

# Implementing Telehealth Music Therapy Services in an Integrative Oncology Setting: A Case Series

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## Abstract

Providing music therapy in a medical setting has necessarily undergone major changes during the COVID-19 world pandemic. Many programs had to discontinue while others were able to transition to a telehealth model. This paper describes the process of conducting telehealth-based music therapy sessions within an integrative oncology setting in a large cancer hospital. Patients provide feedback regarding benefits and challenges of inpatient, outpatient, and group music therapy using a telehealth model. Benefits include anxiety reduction, increased coping skills, and increased social support. Unique challenges include technology limitations. We share examples of how we successfully adapted our workflows to provide telehealth-based music therapy in inpatient, outpatient, and group settings.

## Keywords

cancer, music therapy, COVID-19, telehealth, telemedicine

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## Introduction

Music therapy is a board-certified allied healthcare profession in which the music therapist works with the patient using live music engagement to improve symptom and rehabilitation outcomes.<sup>1</sup> In an oncology setting, music therapists, or MT-BCs (Music Therapist-Board Certified), typically address symptoms such as anxiety, depression, and pain. Typical goals within medical music therapy include emotional expression, increased social interaction, and increased comfort.<sup>2</sup> During the COVID-19 pandemic, cancer patients undergoing treatment are often at a higher risk for infection<sup>3</sup>; consequently, cancer patients have greater need for reduced exposure and thus telehealth for all non-invasive medical appointments. A negative consequence of transitioning to telehealth and the elimination of in-person encounters is that patients experience greater isolation. Moreover, many institutions have restricted inpatient visitors, and new social distancing norms have further increased isolation and loneliness among patients.<sup>4</sup>

The COVID-19 pandemic has caused a transition to telehealth in healthcare environments across the world. The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services<sup>5</sup> defines telehealth as the use of electronic information and

telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. A recent international survey of MT-BC's showed 97.3% reported their music therapy services changing due to COVID-19.<sup>6</sup> Specifically, a majority of MT-BC's noted using alternative approaches and technology to maintain services and a greater patient need for music therapy to address stress and mental health. However, MT-BCs reported an overall decrease in patient reach during the COVID-19 pandemic due to funding, department-level changes during the pandemic, and attempts to reduce COVID exposure. Other common changes in music therapy services included a halt in services and loss of employment.

Prior to the COVID-19 pandemic, music therapy had been available in-person within the Integrative Medicine

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Center at The University of Texas MD Anderson Cancer Center. Patients were evaluated by an integrative oncology physician and/or advanced practice provider, after which a referral could be placed for music therapy based on patient needs and interest. Patients and their caregivers had the option to participate in music therapy groups or individual sessions.<sup>2</sup> In response to the COVID-19 pandemic, the Integrative Medicine Center clinical services were reorganized and transitioned to a mainly telehealth, video- or telephone-based models. Music therapy was able to transition to a 100% audio-video-based telehealth model and devised novel ways to apply music therapy for inpatient and outpatient care. Prior to the pandemic, there was a dearth of literature on delivering music therapy using telehealth methods. We describe the process of telehealth-based music therapy sessions within an integrative medicine model in an oncology setting. We first introduce our telehealth group-based music therapy model. Second, we outline individual music therapy telehealth patient consultations, with examples from inpatient and outpatient settings. Outcomes of treatment, as well as the benefits and challenges of moving to a telehealth model are also discussed.

## Methods

### Participants

The 2 cases were seen during the first 3 months of transitioning music therapy to a telehealth model and chosen because they spanned a variety of reasons for referral and interventions adapted in outpatient and inpatient settings. Limited case series do not require review by the institution's IRB. Patients signed the *HIPAA Authorization for the Use and Disclosure of Protected Health Information (PHI)—Education and Scientific Publication* form for participation in research, and documents were scanned in their medical records. Case reports are fully de-identified. Patients reviewed this manuscript prior to submission for accuracy.

### Materials

The MT-BC used a Dell laptop with access to a hospital-based Zoom housed behind a firewall, along with an external USB microphone and earbud headphones. A Bluetooth speaker was used to play recorded music and the MT-BC used an acoustic guitar and a piano to play live music. Hospitalized patients were provided an iPad available for patient use as part of their inpatient care, and the participant could have access to Zoom with assistance as needed from the inpatient staff. For outpatient group and individual sessions, participants used their own devices with Zoom installed and their private wireless fidelity connection. Outpatient group telehealth music therapy programs are available at no cost to patients, supported through philan-

thropy. Individual music therapy sessions as part of inpatient and outpatient care are fee-for-service.

### Questionnaires

*Edmonton Symptom Assessment Scale (ESAS)*. Patient symptom burden before and after music therapy was assessed using the ESAS.<sup>7,8</sup> The ESAS asks patients to rate 12 symptoms over the past 24 hours on a scale of 0 (no problems) to 10 (most severe problems). At the end of individual sessions patients reported how they feel “now.” A symptom score reduction of 1 or more is considered a clinically significant improvement.<sup>9</sup> ESAS data was collected as part of an IRB-approved registry protocol.

### Patient Feedback Interview

For the purpose of this case series, the patients were asked open-ended questions regarding their experience: (1) “What was your experience of telehealth music therapy like?” and (2) “What were the benefits and barriers of telehealth music therapy?”

## Results

### Outpatient Telehealth Music Therapy Group

Prior to the COVID-19 pandemic, this outpatient oncology music therapy group had been available in-person only to patients and caregivers and involved active music making, music-assisted relaxation, and reflection through discussion. In order to transition to a telehealth group model, elements of the group were adjusted. Prior to and during the pandemic the outpatient oncology music therapy groups continued to meet twice weekly for 60-minutes. Patients and caregivers engaged in music to decrease anxiety, increase positive mood, and foster social connection through supported expression on a variety of topics related to cancer diagnosis and treatment. Interventions included song share and discussion, music-assisted relaxation techniques such as music and guided breath, guided visualization, and progressive muscle relaxation. See Table 1 for an outline of Group Session Elements. Even in a telehealth setting, patients noted a supportive environment among group participants and a platform for expression through music within this group. Patients noted that attending group music therapy via Zoom has increased convenience and allows for an opportunity to connect with others without risking exposure during the pandemic.

### Case #1—Inpatient Telehealth Music Therapy, Individual Sessions

A 72-year-old gentleman with stage III sarcoma of right leg diagnosed September 2020 had previously attended bi-weekly

**Table 1.** Telehealth Outpatient Group Music Therapy.

## Group session elements

Registration and log on: participants sign up via a telephone call to the scheduling team, then the appointment is added to their electronic medical records as a telehealth group class. Each participant logs on with a Zoom link sent to them through the electronic medical record system

1. Introduction/check-in—Participants introduce themselves, respond to check-in prompt
2. Song share—Listening to and discussing individual responses to shared piece of music
  - a. Group listens while following lyrics on shared screen
  - b. Group is prompted to reflect on lyric themes, musical elements, associations with song
  - c. Music therapist provides space for structured discussion surrounding themes of song
3. Music and Mindfulness—Music-assisted relaxation techniques; breath timed to live music, muscle relaxation, visualization, poetry, or guided movement
4. Music attention exercises, songwriting, playlist coaching, and discussion of music history
5. Closing—MT-BC thanks group, offers space for any additional reflection or connection, and resource sharing

Abbreviation: MT-BC, music therapist-board certified.

telehealth music therapy groups for 2 consecutive months, along with his adult daughter (primary caregiver). During those groups he participated in music discussion, singing, and reminiscing. His inpatient stay began in April 2021 when he was admitted to the Intensive Care Unit at MD Anderson for acute symptom management, followed by a referral to Integrative Medicine Inpatient Service Line for pain, fatigue, depression, and anxiety. After an initial consult, the Integrative Medicine physician then referred him to music therapy for anxiety, emotional expression, and social interaction. His daughter was given permission to accompany him at the bedside for his admission due to his pre-existing expressive aphasia. He was seen for 2 telehealth music therapy sessions over the 7 days he was admitted. The sessions focused on decreasing anxiety, elevating mood, and relieving caregiver stress.

Prior to seeing the patient, the MT-BC completed a thorough review of his electronic medical record and briefly interviewed his nurse to identify acute needs. The MT-BC then initiated the process of “visiting” the patient for a telehealth assessment session, using iPads available on inpatient units. During the initial session, the MT-BC had a brief discussion with the patient and caregiver to assess his most acute needs. The patient reported increased anxiety related to the hospital stay, with an elevated heart rate. He requested a focus on relaxation and anxiety reduction during this session. The patient and his daughter engaged in music listening with live guitar and vocals, music-assisted relaxation, music and breath synchronization, patient and caregiver active music making (singing), and song discussion. Goals included mood elevation, anxiety reduction, decreasing pain perception, increasing family support, and emotional expression.

The MT-BC sang and played live acoustic guitar, using a song familiar to the patient at a slower tempo and lower volume sensitive to ICU environment. The patient smiled and began to sing, with his daughter singing along as well, tearfully noting that they share a passion for music, to which

the patient agreed. The lyrics of the song, “Cielito Lindo,” describe singing as a remedy for emotional pain, and the song was very familiar to the patient who grew up in Mexico. The MT-BC, patient, and caregiver then discussed the numerous other remedies for emotional pain. The patient’s daughter noted tearfully during this session that she had barely recalled hearing her father sing prior to his participation with music therapy. To continue decreasing anxiety and assist the patient in falling asleep, the MT-BC facilitated music-assisted relaxation for deepening breath and relaxing muscles along to the slow tempo of improvised guitar music. The patient gently fell asleep by the end of the session. The patient had been intermittently tachycardic prior to the music therapy session, and during telehealth music therapy his heart rate remained in the normal range. His heart rate recorded in his electronic medical health record remained the slowest it had been in the previous 12 hours. The MT-BC concluded the Zoom session after scheduling a follow-up visit with the patient’s daughter.

During session 2, 2 days later, the patient was experiencing fatigue and pain, as well as anxiety related to tachycardia. The MT-BC again played guitar while singing from the patient’s preferred genre. The patient and his daughter sang along to the music and smiled, laughing at humorous lyrics. The MT-BC prompted a discussion about the lyrical content of the song while continuing soft guitar music. The patient and his daughter discussed his childhood memories pertaining to the lyrics’ themes. They became tearful while talking and expressed they had not discussed these memories previously. The MT-BC encouraged continued expression by normalizing the emotional response to music, prompting further discussion when appropriate, and continuing slow, quiet guitar music. As the session concluded, the MT-BC encouraged the continued use of music listening for patient-caregiver bonding. Patient and daughter noted the significance of music in their relationship and the emotional release it could provide.

## **Patient Feedback**

The patient and his daughter shared that telehealth-based music therapy on the inpatient unit provided a “ray of light,” and a break from the difficult medical treatment and symptoms the patient experienced during his ICU stay. In fact, she noted starting music therapy treatment earlier in his stay would have been preferable. During 1 familiar song, a humorous lyric caused them to smile and laugh together, a somewhat rare occurrence in the ICU, as described by the daughter. The hospital-provided iPad was important technology according to the daughter, for both telehealth music therapy and keeping in contact with family members via video conferencing. She noted telehealth music therapy highlighted music’s ability to express “simultaneous joy and sadness.” She remarked on how a song that was requested by the patient particularly sparked her father’s memories and subsequent conversation in the session. In an example of inpatient telehealth music therapy’s ability to open pathways to healing, she believed this was “an extra push” toward her father seeking further mental health treatment post-discharge, related to unresolved childhood memories which he brought to his existing counselor at this institution. His daughter noted, “It’s almost like something that was hidden within you in that song made you realize things, like ‘oh maybe I need to talk about that with someone.’”

The patient and his daughter also participated regularly in telehealth group music therapy and provided feedback on their experience. They believed that the telehealth group music therapy offered them a structured opportunity to bond with each other through music twice weekly, and as a result, playing his preferred recorded music in the house and during drives had become a regular routine. The patient’s daughter shared a unique benefit of having group music therapy done via telehealth. She was able to use the mute function to have slower, more in-depth side conversations about the session with her father, which helped to navigate his aphasia diagnosis and provided them some privacy during the group music therapy. This would have been difficult or burdensome with an in-person group. The patient’s daughter reflected on the increase of music in daily life, “a focus on music through the [telehealth] music therapy has reignited Dad’s passion for music and given us time to reminisce on old memories. I think it’s taken our perspective on cancer to a whole [new] level. When I think back when we started this journey, it feels like a fast-moving train, so much happening and we don’t know what’s next. Our attitude changed on life, and music therapy came at a good time.”

## **Case #2—Outpatient Telehealth Music Therapy, Individual Sessions**

This patient is a 65-year-old woman with a history of neuroendocrine tumor in lung (carcinoid), basal cell carcinoma,

melanoma in situ, and breast cancer who has been seen and taken part in multiple services offered through our Integrative Medicine Center for the last several years. She expressed an interest in participating in music therapy as an adjunct therapy while decreasing the frequency of healthy psychology sessions. She was self-motivated to engage in music therapy and this coincided with a long-standing goal of hers to re-learn how to play the piano. She participated in a total of 5 telehealth individual music therapy sessions between December 2020 and March 2021.

During the initial consult, the patient described discovering her ability to play piano as a child as revelatory and a skill that set her apart in her family. However, she had experienced trauma during her childhood, and her involvement in piano playing was often negatively perceived by her mother and as a child she was reprimanded for “making noise.” At age 17, the patient experienced the loss of her mother to cancer and a sudden shift in households as her father remarried, causing an abrupt loss of the treasured piano. This was an intense period of trauma and grief. The complex association between her developing piano skills and parental emotional abuse, then losing the piano as an expressive outlet, resulted in shame, pain, and anxiety surrounding piano play. Despite this, she was still drawn to return to the piano. The patient’s desired outcomes for the music therapy sessions were to reduce mild anxiety and depression symptoms and redefine the purpose of her piano play as a positive, expressive outlet.

Music therapy interventions during treatment included adapted music instruction and music-assisted relaxation, both of which transferred to telehealth format easily. Interventions included supported piano instruction through exercises designed to increase creativity and decrease self-judgment. During piano instruction, the MT-BC prompted discussion and processing of emotions, and supported reflection on the patient’s changing relationship to piano play. The patient also participated in music and mindfulness exercises during each session, including body scan, guided imagery, breath synchronization and muscle relaxation also facilitated live by the music therapist via Zoom. In addition to piano instruction, the MT-BC provided novel resources and methods of learning which allowed her the freedom to continue self-teaching in between music sessions. She also continued her biweekly health psychology sessions during this time, which allowed opportunity for further in-depth processing of telehealth music therapy experiences, demonstrating multidisciplinary collaboration and continuity of care in the telehealth environment.

During music therapy telehealth treatment, the patient briefly shared a history of complex trauma occurring in childhood amidst complicated family relationships. Music and piano playing were bringing these memories to the surface and allowing her to evaluate them differently. Through discussion, mind body exercises, and reintroduction to



piano instruction, the patient redefined her relationship to piano play and music overall. She rated self-reported outcomes on the ESAS during the telehealth music therapy initial consult, rating depression and anxiety as a 3 out of 10 prior to the session. Upon concluding the session, she reported each as a 1 out of 10, marking a clinically significant reduction in self-reported depression and anxiety during this initial session.<sup>9</sup>

### **Patient Feedback**

Patient noted that telehealth music therapy had a “huge outcome” for her. Music therapy and concurrent psychotherapy allowed her to overcome her decades-long experience of crying every time she sat at the piano. “The one thing I never could understand in the past was why when I would sit down at a piano I would start to cry. And I thought, ‘This is so stupid.’ Music therapy opened those doors up, working with [the MT-BC] encouraging me that yes, it’s OK.”

She noted that had she not had the technology available to her including headphones, a computer and a keyboard, these sessions would not have been possible. The single time she needed to attend via telephone with only audio she perceived the session as slightly less effective. On attending the group telehealth music therapy, she shared, “It was so incredibly beneficial to see other members in the group. There’s just something knowing there’s other people and what stages they are in their journey and you know you’re not alone. And connecting with them really, that is also very powerful. It just empowers me. I’m realizing it’s not all blackness. It’s not all ugly. There’s just power in it, in a lot of different ways, emotionally and spiritually.”

### **Discussion**

Music therapy’s transition to telehealth delivery in an academic comprehensive cancer center was successful and of great value as viewed from the provider and patient perspective. The telehealth outpatient group provided opportunity for social connection between patients and caregivers with music initiating conversation and expression, which built over time as patients became familiar with each other. Each group session included music-assisted relaxation exercises for anxiety reduction, opportunities for movement to music, and increased social connection through discussing lyric themes in familiar songs. The telehealth format allowed for participation without the burden of traveling to and from the Integrative Medicine Center, removing stressors associated with driving, parking, and COVID-19 exposure. During the pandemic, group participants regularly identified the music therapy group as a crucial part of feeling connected to others experiencing similar cancer-related issues while not risking exposure.

A survey of neuro-rehabilitation music therapists providing telehealth music therapy during the COVID-19 pandemic assessed the challenges and benefits of music therapy provided via telehealth.<sup>10</sup> Continuation of regular treatment (36%), decreased travel time (23.2%) and increased accessibility (37.7%) were top benefits noted in the survey, while 68% reported technological difficulties as a top challenge. Other top challenges were lack of therapist-client personal connection and decreased client engagement.<sup>10</sup> The decreased patient engagement noted in this survey contrasted with our experience of more consistent patient and caregiver engagement in an oncology setting. Perhaps telehealth music therapy is more adaptable in certain settings, where the focus may be to address social-emotional distress rather than cognitive and physical rehabilitation.

An important aspect of implementing telehealth music therapy is configuring the optimal technology. For example, one small adjustment to all telehealth music therapy settings included an initial video and audio check-in prior to each session to confirm the patient was experiencing optimal video and audio connection with their device. During the initial transition to telehealth music therapy, the MT-BC researched optimal sound settings specifically for live music therapy on the Zoom application. Advanced sound adjustments include enabling “High fidelity music mode,” “Original Sound,” and unselecting “echo reduction,” due to the application’s typical settings which prioritize only voice sounds and subdue accompanying instruments. Telehealth music therapy requires the application to allow many sounds at once, hence adjusting the settings and using an external USB microphone. Additionally, a simultaneous active music-making intervention was not optimal during telehealth music therapy, because video conferencing technology has a sound delay of 1 to 2 seconds even with good internet connection. Therefore, when the MT-BC plays an instrument or sings at the same time as the patient, the patient hears it out of synchronization with what they are playing. In a telehealth music instruction environment, this eliminates the possibility of simultaneously playing with the patient. Telehealth resources, such as pre-recorded music instruction, were used to compensate.

In the outpatient individual telehealth music therapy sessions, the MT-BC adapted to a music instruction model that did not require real time in-person play, using online and on screen resources to supplement such as prerecorded music instruction videos or using shared-screen function with images of the keys of the piano and musical staff to demonstrate musical concepts. To participate via Zoom, the patient required a stable internet connection, a device with a screen, and Zoom capability on that device. Patients typically already had this available to them because the same application was used for telehealth medical appointments. Overall, the MT-BC frequently delivered interventions and exercises typically used in-person. Interventions such as piano

instruction, music-assisted relaxation, playlist coaching, song discussion, and songwriting could be used without major adjustments. A possible benefit of outpatient telehealth music therapy is that patients remain in the comfort of their homes, perhaps allowing them to feel more comfortable sharing details they may not have shared in a formal office environment. Future research may benefit from assessing whether location affects patient comfort and rapport building.

The inpatient telehealth music therapy sessions were held on an iPad with a stable internet connection and the Zoom application using a hands-free stand available on inpatient units. This component was instrumental in allowing hospitalized patients to access telehealth music therapy services and maintain regular connection with family during the time when visitor access was restricted. During the inpatient sessions, the songs chosen by the patient contained shared, relevant themes for discussion and expansion, and live music created an environment of familiarity and comfort conducive to sharing memories. This allowed continued reflection related to the song lyrics, then alleviation of emotional distress such as anxiety and sadness. Music-assisted relaxation contained musical cues for breath and muscle relaxation. While most telehealth music therapy interventions transitioned seamlessly, additional considerations were required on the inpatient unit, including increased coordination leading up to treatment, increased reliance on technology and the patient's care team, and increased awareness of sound and physical space adjustments. Initiating a telehealth music therapy inpatient session entailed a 4-step process: (1) telephone call to the patient to introduce telehealth music therapy services, (2) telephone call to the patient's nurse to ensure adequate timing for the session, (3) request for clinical staff on the inpatient unit to assign and deliver an institutional iPad to the patient, and (4) inpatient clinical staff logging them into the Zoom session. Clinical staff on the inpatient unit included a nurse, certified nurse assistant, or Patient Care Technician. Having a caregiver at bedside helped facilitate the process.

Roadblocks encountered during the 4-step process could result in a delay in initiating a session as compared to in-person which involves walking directly into the patient's room. As could be expected, implementing telehealth music therapy interventions in the inpatient oncology setting required additional logistical considerations, particularly for patients experiencing difficulty with mobility or pain, or experiencing sedating effects of medication. The MT-BC requested help positioning the iPad, adjusting volume, adjusting lighting and competing sound in the room such as a television or monitors. Other considerations on the inpatient unit involved finding alternative solutions to scenarios encountered differently when physically present in the

room. The MT-BC frequently navigated scenarios in which other providers entered the patient's room to examine or speak to them. In this scenario the MT-BC clearly and loudly introduced and stated their presence on the iPad and allowed the patient or caregiver to decide whether to pause the session with camera and sound off or conclude the session. Additionally, if a patient required assistance for urgent needs during the session, the MT-BC was prepared to call the telephone number for the nursing team, as opposed to just pushing the care team call button as was possible when in-person. Unaccompanied patients with delirium were excluded from telehealth music therapy sessions unless a caregiver or sitter was present; utilizing technology was contraindicated due to the potential to further disorient the patient.

Suggestions for future research include a more in-depth qualitative and quantitative examination of patients' perceptions of telehealth music therapy, comparing in-person versus telehealth, preferences for the different delivery methods, and whether outcomes are moderated by certain variables such as physical or cognitive limitations or access to and familiarity with technology. As hospital systems return to in-person healthcare, it could be valuable to track the trajectory of interest in telehealth music therapy; perhaps being less meaningful for patients if there is the option of in-person music therapy. Alternatively, telehealth music therapy may increase access for patients who would not typically initiate music therapy if required to come to the hospital.

Music therapy has previously been established as conducive for symptom reduction and rehabilitation for general medical problems and within a cancer setting.<sup>11</sup> Music therapy is an important component of Integrative Oncology services at MD Anderson, and we prioritized transitioning services to telehealth during the COVID-19 pandemic. This case series outlines successful real-world examples of treatment plans utilizing inpatient and outpatient telehealth music therapy, as well as describing an outpatient telehealth music therapy group program. Music therapy delivered via telehealth is largely feasible and patients report experiencing notable benefits.

### Consent to Participate

Data was collected as part of a Center-based database as part of an IRB-approved protocol. Patients completed appropriate HIPPA consent forms for participation in education and scientific publication.

### Declaration of Conflicting Interests

The author(s) declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article: Lorenzo Cohen is the co-author of the book *Anticancer Living: Transform Your Life and Health with the Mix of Six* for which he receives royalties.

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