

QUESTION & ANSWER SESSION
The Magic of Music and Memory
Mashpee Congregational Church
September 20, 2026

Bonnie Towle: We're going to start the question-and-answer period now. I hope you had time to connect and talk about the stories we've heard this morning. It's been very interesting, and I've enjoyed meeting as many of you as I have. I'm going to turn the meeting over to Kerry McDonald, who, as I said, is a dementia specialist, and she will answer your questions.

Kerry McDonald: Thank you, Bonnie. I just want to thank everybody for having me here today. And Randi Lebar, a special friend of mine—her mom, Elaine, meant so much to me. Elaine and I spent five wonderful years together. I was a member here and a director for about six years at the company, actually, and that's how I met Elaine.

Currently, I am a dementia practitioner and also a patient-care advocate with Continuum Hospice in Hyannis. I met Bonnie, as she was saying earlier, and we're going to connect somewhere there after the program.

I am very passionate about dementia as a whole. My father was diagnosed with Parkinson's disease in his early 40s, and by the time he was 54 years old, he had developed dementia. He didn't know who my mother was or who I was. It was a really, really difficult and challenging time.

I'm extremely passionate about dementia, memory care, and that whole umbrella because I didn't know then what I know today. I wish I had, because perhaps I could have kept my dad home longer. Maybe there was something I could have done differently. That's a question I never got answered.

So I'm very passionate about helping families keep their loved ones at home as long as possible and safely, and about answering questions and providing tricks and strategies. Randi can attest to my time with her mom.

I'm also a volunteer coordinator at Continuum Hospice. Randi works with us as our chaplain, and we have a wonderful volunteer program. If anybody is ever interested, we would love to have you come. Even an hour a month is all we really need. If you want to talk to me more about that, I have a sign-up sheet outside.

I especially do some special programs for dementia with our volunteers, including doll therapy, for which I have certification. I'm able to go into dementia neighborhoods and also teach our volunteers how to do doll therapy.

Virtual reality, believe it or not, is also a big hit with our dementia patients. It enables them to visit places they wanted to go to or places that have special meaning to them. We have volunteers who can do that as well.

We also have a dog-therapy program in which volunteers go with our dogs and their handlers to visit patients. It's really rewarding and fulfilling, and it's a great opportunity to connect with people. So if you're interested, let me know.

Bonnie: I would like you to tell the story you told me about Elaine.

Kerry McDonald: During COVID, they had a contest. It was like *America's Got Talent*, except it was for all the different facilities. I said, "I'm going to enter Elaine and me in it," and I did.

I remember thinking, "Oh my gosh, am I going to be able to get her to the piano?" Sometimes it was challenging to do that.

I knew Elaine had been a concert pianist, so I came up with a plan. That morning, I went into her room and laid out her clothes. I said to her, "You have a concert today, and it's a big deal. We have a performance, and it's a concert performance."

Outside the memory-care neighborhood, where the piano was going to be, we set it up just like a concert. We had a red carpet, the little aisle barriers, and people there. She thought she was going to perform in a concert.

She got dressed and wore anything I asked her to, which was not common for her. She put on this beautiful lilac outfit because she always used to wear purple clothes.

I went into the room and said, "All right, Elaine, let's go." She went right with me.

When she entered the room and saw everybody there, she started greeting everyone. "Hello, thank you for coming. Hello, thank you for coming." It was as though I had transported her back in time to when she was in her concert days. I didn't even recognize her.

She did the performance. We won, of course. After the concert was over, she continued. She bowed, went over, greeted everybody, and thanked them for coming.

It was unbelievable to see somebody go from where she was every day to that transformation.

Randi Lebar: I always said my mother was the lost little old lady. But when you sat her down at the piano, she became Elaine. She became Elaine the concert pianist. She transformed.

I don't know if any of you saw it, but a few years ago there was a *60 Minutes* segment about Tony Bennett. He was the exact same age as my mother, and he was putting on his last concert with Lady Gaga.

They showed him in rehearsal. He knew nothing. He didn't know what he was practicing for. But when the pianist started to play, he was Tony Bennett. He was singing, and that's what he did on stage.

That is one of the very few times during my mother's stay in memory care that I cried. I cried watching *60 Minutes* because that was the transformation that happened to my mother every time I could get her to the piano.

In later years, it became harder and harder to get her to the piano. I think some of the aides didn't understand that I wasn't doing this to show her off. I was doing it for her. Getting to the piano was for her and for the other residents.

The days that I dragged or cajoled her to the piano, I could see some of the aides who weren't there all the time looking at me as if to say, "Why are you doing this to your mother? Let her be."

No. This was her therapy.

Kerry McDonald: Music is very impactful.

The woman you saw with her husband in the video you showed was Mary Alice. There was a time when Bill came to me and said that he just wanted to hear his wife's voice. That's all he wanted.

I said, "Okay, well, this is what we're going to do. I've heard her voice personally, so I want you to hear her voice."

I sat Mary Alice down, sat next to her, and we sang "Happy Birthday." No one forgets "Happy Birthday." She sang the song, and Bill just melted in his chair because he got to hear his wife's voice. He hadn't heard it in years.

The connections I made with music were through singing songs and allowing family members to connect with their loved ones through music. Hearing their voice is so impactful. Someone can say, "I haven't heard my mom's voice in so long." If they can go to a performance or sing with their loved one, it can be incredibly meaningful.

It's the same with baby-doll therapy. I've had patients whose loved ones haven't had a connection with them in a long time. When I bring in a baby doll and give it to the person in the correct way, they begin to interact with the loved one next to them. The loved one may start talking about when they were little, or when they had a baby, or when they were taking care of their daughter.

The person with dementia may not know exactly who is sitting next to them, but the family hears those stories and thinks, "Oh my gosh, my mom still does remember me." She may talk about taking care of me when I was little or sing a song she used to sing to me.

There's a little connection there. It could be music. It could be a doll. It could be other things.

Paul Smith: Is there any evidence that other art forms—painting, writing, and so forth—might have similar effects?

Kerry McDonald: Yes, absolutely, 100 percent.

I had one resident whom you also know who was with me for a really long time. She was a poet, and I wish I had brought her poetry here today with me. I carry it in my work bag. She used to write poetry, and even in the later stages of her dementia, she continued to do it. I always said she could write for Hallmark. She may not have known who her loved one was or what day it was or anything like that, but she could write a poem.

Randi Lebar: I have the birthday card she wrote for my mother—the poem she wrote on the birthday card. Thinking about her is what made me think of this concept. My mother's thing was music, but this other woman had poetry.

But you had to know it. How would you know that?

Her daughter told me, "My mother writes poetry." Then I could go up to her and say, "Can you write a poem about my mother playing this piece of music?" And she would do that.

But if you don't know it—if the aides don't know it, if the people visiting don't know it—nobody knows what to ask for.

Kerry McDonald: If your loved one is in memory care, I always suggest that families make an “All About Me” document. You can download one on the computer, and there are all kinds of them available.

The staff don’t know your loved one the way you do, and it’s so important for them to know that person in order to connect with them.

Sometimes the facility will collect this information when someone first moves in, but it doesn’t always carry over to the staff. So it’s important to do your own.

I used to tell families to put it in a big picture frame right there in the room. It can show that the people in memory care were successful. They had careers. They had families. They were just like you and me.

It’s important to connect with the person’s past history.

And yes, art is extremely important. I taught an art class in my memory-care neighborhood. We had about 20 residents, and some residents from assisted living would come to the class, too. Another artist and I taught adaptive art.

Art can be used as an expression—a way for people to express themselves. If someone is nonverbal, that doesn’t mean they still can’t write, paint, or sing.

I had a gentleman who did a freehand painting. I had no idea what the painting meant, but his family did. He painted a picture of a cabin that they used to go to years ago as a family.

When I presented it to the family, they broke down in tears because they could not believe it. He hadn’t spoken in so long, but that cabin reaffirmed to them that he was still in there. He was able to freehand paint this beautiful picture.

Painting is another way for people to express themselves. When you have aphasia or dementia, you may know what you want to say but be unable to get it out. You can express it through art.

I have a patient recently who can’t really say much. He knows what he wants to say but can’t get it out. I gave him a pad and paper, and he just took off writing.

Don’t ever underestimate what people can actually do. They may still be able to write. They may still be able to read. They can still do many things.

Music is another example. Randi would come in and teach tap dancing. I taught the residents how to play instruments. We had a great kazoo club. We even won the talent show. We had about 20 residents playing the triangle and kazoo, and we put on a whole concert.

They relearned how to do it because of muscle memory, and they already knew many of the songs. They loved it, and it was a lot of fun.

People with dementia can also learn something new. People say, “Oh, they can’t.” No, they can. They definitely can. But you need to adapt the activity to their abilities.

Marsha Slayton: I was amazed while I was watching your mother play. As a frustrated pianist myself, the reason I’m frustrated is because my fingers don’t get to the right keys. Her memory was taken away for some

reason, but her joints were still able to play the notes. It made me almost cry at how much she had lost, but so much that she still had.

Randi Lebar: Her arthritis started bending her fingers in her 60s. She had tiny hands, too. That goes against the classic picture everyone has of the pianist with long fingers. She didn't have those. She had tiny, stubby little fingers, and eventually they were tiny, stubby, crooked fingers.

We used to joke about it. I would say, "How do your fingers do that?" She would say, "I don't know. They just do."

I think part of it was that she also had perfect pitch. She had been playing since she was three years old, and she knew what it was supposed to sound like. So if it meant moving her finger over a little bit, she would do that.

I got that question all the time. She never complained about her hands hurting. I was an orthopedic surgeon, and I had a sign in one of my exam rooms that said, "When you rest, you rust."

She kept moving. I'm sure it must have hurt, but she never complained about it.

Kerry McDonald: They were very arthritic. They really were. It's really important, with your loved one, to find the connection rather than focus on the loss. There has to be a connection somewhere.

I had another resident who was an editor of a newspaper in New York. I always tried to find a way to exercise her brain and give her something meaningful to do. I went out and got all kinds of things for her to edit and gave her a little red marker. Off she went. She was thrilled. She had purpose and meaning because she was able to do something she had once done. Finding purpose for people with disabilities is extremely important.

Randi Lebar: When my mother was getting better after COVID, one of the things they did was put her on the schedule. They had a daily schedule on a whiteboard showing what was happening every hour. My mother read that schedule compulsively. At some point, we realized we had to move her away from the schedule or erase her name after the time had passed. She might be eating lunch and suddenly say, "I was supposed to perform at 10 o'clock," and it would upset her.

But even if she never played that day, seeing her name on the schedule gave her purpose. That was her. That's why she was there.

Especially early on, she would look at me and say, "Why am I here?" Initially, I went through the whole explanation: "Your dad died, and you live here." That didn't work. Eventually I learned to say, "You're here to play the piano for these other people." That's what she needed to hear. It took me about two years to understand that was what I was supposed to say.

I learned a lot from watching Kerry and the aides interact with my mother. There was one aide whom I hadn't met because I hadn't been in the building for six months. The rule was that Elaine played piano every day. My mother would take an afternoon nap, and this aide would come in, wake her up, and say, "I'm here for my piano lesson." That was who my mother was. She wasn't going to miss a piano lesson. It was vital to her. That would get her out of bed and over to the piano. She'd start playing scales, forget that she was supposed to be teaching a lesson, and play for ten minutes.

That's what she needed.

Kerry McDonald: That's called therapeutic fibbing, and I use it all the time.

When you ask somebody with dementia to do something, depending on what stage they're in, they typically don't want to do it. They're going to say no.

Nine out of ten times, if I went into a patient's room and said, "Joanie, they need to come in and wash the carpets today. Do you think you could help me? Come with me and help me while they wash the carpets," she would say, "Of course, no problem," and go with me.

I engage them in an activity. They're there all day.

If you simply ask them to do something, they may say no because they don't know if they can do the activity. Their abilities are not what they used to be. They may not want to do it. Their speech may not be good. They may not want to be around people because they're concerned about what other people are thinking about them, or because they can't keep up with a conversation.

That's why redirection, cueing, and therapeutic fibs can be so useful.

What I loved about Randi's presentation is that there were so many great things in it to pull out—redirection, cueing, therapeutic fibs, and other basic things that caregivers can relate to.

Sheldon Keller: You've talked primarily about people who are in a memory-care situation. Can you tell me, because I've had a couple of friends with dementia, who makes the decision when someone moves from home to memory care? Who has the authority to make that decision?

Kerry McDonald: The decision involves the doctor and the family. For someone to be admitted to or live in certain levels of care, there generally has to be a physician's clearance or approval indicating that the person is no longer able to make medical decisions for themselves or is no longer able to live independently.

That brings up an incredibly important issue: You need to have legal mechanisms in place ahead of time. Who is your power of attorney if you are no longer able to make decisions?

Randi Lebar: Everybody should have that in place. My son has it in place. We are all one accident away from something bad happening. Put those mechanisms in place. It is end-of-life planning, but that doesn't mean you're at the end of your life. It simply means putting things in place in case something happens.

For example, I can name someone as my medical power of attorney so that if I can't make decisions, that person can make them for me. A doctor then has to determine that I can no longer make those decisions.

That is your health-care proxy. If you haven't done this, the forms are available online. Meet with your doctor. Meet with a lawyer. Put a plan in place. You don't need to be at the end of your life to make these decisions.

Kerry McDonald: I run into this all the time. Your power of attorney is generally for financial matters. That power of attorney may allow someone to sign a lease for you to enter assisted living. Your health-care proxy allows someone to make medical decisions for you when you can no longer make them yourself. That health-care proxy has to be invoked by a doctor, who determines that you are no longer capable of making medical decisions on your own.

The decision about someone moving to memory care can involve the doctor and the family. Sometimes a facility or hospital is also involved. The important thing is that you never want to make a decision when you have to make a decision. Plan ahead. As soon as someone has a cognitive impairment, start thinking about this. Go out and visit facilities. Ask questions. There are many questions people don't think of. Do they have overnight nursing? Can they keep my loved one through the end of life? What services do they provide?

Assisted living is different from a skilled nursing facility. In assisted living, you're essentially renting an apartment, and the services they can provide may be limited. Memory-care facilities also differ from one another. A skilled nursing facility can provide a higher level of care. So do your homework ahead of time. Don't wait. Tour facilities. Talk to people. Bring a list of questions. It's a little like taking your child to look at colleges. What does the facility offer? What does your loved one like to do? Do they have entertainment? Read reviews and talk to people.

You don't want to make the decision in an emergency. I see families struggling with this all the time: "What are we going to do? We have no place for them to go." So get out there and have a plan in place. Even if you're not going to execute it now, have it in place.

Sibling issues also come into play. One person may want Mom to go to memory care, another may want her to stay home, and another may want her to move to another state.

Randi Lebar: Those are the kinds of things that are much easier to deal with ahead of time, as Kerry said. Have the discussions before you have to. These conversations are hard, but they're a whole lot easier when it's not an emergency—when it's not, "Oh my God, we need to make a decision by next week about where Mom is going to go after her hip surgery." Make the decisions early.

If you're a parent and you have five children, decide which one of your children you want to be in charge, and make that clear ahead of time so the siblings all know. That way there isn't a fight later about what happens. I think that's probably the most important aspect of this kind of planning.

Kerry McDonald: It really is important. Having a plan and the proper paperwork in place makes a huge difference. It's also important to think about hospice and palliative care. Just because your loved one has dementia doesn't mean you should be afraid of the word "hospice." I've seen people graduate from hospice.

Randi Lebar: Hospice in dementia care can be very different from hospice for cancer or other end-of-life conditions. My mother was on hospice for two years before she died. We tried to get her on hospice a year before that. Everyone knew she needed it, and the services would have been really helpful. At the time, in Massachusetts, one of the primary criteria for qualifying for hospice was losing language. My mother corrected my spelling three weeks before she died. She did not lose language.

She was incredibly healthy, and it wasn't until she had enough other diagnoses that she qualified. She had heart failure, other conditions, and was a fall risk. We had to have a list of several things for her to qualify for hospice. What hospice provided was a hospital bed, incontinence supplies, cleaning supplies, a wheelchair, and other durable medical equipment. More importantly, it provided an aide several hours a week.

The aides in the facility were spread among many residents. I visited a lot, but I wasn't there all the time. Hospice gave my mother another person who could visit her. The aide and I worked together. They asked, "What do you want me to do?" I said, "I want you to get her to the piano."

That's what they did.

Later, when she never had difficulty feeding herself but would forget why she was there, she needed someone to cue her to eat. If I was there, fine. But the aides had many other people to take care of. This population needs more oversight.

Kerry McDonald: Especially in dementia care, because people often can't speak for themselves. They can't tell us what their needs are, so they need more oversight. As soon as I think someone may qualify for hospice, I get an assessment. They may not qualify at that point, but we can come back and do another assessment. Each time, we may see something different. Eventually, we may be able to determine that the patient is eligible.

It's important to get that initial assessment because you also have someone you can call for resources. We have a palliative pathways program at Continuum, where someone follows up with patients who don't qualify for hospice to check in with them. The criteria for dementia can be difficult to meet. Sometimes we look at other conditions the person may have, such as heart disease, stroke, or Parkinson's disease. There are different avenues for helping your loved one, and the important thing is to start the process and have someone evaluating the situation.

Ken Nelson: You've talked primarily about people who have a skill with music or art or something. What do you do for those of us who don't have any particular ancillary skill?

Kerry McDonald: There are lots of different things you can do. It doesn't have to be a skill. It could simply be an interest. It could be as easy as getting a bag or box of socks and having your loved one help you with the laundry. Everyday-life skills—folding laundry, setting the table, sweeping—can all be meaningful. You don't necessarily have to do it yourself. Your loved one may enjoy watching someone else do something.

Randi Lebar: I was visiting my mother not long before she died, and there was a woman across the table. I had never heard her speak and knew nothing about her. She was there with her daughter, who had brought her McDonald's because that's what she liked. That was how they connected. I was sitting there knitting, which is how I pass my time. Out of the blue, this woman whom I had never heard speak looked at me and said, "I like to knit." We all jumped because we had not heard this woman speak. I said, "Oh, let me show you what I'm knitting. What do you think of that?" We then had a long conversation about knitting.

She could no longer knit, but it had been a past interest of hers. So it doesn't have to be a skill that the person can still perform.

Kerry McDonald: It also depends on what stage of dementia they're in. There are all kinds of activities you can do in the home to give your loved one a sense of purpose and connection. It doesn't have to be music or an instrument. Think about what they did for a living.

For example, Mary Alice, whom you saw in the video, was a computer programmer. I got her a keyboard and a screen, and she would walk up to it and just go to work. If they were an accountant, give them something resembling an accounting task. If they were an editor, give them something to edit. You don't have to have a specific skill to connect with that person. There are also everyday-life activities—sorting, folding, sweeping. Sweeping is huge. People love to sweep because they feel needed. It gives them purpose.

There are all kinds of things around your home that you can still do with someone.

Randi Lebar: On the surface, sometimes it sounds as if we're just giving them busy work. No. We're giving them purpose. That is different. And we're providing a time of connection. It may look like busy work. They may be sorting red and green pencils or something like that. But during that time, you can be amazed at the connection that happens around it.

Kerry McDonald: If Martha were to sit down next to you with a little basket of laundry and say, "Could you help me fold this?" you might not know how. That's the same experience a person with dementia may have. Remember, their brain is changing. Just because they didn't want to do something before doesn't mean they don't want to do it now. I've had plenty of patients whose family members say, "You're giving my dad pepperoni pizza. He said he hates pepperoni pizza." And I say, "Your dad just ate a whole pepperoni pizza." When the brain changes, likes and dislikes can change with it. It's important to keep looking for ways to connect.

Randi Lebar: It also brings up the importance of saying things while you're in your good mind. My son knows exactly what to do for me if I ever end up in the situation my mother was in. He will bring me my tap shoes. He will bring me my knitting, whether I can do it or not. Those are things that give me pleasure. It's important to recognize those things in your life now. It doesn't have to be a skill. I like to watch *Judge Judy*. Whatever it is, those things that you like—write them down. Let your loved ones know. Keep a little journal.

Sandy Smith: I know that with caregiving, the family has a major responsibility. But I also think about friends and other people who interact with the person.

My mother, for instance, had a man who used to come to the house all the time to do odd jobs throughout their years of marriage. He was the one who said to me one time when I was visiting my mother at the home I grew up in, "You know, this is too much for your mother. Have you thought about getting some help?"

I remember thinking, "No, I never even thought about it." He told me that he was supposed to deliver a washing machine on a Wednesday, and my mother had called him every day for a week asking, "Are you coming today?" He had known my mother for years. He loved her, and he knew she wasn't getting it.

Of course, I didn't really notice that part because I was family.

I think families should communicate with friends, service people, and others who come to the house. I also wanted to ask whether most facilities have programs in which they talk to caregivers and family members about exactly what you're saying to us. In other words, think about talking to the parent, but also talk to their friends when they come to visit. Ask them what they think the person likes to do.

Kerry McDonald: Absolutely. That is important. Often, people who know the person can be the best ones to tell us when something has changed. As you said, that man wasn't the daughter or the son. Family members see Mom or Dad, but other people may notice things that we don't. The facilities generally won't seek information from other people unless you specifically give them permission to do so. When someone enters a facility, there are forms indicating who can be contacted and what information can be shared.

But it's an excellent point: Keep a journal and talk to the people in your loved one's life—a sister, a best friend from high school, or anyone who may know something important about that person's history.

Let me tell you a quick story.

I had two residents, one who lived in independent living and one in memory care. The woman in memory care was very challenging, and I was trying to find a connection for her. I just couldn't figure out what it was. So I went back farther. I talked to relatives and older friends who used to visit. I asked, "What did she do in high school?" This woman was probably in her 90s, and they told me she had been a cheerleader in high school. I had another resident in assisted living who wasn't quite ready for memory care. We also had a day program, and I wanted her to come to it. I thought, "Here I have a Bourne cheerleader. Let me look into this woman's background." Guess what? She was a cheerleader, too. And they had been born in the same year. I knew this because I talked to people who knew them. We had one woman in the common area, and I brought the other woman over from assisted living. There wasn't a dry eye in the place. They recognized each other. They knew who they were. They started talking about high school, and before long they were doing cheers together.

That's what I mean by knowing your people—knowing your loved one and giving the facility some of that history. Look at how we were able to bring one woman out of her room more often and have the other woman come to memory care every day simply because we knew something about their past.

So, going back to your question, talking to other people in their lives—not just family members, but friends and others—is really helpful.

Randi Lebar: there is also mandatory training.

Kerry McDonald: There is mandatory training for people who work in assisted living and skilled nursing facilities. There are a number of hours of dementia training that they have to complete each year.

Part of that training is learning about the residents and getting a good background on them.

Marsha Slayton: This is really good information that we just don't think about sometimes.

Bonnie Towle: Go home and write your journal. Write down all the things that you love.

I'm going to wrap it up now. Thank you, everybody.