

An Overview of Music Therapy

You may or may not have heard of music therapy. Most people will agree that music can have therapeutic effects, can elicit movement, affect changes in mood, evoke memories and spark a large range of emotions. Fewer people are aware that music therapy is a health care profession. This course will provide a broad overview of the profession of music therapy, inclusive of the historical development of the profession, how to become a music therapist, music therapy interventions and music therapy approaches. These topics will be covered through providing examples of music therapy in facilitating health care goals for all age groups, and a diversity of diagnoses such as autism spectrum disorder, Parkinson's disease, Dementia, Palliative Care, Acquired Brain Injury, and Mental Illness.

Terms used in this course:

Music therapist: an individual who has met all the mandates of their regulating professional association to provide music therapy services.

Patient or Client? – an individual receiving music therapy services could be considered a patient or a client. An individual who is hospitalized or receiving music therapy as part of a health care program is often referred to as a patient, whereas an individual who is receiving music therapy through a private practice, is usually referred to as the 'client'.

Music therapy in a nutshell

Music therapy is government regulated or self-regulated in many countries globally. Music therapists are health care professionals who use music in a variety of ways to support health care goals. Each country has a slightly different definition of music therapy. The Canadian Association of Music Therapists defines music therapy as follows:

Music therapy is a discipline in which Credentialed Music Therapists (MTAs) use music purposefully within therapeutic relationships to support development, health, and well-being. Music therapists use music safely and ethically to address human needs within cognitive, communicative, emotional, musical, physical, social, and spiritual domains.

Canadian Association of Music Therapists (www.musictherapy.ca)

What is the difference between music entertainment and music therapy?

First and foremost, only music therapists facilitate music therapy sessions. Just as a physiotherapist provides physiotherapy, and a speech therapist provides speech therapy, a music therapist provides music therapy. In addition to music therapy being defined by the facilitation of a music therapist, it is also defined as using music to meet a health care goal. For example, when a music therapist is singing and playing the

guitar with a small group of people with Dementia, the chosen music has intent and meaning based on what the music therapist knows about the clients and the reasons the clients were referred to the music therapy group. When a musician plays to a group of people, a relationship does not exist between the audience and the performer, the purpose is to entertain, opposed to meeting a specific health care goal.

When a musician plays music, it may have therapeutic effects, but being therapeutic does not warrant being music therapy. Playing an instrument, playing in a band, singing in a choir, listening to music at a concert, a private setting or through a set of headphones can all feel therapeutic. But they are not music therapy.

Is music therapy a new profession?

As a health care profession within modern medicine, music therapy is a relatively new profession. The USA was the first country to form a professional body for music therapy in the 1940's, followed by the UK in the 1950s, and Canada in the 1970s. Many countries now offer music therapy. Despite the first music therapy training program starting in the USA in the 1940s, the use of music in health and for wellbeing goes back to pre-historic times. As a result of modern medicine, music lost its place in medicine, despite its long history of being part of medicinal traditions in many cultures across the globe. The profession of music therapy could be considered an attempt of adapting cultural uses of music into the western modern medicine model. The history of music in health and music therapy will be discussed further in an upcoming section.

Who can benefit from music therapy?

The range of people who may benefit from music therapy is extensive. Music therapy can influence symptoms of dementia, autism spectrum disorder, Parkinson's disease, mental illnesses, substance abuse, chronic pain, acquired brain injury, and cancer, to name a few. Music therapy interventions can be implemented in a variety of ways to support goals related to speech, movement, self-regulation, emotion regulation, memory and pain management. Specific music therapy interventions in relation to diagnoses and health care goals will be expanded upon in an upcoming section.

Where do music therapists work?

Music therapists work in a diversity of environments such as hospitals, schools, day programs and private music therapy studios. As a result of the COVID-19 pandemic, online music therapy sessions have also become an option. Some music therapists work as an employee at these institutions, and others are contracted or self-employed music therapists. Most music therapists in Canada are self-employed, and work at a variety of different facilities. Some music therapists in private practise, subcontract their contracts to other music therapists as part of their music therapy practise. An example of a music therapist in private practise and subcontracting, from Rachael Finnerty MTA:

When I began my music therapy practise, I held contracts with a 5 long-term care centres. I was contracted to provide 4 hours of music therapy per week at each facility. In some cases, the long-term care facility had its own instruments, and in other cases I brought my own instruments. In addition to contracts in long term care, I also provided music therapy services at people's homes. In these cases, the client was usually a young autistic child. For in-home music therapy, a contract was held between myself and the parents to provide their child with hourly music therapy sessions each week. I would bring my own instruments to the homes. As an independent music therapist, working in private practise, I created music therapy proposals about the benefits of music therapy and presented them to long term care facilities, day programs for adults with disabilities, hospitals, schools, and city programs. Advocating for music therapy through these presentations resulted in the creation of approximately 30 new music therapy programs. As there was not enough hours in the week for one music therapist to deliver the required music therapy hours, I began to subcontract this work to other music therapists. What is the benefit of subcontracting? For myself, providing subcontracting opportunities provided me with the time to keep advocating for music therapy and to create more music therapy programs. Financially, it is usual for the music therapist who holds the contract to subcontract the work at a lesser rate. For example, the subcontracted music therapist may receive 85% of the contract fee, and the music therapist who holds and maintains the contract pays themselves 15% of the contract fee.

How do I become a music therapist in Canada?

To become a credentialed music therapist in Canada the mandates of the CAMT need to be met. Once the requirements have been met, an application is made to the CAMT for MTA status. MTA stands for Music Therapist Accredited, and is the term used in Canada to recognize a credentialed music therapist. The process of becoming credentialed as an MTA in Canada involves:

- Undergraduate or Graduate degree in Music Therapy
- An internship
- An examination
- Application for certification and CAMT membership
- Continuing education throughout the MTA's career.

The first music therapy degree program in Canada, began in 1976 at Capilano University in Vancouver, British Columbia. Today, music therapy degree programs are available at six different universities across Canada, (1) Wilfrid Laurier University, in Ontario, (2) University of Toronto, in Ontario, (3) Acadia University, in Nova Scotia, (4) Concordia University, in Quebec, (5) Canadian Mennonite University, in Manitoba (BMT), (6) Capilano University, in British Columbia.

University	Province	Degree
Capilano University	British Columbia	BA Music Therapy
Canadian Mennonite University	Manitoba	
Wilfrid Laurier University	Ontario	BA Music Therapy or Master Music Therapy
University of Toronto	Ontario	Master Music Therapy
Concordia University	Quebec	Post-graduate degree or Master Music Therapy
Acadia University	Nova Scotia	BA Music Therapy

The university programs focus on a multidisciplinary curriculum, involving music, psychology, music therapy research, anatomy, physiology, counseling, social sciences, and practical experience. In addition to academic requirements, aspiring music therapists must be able to demonstrate proficient musical skills including knowledge of musical styles and techniques, functional music skills, and the ability to use music flexibly and creatively. Personal attributes such as an aptitude for patience and empathy are integral to the developing music therapist. Most university music therapy training programs include the CAMT required 1000hr internship. If the internship is not included as part of the university training, it must be completed independently with the support of a CAMT recognized supervisor. The internship provides the opportunity for aspiring music therapists to have the opportunity to apply their recently acquired knowledge and skills in a professional and supportive clinical setting. They gain practical experience in various patient populations and further develop the clinical skills necessary to succeed in the profession. Upon completion of the internship, candidates must write the Certification Board of Music Therapists (CBMT) examination. Those who successfully complete the examination are then eligible to apply for MTA (Music Therapist Accredited) certification through the CAMT. The CAMT confirms that all the mandates have been met, such as the educational accomplishments, clinical experience and successful completion of the CBMT exam prior to granting MTA status to the candidate.

To remain an MTA in good standing, the ethics of the CAMT need to be upheld and regular continuing education is required. Many MTAs choose to combine music therapy techniques with psychotherapy or counselling. In some provinces the act of psychotherapy or counselling is regulated by a government college. In these provinces music therapists require additional certification with the appropriate regulating college.

For example, in Ontario, the act of psychotherapy is regulated by the College of Registered Psychotherapists of Ontario (CRPO). Music therapists in Ontario, who intend to use the act of psychotherapy in their music therapy sessions, must first meet the additional requirements of the CRPO to become a registered psychotherapist.

What are music therapy interventions?

Music therapy interventions can take many forms. Most notably, music therapy interventions include music listening, playing of instruments, song writing, lyric analysis, the use of precomposed music, improvising and singing.

In a simple world, each of these interventions would align with a specific health care goal, for example, the use of music listening for goals related to building social skills and singing for goals related to speech rehabilitation. The reality is that we do not live in a simple world, nor are we simple beings. How music therapy interventions are implemented and for what purpose varies from client to client and from music therapist to music therapist. This is a double edge sword for music therapy. This lack of standardization for how music therapy interventions makes it difficult to conduct evidence-based research in support of the efficacy of music therapy. On the other hand, the interventions can be individualized to best meet the uniqueness of each client. Music therapy interventions will be discussed in greater detail in a later chapter. A brief overview of some music therapy interventions are provided here, and will be expanded upon in a later chapter.

1. Precomposed Music
2. Listening to music
3. Singing
4. Improvisation
5. Song writing
6. Lyric analysis

Precomposed music is defined as music that has already been written and therefore can be replicated. Each culture has specific precomposed pieces of music that are performed to highlight specific occasions. For example, many cultures have a “Happy Birthday” song. Due to the regular use of pre-composed music at special events, listening to precomposed music can often elicit memories and emotions related to many life experiences. In a music therapy session, pre-composed music is often used to facilitate memory recall and to affect emotional states.

Listening to music can include listening to live music (played by the music therapist) or pre-recorded music. Listening to music can influence physiological responses such as breathing and movement.

Singing or vocalizing can be a powerful tool for self-expression. Additionally, singing can enhance oxygen saturation and strengthen vocal skills, and support speech rehabilitation.

Improvisation is the creation of music in the moment that has not been created before. It is not created with the intent to create a score or to be replicated. Pure musical improvisation is free of rules, and therefore the improviser is free from the ‘burden’ of

making a mistake. Improvising can facilitate self-confidence, self-expression, communication skills and emotion regulation.

Song writing can provide a client with a tangible 'product' to reflect upon and/or to share with others.

Lyric analysis is the process of reviewing the words of a song. Often the lyrics of a song resonates with an individual for different reasons. Exploring why an individual is drawn to a particular song can be a powerful tool for self-exploration and emotional communication.

In a music therapy session, any of these interventions could be implemented pending the needs of the client. An important point is that each of these interventions are flexible and can be implemented in combination with one another.

Music Therapy Approaches: Do all music therapists practise the same way?

No music therapy session is the same. Not only is the implementation of the music therapy interventions variable, so are the music therapy approaches. There are many different music therapy approaches. Even within each country there are music therapy training programs that teach through the lens of a specific music therapy approach. There is no one music therapy approach that is better than another. The approach a music therapist uses will be largely influenced by their own strengths, skills, interests, clients, and the environment where the music therapy is being provided. For example, some facilities demand an approach with standardized interventions. Whereas another facility may be more focused upon the feedback from the clients, staff and family members as the measure of 'success'. In a later chapter, a few prominent music therapy approaches will be discussed. Some examples of different music therapy approaches include; Nordoff-Robbins, Psychodynamic, Guided Imagery Method (G.I.M), Neurologic Music Therapy (NMT), Eclectic, Behavioural Music Therapy, Cognitive Behaviour Music Therapy, Neonatal Music Therapy, Vocal Psychotherapy, Community Music Therapy

What is the music therapy process?

To start working with a music therapist, a referral needs to be made. The referral can come directly from the client, a parent, or a health care provider. Upon receiving the referral, the music therapist will conduct an assessment. The assessment process is not standardized. Music therapists implement different assessment forms and procedures. How the assessment is conducted is often influenced by the setting, the client, and the music therapist's training.

During an assessment, the music therapist will implement different music therapy interventions and observe the client's interest, strengths, and areas for improvement. It is important to note that the initial reason for a referral may not be appropriate, and

during the assessment, other health care goals may become apparent. As a result of the assessment, the music therapist will suggest if one to one sessions or group sessions would best meet the needs of the client. Additionally, a music therapy treatment plan will be developed.

An example of an assessment:

Mr. Smith has dementia and lives at a long term care facility. He was referred to music therapy as he is exhibiting low mood and is refusing to engage in any supports, including coming to the dining hall for his meals. Prior to meeting with Mr. Smith, the music therapist read the client's chart to learn about the client. In the chart, the recreation therapist had commented on Mr. Smith's enjoyment of music by Elvis Presley. When the music therapist first met with Mr. Smith, she sang some music by Elvis and accompanied herself on the guitar. She observed that his mood became elevated, and he began to sing. After singing together, Mr. Smith engaged in some conversations. The music therapist offered Mr. Smith some instruments to play while she played some more familiar pieces of music. Mr. Smith was not interested in playing any instruments.

From this initial session, the music therapist was able to determine:

- 1) Mr. Smith is motivated by engaging in familiar music.
- 2) Mr. Smith prefers to sing and listen to music rather than playing instruments
- 3) An elevation in mood was observed.

As a result of these observations, the music therapist can determine a treatment plan to support the reason for referral. A treatment plan includes goals, objectives, and interventions.

For example:

Reason for referral: exhibiting low mood and refusing to engage in any supports, including coming to the dining hall for his meals.

Goal: Increase engagement in supports

- Objective: The client will actively participate in music therapy
- Objective: The client will exhibit an elevation in mood and motivation

Goal: Return to the dining hall for meals

- Objective: The client will participate in music therapy sessions outside of his room

Music therapy interventions:

- Singing familiar music and facilitating dialogue
- Playing familiar music on the piano (which is next to the dining hall)

The treatment plan is not stagnant. It is updated as the needs and responses of the client changes.

What does a music therapy session look like?

Greeting song, interventions, closing song

A music therapy session usually starts with a 'hello song' or a greeting song. The greeting song communicates to the client that the session has started, and in some cases, it may be part of facilitating one of the goals (ie, social skills, speech development). After the greeting song, the music therapy interventions are introduced. These could include singing, listening to music, playing instruments, song writing, lyric analysis, or improvising. The session usually concludes with a closing song, or a 'good-bye' song. This signifies the end of the session. On average, the duration of a music therapy session is 45minutes. However, this can range from 15mins – 2hrs depending on the client and the setting. Sessions could occur a few times a week, once a week, or once a month depending upon the setting. Some clients may continue to work with a music therapist for several years, and in some cases, the client may only have a single session.

In summary

Music therapy is a health care profession practised across the globe. The use of music to affect emotional and physiological change is not a new concept, however, the western professionalization of the use of music in modern medicine was first established in the USA in the 1940s. To become a credentialed music therapist in Canada, an individual must meet the mandates of the CAMT, and attain MTA status. Music therapists work with all age groups and diagnoses, using music in a variety of forms to facilitate health care goals. Music therapy interventions can help to achieve goals such as; enhanced gait, increased range of motion, improved confidence, speech rehabilitation, self-awareness and emotion regulation. There is no "one way" to deliver music therapy. Music therapy sessions are dynamic, and are as diverse as each client.