difficulty in learning Spanish language repertoire. One respondent mentioned the challenge in assessing music preferences which affects providing patient preferred music. Another respondent mentioned most of their Spanish language songs were Cuban. Similarly, one respondent mentioned the many different Spanish-speaking countries, which proves challenging when seeking music for their clinical practice with Spanish-speaking patients.

CHAPTER V

Discussion

The purpose of this study was to investigate repertoire selections, music therapy techniques, and any challenges music therapists encounter with Spanish-speaking patients in the hospice setting. Board-certified music therapists were contacted via regional email lists, social media group pages for music therapists, and a nationwide email list for Seasons' Hospice & Palliative Care. An email and post inviting individuals to participate in the survey was sent out. The poll was closed three and a half weeks after the initial distribution. A total of 34 individuals took part in the survey. Of those who started the survey, 12 participants did not meet the criteria of working with Spanish-speaking patients in a hospice setting and four did not finish the survey in its entirety. One respondent took the survey, but submitted answers consisting of unintelligible writing. Therefore, the participant's responses were omitted. For these reasons, results from 17 participants who completed the survey in its entirety are provided.

In this chapter, the results will be discussed in detail. The researcher will also discuss any limitations and identify recommendations for future research. Finally, the study's theoretical and practical implications will be presented.

Discussion of the Research Questions

Research question #1. The first research question investigated the most commonly used Spanish language songs by music therapists in the hospice setting with Spanish-speaking patients. The participants provided a total of 49 Spanish language songs in the five musical categories. The songs that were recommended most frequently by the most participants in the musical categories were: *Bésame mucho* (11), *Cielito lindo*

(10), *Guantanamera* (8), *De colores* (6), *Pescador de hombres* (5), and *La Bamba* (3).

These song titles were also listed in more than one category. It appears these songs might be the most frequently recommended because they are popular Spanish language songs.

In VanWeelden and Cevasco's results, *Guantanamera*, *La Bamba*, *De colores*, and *Cielito lindo* were the Spanish language songs listed, which are reflected in the present study's results. Similarly, Pierce's results also indicated *Cielito lindo*, *La Bamba*, and *Bésame mucho*, again, reflected in the present study's results.

Results are presented in Table 6.

Table 6

Most Frequently Recommended Spanish Language Songs

Song Title	Styles/Frequency
Bésame mucho	Traditional/folk (2), Popular (9)
Cielito lindo	Traditional/folk (9), Popular (1)
Guantanamera	Traditional/folk (7), Popular (1)
De colores	Traditional/folk (3), Popular (1), Children's (2)
Pescador de hombres	Religious (4), Popular (1)
La Bamba	Traditional/folk (1), Popular (2)

Note. Song titles are accompanied by musical styles and frequency of recommendations.

These results also indicate a discrepancy in labeling the musical categories of the songs. There were several overlaps, which may suggest participants have different ideas of the appropriate context in which the repertoire is used. These results also indicate a need for further research on the origins of Spanish language songs.

Conversely, a large number of songs ($n=25$) were recommended by only one music therapist, namely in Traditional/folk, Religious, and Popular categories. The Patriotic category had the smallest number of songs ($n=2$), which may suggest an unfamiliarity of repertoire in this category or lack of preference by patients, needing further research.

Research question #2. The second research question investigated the extent to which music therapists in the hospice setting worked with Spanish-speaking patients by specifically asking the following: the percentage of hospice caseload consisting of Spanish-speaking patients, years of clinical experience with Spanish-speaking patients, and Spanish-speaking patients' country of origin. The majority of the participants indicated Spanish-speaking patients made up 5-10% of their caseload ($n=9$, 58.82%). On the other hand, there were respondents who indicated Spanish-speaking patients made up more than 90% of their case load ($n=3$). For these respondents, fluency in Spanish was rated a "5," indicating they are very fluent in Spanish, which may have determined their caseload's higher percentage of Spanish-speaking patients. Therefore, these results suggest that, in this study, the more fluent the music therapist was in Spanish, the higher their caseload's percentage of Spanish-speaking patients.

In addition to fluency, the 3 respondents with high Spanish language fluency also indicated working in the Southeastern region. Their indications of patients culturally identifying with Cuba made up 93.75% ($n=195$) out of the total number of Spanish-speaking patients ($n=208$), which was the largest group identified in this study. These results suggest there are a large number of patients residing in the Southeastern region, who identify with Cuba, compared to other countries of origin, within this study.

In addition to caseload percentage of Spanish-speaking patients and patients' countries of origin, participants were asked to indicate their clinical years of experience with this group. No clear relationship existed between respondents' clinical years of experience and fluency in Spanish.

Research question #3. The third research question investigated the most common music therapy techniques used in treatment with Spanish-speaking patients in the hospice setting. Specifically, the participants were asked to indicate frequency of given assessment and implementation approaches, specific music therapy techniques, and ways music therapists built rapport and maintained a therapeutic relationship with Spanish-speaking patients.

Assessing and implementing treatment with Spanish-speaking patients. The top two assessment and implementation approaches rated as being used by 50% or more of the music therapists were, “[asking] a family member to translate” and “[usage] of non-verbal communication.” These results suggest if the participants are not fluent in Spanish, then they are unable to communicate directly or verbally with the patients and require other avenues of communication when assessing and implementing treatment.

Common music therapy techniques used with Spanish-speaking patients. This survey's participants are most likely to use the music therapy intervention, “Singing for reminiscence” when working with Spanish-speaking patients. The least frequently used interventions were “Songwriting” and “Other.” It is possible that songwriting is not utilized frequently due to a language barrier.

Building rapport and maintaining a therapeutic relationship with Spanish-speaking patients. The qualitative data provided the researcher with insight into the

meaningful ways to build rapport and maintain therapeutic relationships with Spanish-speaking patients, especially when there was a language barrier. Three major themes were 1) language, 2) cultural awareness and repertoire, and 3) nonverbal communication.

Language. Many of the non-fluent participants commented they put in the effort to learn simple, basic phrases in Spanish. In doing so, participants perceived that patients were able to see an effort being made by the music therapists, which helped build rapport, and ultimately helped patients feel valued.

Cultural awareness and repertoire. Many comments mentioned the importance of being aware of their patient's culture, which involves knowing and learning their preferred music. One respondent indicated the importance like this:

“Knowing about Hispanic culture is very important... You have to remember there are many different Spanish-speaking countries, each with its own unique culture.”

Nonverbal communication. Many non-fluent participants indicated the use of non-verbal communication, such as smiling, warm eye contact, and comforting and attentive presence helped with rapport and therapeutic relationship. These comments mention that if there is a language barrier, there are other avenues of communication to build rapport.

Research question #4. In response to the fourth question, the qualitative data provided insight into the challenges music therapists encountered when working with Spanish-speaking patients in the hospice setting. There were two major commonalities amongst participants: 1) language barrier, and 2) limited repertoire.

Language barrier. Many comments mentioned that having a language barrier can be challenging, inhibiting the ability to help patients emotionally and verbally process. These comments may suggest music therapists facing this challenge may not be able to

address certain psychosocial goals that require verbal communication, which is a common need in the hospice setting.

Limited repertoire. Many comments mentioned their limited repertoire as a challenge, with specific comments regarding the difficulty in learning Spanish language songs. These responses may suggest that the aforementioned challenges may affect and inhibit their ability to expand their repertoire of Spanish language songs. Therefore, these responses suggest there may be a gap in providing competent music therapy services to Spanish-speaking patients. The question remains: How do music therapists utilize music therapy interventions such as “Singing for reminiscence” if there is an underlying challenge of learning and expanding Spanish language repertoire?

Study Limitations and Recommendations for Future Research

The preliminary study’s aim was to compile a list of Spanish language songs used by hospice music therapists with Spanish-speaking patients, as well as music therapy techniques and any challenges in providing treatment. However, the study has several limitations that should be considered when interpreting and applying results, such as sample size and survey item characteristics.

The study’s first limitation pertains to the small sample size. This study obtained only 17 eligible participants, affecting generalizability. A larger sample size could provide more in-depth and reliable information on music therapists’ repertoire used with Spanish-speaking patients in the hospice setting. As the Hispanic population is growing, the emphasis on culturally aware music therapy practice will grow as well.

The second limitation pertains to the survey items. Future studies should ask for a minimum number of Spanish language songs, or clarify the number of “frequent” songs

to be listed. Additionally, future studies should ask respondents to identify songs that are culturally specific to patients, distinguished from common Spanish language songs used with all patients. Also, future studies should ask the respondents to submit their own answers for the different music therapy techniques utilized when working with Spanish-speaking patients, instead of requiring respondents to rank the frequency of a provided list of options. This may help omit biases as well as produce results that are quantifiable.

Study Implications

The current study's findings contain both theoretical and practical implications regarding music therapy practice with Spanish-speaking patients in the hospice setting. Theoretically, the results provide information regarding current techniques and approaches that are culturally specific to Spanish-speaking patients in the hospice setting. Practically, the results provide the beginning stages of creating an applied resource of frequently used Spanish language songs in the hospice setting with Spanish-speaking patients.

Theoretical implications. This study's results provide information on current approaches in assessment and implementation, as well as music therapy techniques, when treating Spanish-speaking patients, especially when there is a language barrier. The study also highlights the challenges current music therapists face such as the inability to help patients process emotional needs. These findings suggest the need for more training in music therapy programs in order to better prepare music therapists for future interactions with patients who may speak another language, and identify with a different culture.

Practical implications. This study's results provided information regarding Spanish language repertoire currently used by music therapists in the hospice setting with

Spanish-speaking patients. These findings provide a starting point for gathering and producing an applied resource specifically comprised of Spanish language songs, in order to provide a larger repertoire of preferred songs to Spanish-speaking patients.

Summary and Conclusion

The purpose of this study was to explore repertoire, approaches, and challenges of music therapists who work with Spanish-speaking patients in the hospice setting. Results of the survey indicate there is a need for more repertoire in Spanish language songs, especially with Patriotic music.

Results from the qualitative data analysis indicate music therapists are aware of the importance of culturally relevant practice, but seem to encounter difficulty in applying and practicing these competencies in a clinical setting. Language barrier appears to be the underlying challenge, limiting music therapists' ability to address the emotional needs of Spanish-speaking patients, which is a prominent goal in end-of-life care. Expanding Spanish language repertoire also appears to be a challenge, which affects the ability to provide patient-preferred music to Spanish-speaking individuals in the hospice setting. To date, research in this area is lacking and thus, the present study fills a gap in the literature.

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APPENDIX A: AMTA Professional Competencies

American Music Therapy Association Professional Competencies

9.5 Demonstrate awareness of the influence of race, ethnicity, language, religion, marital status, gender, gender identity or expression, sexual orientation, age, ability, socioeconomic status, or political affiliation on the therapeutic process.

17.9 Demonstrate knowledge of and respect for diverse cultural backgrounds.

17.11 Demonstrate the skill in working with culturally diverse populations.

**APPENDIX B: Most Frequently Used Spanish Language Songs by Hospice Music
Therapists**

Traditional/folk: Allá en el Rancho Grande, Amor, Bésame mucho (2), Cielito lindo (9), Cuando calienta el sol, Cuando salí de Cuba, De colores (3), El Rey, Guantanamera (7), La Bamba, Las Mañanaitas, Quizás, Solamente una vez

Patriotic: La Borinquen, La Bayamesa

Religious: Alabaré (4), Ave María, Bendito Bendito, Cristo me ama (2), Como no creer en Dios, Cuan grande es El (2), Dios esta Aquí, Dulce consuelo, El Cristo quien, El Señor es mi Pastor, Noche De Paz, Padre Nuestro, Pescador de hombres (4), Sublime gracia (3), Una Día a la vez, Yo tengo gozo en mi alma

Popular: Alla en el Rancho Grande, Amapola, Besame mucho (9), Cielito lindo, De colores, Eres Tú (3), Guantanamera, La Bamba (2), Pescadores de hombres, Solamente una vez (2),

Children's: Arrorro mi niño, De colores (2), La cucaracha, Los pollitos, Muñequita linda

APPENDIX C: Survey

Subject Information Sheet

My name is Joyce Chun, and I am a music therapy masters equivalency student of the School of Music Department at Sam Houston State University. I would like to take this opportunity to invite you to participate in a research study identifying Spanish language repertoire used in hospice, as well as specific techniques and challenges working with patients who are Spanish-speaking in hospice. I am conducting this research under the direction of Dr. Carolyn Dachinger. I hope that data from this research will produce a useful resource for music therapists working with individuals in hospice who are Spanish-speaking. You have been asked to participate in the research because of your experience with the hospice population.

The research is relatively straightforward, and we do not expect the research to pose any risk to any of the volunteer participants. If you consent to participate in this research, you will be asked to answer a series of questions based off of your hospice experience. Any data obtained from you will only be used for the purpose of identifying repertoire and experiences with hospice and Spanish-speaking patients. Under no circumstances will you or any other participants who participated in this research be identified. In addition, your data will remain confidential. Qualtrics collects IP addresses for respondents to surveys they host; however, the ability to connect your survey responses to your IP address has been disabled for this survey. That means that I will not be able to identify your responses. You should, however, keep in mind that answers to specific questions may make you more easily identifiable. The security and privacy policy for Qualtrics can be viewed at <https://www.qualtrics.com/security-statement/>.

This research will require about 15 minutes of your time. Participants will not be paid or otherwise compensated for their participation in this project.

Are you a board-certified music therapist currently serving Spanish-speaking clients in a hospice setting?

Yes

No

>>

What is your region of employment?

Great Lakes

Mid-Atlantic

Midwestern

New England

Southeastern

Southwestern

Western

What is your city and state of employment?

What is your gender?

Male

Female

What is your ethnicity?

White/Caucasian

Hispanic/Latino

Black/African American

Native American/American Indian

Asian/Pacific Islander

Other:

What is the most common age bracket you work within hospice?

0-8

19-44

45-64

65-84

85+

On a scale from 1-5, where 1 = not at all fluent and 5 = very fluent, how fluent are you in Spanish?

1

2

3

4

5

Approximately, what percentage of your current hospice caseload involves treating Spanish-speaking patients?

How many years of clinical experience have you worked with Spanish-speaking patients?

< 2 years

2-5 years

6-10 years

10+ years

How many of your Spanish-speaking hospice patients most culturally identify with which country of origin?

Mexico	<input type="text"/>
Puerto Rico	<input type="text"/>
Cuba	<input type="text"/>
Central America. Specify where & how many:	<input type="text"/>
South America: Specify where & how many:	<input type="text"/>
Other:	<input type="text"/>
Unsure:	<input type="text"/>

In the following genres, please list the most frequently used Spanish language songs in your clinical work within hospice.

Traditional/folk:

Patriotic:

Religious:

Popular:

Children's:

Other:

Unsure of genre, but frequently used:

How do you assess music preference and implement treatment most effectively with hospice clients who do not speak English? (You may choose more than one.)

Utilize hospice company's translator services via phone

Ask a family member to translate

Use an online translating resource (ie: Google Translate)

Use of non-verbal communication

Other:

What are the most common music therapy interventions used when working with your Spanish-speaking hospice patients? Please rank most frequently (1) used to least frequently used (5).

Singing for reminiscence

Clinical Improvisation. Explain:

Relaxation

Songwriting

Other:

What are some challenges you have experienced as a hospice music therapist working with Spanish-speaking patients?

How did you build rapport and maintain a meaningful connection with Spanish speaking hospice patients? Please explain.

VITA

EDUCATION

Master of Arts student in Music at Sam Houston State University, Jan 2014 – May 2017. Thesis title: “Music therapy in hospice: Spanish language repertoire, approaches, and challenges.”

Bachelor of Arts (Dec 2012) in English, University of Texas, Austin, Texas.