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PROCEEDINGS

**16th World Congress of Music Therapy
South Africa, Online, July 2020**

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MESSAGE FROM CONGRESS ORGANIZER

Carol Lotter

The cancellation of the 16th World Congress of Music therapy as an in-person event due to Covid-19, presented challenges and constraints, as well as opportunities for the local organizing committee. We regrouped in urgent response to the cancellation, and as we took the decision to offer the congress online, were resolute about creating a congress platform which would be as inclusive as possible in order to honour those presenters who had submitted abstracts for the in-person event. Many presenters responded to the invitation which resulted in the final congress programme offering 4 spotlight sessions, 1 student seminar, 198 presentations, 43 professional posters and 21 student posters.

The congress theme, ***Polyrhythms of Music Therapy***, invited the expression of diverse forms of music therapy research and practice from the global music therapy professional and student body. The conference proceedings, thus, reflect the range of content offered through the congress programme.

I would like to express a sincere thank you to

Dr. Andeline Dos Santos and Dr. Amy Clements-Cortés for co-chairing the congress scientific international committee. Thank you is also extended to members of the scientific committee: Mr. Bruce Muirhead, Ms. Vivian Chan, Dr. Kana Okazaki-Sakaue, Dr. Elsa Campbell, Esa Al-Ruona, Dr. Melissa Brotons, Dr. Annie Heiderscheit, Dr. Sumathy Sundar, Dr. Bussakorn Binson, Dr. Krzysztof Sachyra, Dr. Thomas Stegeman, Ms. Kobie Swart, Dr. Kyungsuk Kim, Ms. Angela Harrison, Ms. Helen Oosthuizen, Dr. Silvio Feliciani, Ms. Nuria Escuade, Dr. Lucy Forrest, Dr. Anita Swanson and Dr. Petra Kern. Thank you for your commitment and dedication.

In addition, thank you is expressed to Dr. Melissa Mercadal-Brotons and the 2017-2020 WFMT Council for the support given to the South African local organizing committee throughout the planning and implementation process of the congress. Finally, I would like to thank Prof. Alexander Johnson and the University of Pretoria for providing the necessary infrastructure which made the congress possible.

As you read through these proceedings may you be informed and stimulated by the rich, diverse programme offering of the 16th (and first online) World Congress of Music Therapy.

Carol Lotter, Ph.D.



MESSAGE FROM WFMT PRESIDENT

Melissa Mercadal-Brottons

As President of the World Federation of Music Therapy, I am very pleased to introduce the 2020 Special Edition of Music Therapy Today. This edition features the proceedings of the 16th World Congress of Music Therapy (WCMT), for the first time **presented online from South Africa**. The journal includes a wealth of contributions from music therapists, educators, researchers and allied health care professionals from the 8 global regions of the WMFT. Presenters of concurrent oral papers, roundtables, workshops and posters at the WCMT were invited to submit a short paper about their presentations. On behalf of the WFMT and the WCMT organizers, I would like to thank each author for their contributions to this publication.

These proceedings well represent the theme of the congress ***The Polyrhythms of Music Therapy***, and include a diverse range of presentations which illustrate significant developments in music therapy theory, research and clinical practice. They are also a good depiction of the different streams of the congress which mirror the current topics and issues the music therapy community is facing and dealing with in contemporary society. These are: Music therapy approaches; anti-

oppressive and critical approaches; diversity and decolonization; restorative justice; community music therapy; music therapy in neurological rehabilitation; mental health; trauma; child and youth work; intellectual and physical disability; work with persons who are displaced; other arts therapies modalities; community arts-based practice; elderly; community building through music education, and technological advances in music therapy.

I am confident you will enjoy the opportunity to read these submissions and learn and reflect on new and valuable information to take into your own clinical practices and scholarly work. Publications such as this are an important way of sharing knowledge and building the library of music therapy practice, which can grow the profession and the efficacy of our discipline. With that in mind, I want to encourage you to consider submitting your own papers to future editions of MTT. Please visit the WFMT website at [http://www.wfmt.info/
music-therapy-today](http://www.wfmt.info/music-therapy-today) for submission guidelines to our online journal.

I would like to thank editorial board members of MTT and members of the WCMT Scientific Committee for their role in proofreading and

editing the submissions in this edition. Please join me in extending thanks to: Dr. Esa Al-Ruona, Dr. Elsa Campbell, Ms. Vivian Chan, Dr. Amy Clements-Cortes, Dr. Lucy Forrest, Ms. Angela Harrison, Dr. Annie Heiderscheit, Dr. Nancy Jackson, Dr. Satoko Mori-Inoue, Dr. Kathy Murphy, Dr. Anita Swanson, Ms. Kobie Temmingh Swart and Dr. Sumathy Sundar.

I would also like to thank the members of the WCMT Scientific Committee and *Music Therapy Today* editorial board for their role in reviewing all of the submissions to the WCMT. Finally, I want to extend sincere gratitude to the WFMT WCMT Chair Dr. Carol Lotter for her role in overseeing this important World Congress. Further appreciation is extended to the University of Pretoria, the South African Music Therapy Association and all WCMT Organizing Committee Members.



**Melissa Mercadal-Brottons,
PhD, MT-BC, SMTAE
president@wfmt.info**

A handwritten signature in black ink, appearing to read "Melissa Mercadal-Brottons".

MESSAGE FROM MUSIC THERAPY TODAY EDITOR

Annie Heiderscheit

A World Congress of Music Therapy is always an exciting event. It is an opportunity for music therapists, educators, researchers, and colleagues to gather from around the world to share new knowledge, recent developments, and cutting-edge research. As the Chair of the Publications Commission and Editor of *Music Therapy Today*, I am charged with the task of coordinating the congress proceedings. This special edition issue includes the manuscripts from the 16th World Congress of Music Therapy, ***The Polyrhythms of Music Therapy***. There are several current topics that served as a focus for this WCMT, many of which are at the forefront today including: anti-oppression and critical approaches, diversity and decolonization, restorative justice, trauma informed care and trauma work, technological advances in music therapy, community music therapy, as well as, music therapy approaches and practices.

Although we were not able to gather face to face in South Africa, transitioning to a virtual conference did allow many to engage in the conference experience who may not have been able to otherwise. The congress proceedings are a valuable resource as a historical record on this event and they allow for fur-

ther dissemination of the wide array of sessions that were part of the 16th WCMT. This issue of *Music Therapy Today* includes over 140 proceedings manuscripts from all around the world. As you review the table of contents, you will see that contents are grouped by regions in the world. The World Federation of Music Therapy structures the organization membership by eight regions in the world. This includes Africa, Australia/New Zealand, East Mediterranean, Europe, Latin America & The Caribbean, North America, Southeast Asia and Western Pacific. Every region is represented and contributes to the diverse topics included in this issue of the journal. You will find proceedings that relate to your area of clinical practice and content that will help foster your growth and development.

As Editor of *Music Therapy Today*, I would like to thank all the authors that contributed their proceedings and work to this edition of the journal. Bringing a journal edition to fruition requires a team effort and I am thankful to the members of the WCMT Scientific Committee and *Music Therapy Today* Editorial Board Members that reviewed and proofed proceedings manuscripts for publication. Thank you to Dr. Amy Clements-Cortes,

Angela Harris, Dr. Anita Swanson, Dr. Elsa Campbell, Esa Al-Ruona, Dr. Kathy Murphy, Kobie Temmingh Swart, Dr. Lucy Forrest, Dr. Nancy Jackson, Dr. Satoko Mori-Inoue, Dr. Sumathy Sundar, and Vivian Chan.

I want to extend my deepest gratitude to the WFMT WCMT Chair Dr. Carol Lotter and her team for their dedicated and determined efforts in coordinating the World Congress, shifting it to a virtual conference, and providing guidance and direction for authors in submitting their congress proceedings. The efforts and inspiration that Carol and her team of South African music therapists brought to the planning and execution of this world congress fostered these proceedings. I also want to acknowledge the support provided throughout the planning process provided by the University of Pretoria and the South African Music Therapy Association.

Lastly, I hope reading through these proceedings inspires you. Consider what aspect of your work or practice you might choose to publish in *Music Therapy Today*. There are a wide array of options of manuscripts that can be published: clinical case studies, clinical case study research, curriculum reports, conference reports, research reports, position statements, service projects, congress proceedings, interviews, book reviews, and online resources. I encourage you to consider what

you can contribute and submit your own manuscript for an upcoming edition of *Music Therapy Today*. Visit the WFMT website at <http://www.wfmt.info/music-therapy-today> additional information about the journal and submission guidelines.

Enjoy the issue,



**Annie Heiderscheit, Ph.D., MT-BC, LMFT
Fellow, Association of Music & Imagery**

A handwritten signature in black ink that reads "Annie Heiderscheit". The signature is fluid and cursive, with a clear 'A' at the beginning and a 'H' followed by 'eiderscheit' towards the end.



UNSUNG VOICES: THE PROCESS OF COLLABORATING MUSIC THERAPY APPROACHES WITH COMMUNITY MUSIC PRACTITIONERS AND HEARING THEIR VOICE WITHIN THE FIELD OF MUSIC THERAPY: CONSIDERATIONS FOR EAST AFRICA

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The South African Context

Introduction

Music therapists today have a very unique opportunity our forbearing colleagues may not have seen in previous decades. As our world is more globalized, connected and technologically advanced than ever before, the field of music therapy is reaching more global communities and the scope of our professional practice has the ability to touch spaces once deemed inaccessible. With this comes increased interactions with pre-existing community music practices. Thus comes a professional obligation to openly exchange information and collaborate. It is imperative

to our professional development to listen closely and give voice to the community music practitioners that dedicate their lives to the increased health and wellness of their community through musical practice. This presentation is about the journey music therapy has made into various local communities of East Africa, the professionals who commenced in this sharing, and the community music practitioners they interacted with. The community music practitioners in this journey will be sharing their own stories, presenting their work and most importantly, have their voices heard from a wide professional audience within the field of music therapy.

Discussions

Three interactions were facilitated and recorded via Zoom. Two were open interviews between Umoja Global's director and two community therapeutic music practitioners. The third is a group conference with the organization's head clinical team where they discuss the practices of cultural humility, psychosocial accompaniment, and the issue of white saviorism.

Conclusion

The discussions that take place should reveal the many processes at work when music therapists enter intercultural settings and engage in international work. It is meant to be an acknowledgement of music therapy practices that exist where national accreditation systems may not be present. These practices should inform our own work as music therapists and reveal insights into music therapy's role in social justice work and anti-oppression practices.

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About the organization

To learn more about the authors and our organization, visit www.umojaglobal.org.

EXPLORING THE PERCEIVED BENEFITS OF A FEMINIST COMMUNITY MUSIC THERAPY FRAMEWORK WITH WOMEN IN A PLACE OF SAFETY

Caley Garden
Music Therapist, South Africa

Introduction

South Africa has one of the highest rates of violence against women in the world, a crisis driven by complex intersectional power inequalities. This research aims to contribute to discourse on feminist music therapy practice- to call the arts therapy community to activism- and was guided by the following research question: What is the experience of a group of women attending feminist community music therapy sessions in a women's shelter in Cape Town?

Feminist music therapy aims to increase the personal and social power of women who have been affected by societal inequality and oppression (Curtis, 2006). The embodied and affective nature of the arts therapies affords the ability to respond to and engage with identification and change on a deeper level (Sajnani, 2012). The participants in this study utilized music to reclaim their identity and space in society.

Methodology

Over a five-month period, I facilitated 17 music therapy sessions in a shelter for abused and destitute mothers. The sessions were attended by 26 women between the ages of 20 and 45. Group size and attendance varied each week.

Data collection

After each session, the women were asked to complete a written session evaluation questionnaire. At the end of our process, I ran a focus group, asking the women of their experiences in music therapy. All sessions were video-recorded.

Data analysis

Data were analyzed using interpretative phenomenological analysis. Through a process of coding, themes were extracted from the session evaluations and the transcribed focus group. Video excerpts and meaningful quotes (*italicized*) in relation to the themes are included herein to value and reflect the participant's lived experience.

Discussion

Music acted as a platform for the women's experiences to be communicated and heard. This enabled them to explore the themes of identity and community in music therapy.

<https://drive.google.com/file/d/1Q8Sa16jCxz026EMo5Rawc0qh5qCsfnGD/view?usp=sharing>

This video shows the women in free improvisation. One of them introduces a Christian

praise song: "I Know Who I Am", which they spontaneously turn into an anthem of identity and empowerment.

The second clip shows what followed from this song, as I asked each of them to share what they believe themselves to be.

<https://drive.google.com/file/d/1Q8Sa16jCxz026EMo5Rawc0qh5qCsfnGD/view?usp=sharing>

In their music they perform their healthy parts of self and their assertions of identity (I am power; I am a rock, etc.) focus on their resilience. As one woman reflected: You can create beauty from your hardships.

Safety and trust were far removed from the women's recent life experiences. They described music therapy as a safe space... where you can trust. This enabled playfulness; permission to express our emotions and addressed the issue of silenced voices: Here I realized I have a voice.

Vital to this process was the group bearing witness to the performance of self, as illustrated in this clip:

<https://drive.google.com/file/d/1Q8Sa16jCxz026EMo5Rawc0qh5qCsfnGD/view?usp=sharing>

In which each woman performs a movement and sound to express how they feel at the end of the session, which the group mirrors. The group as an 'audience' affirm individual identity and this paves a path for connection and community.

These women came from spaces of discon-

nection and isolation, but in music therapy they experienced a sense of solidarity and community. This is the place where we all come closer and despite different sounds, we still harmonize.

Conclusion

The relationships built amongst these women in music therapy were a form of activism. By bearing witness to each other, participating in community and mutually empowering one another's voices, they regained a sense of power and acted in resistance to how society and past relationships had constructed their identities.

Music means strength. It has strengthened me, given me life, hopes. Ja, music means the world to me...And it does not expect anything in return. I can be whoever in music, without it expecting anything.

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Caley Garden is the music therapy programme coordinator for MusicWorks and practices music therapy privately, with a focus on adolescent mental health.

MUSIC THERAPY WITH AUTISM SPECTRUM DISORDER CHILDREN IN ZAMBIA: A DEVELOPING ECONOMY SETTING

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Proactive Ways Academy, Zambia

Dorothy Ngosa

Director of Proactive Ways Academy, Zambia

Introduction

Zambia has a population of about 16 million people. Official language is English. According to a national disability survey (2015), a total of 11% of adults over the age of 18 and about 4% of children between the ages of 2 and 17 have some disability. However, there is a lack of social awareness and availability of public services for this vulnerable population to receive adequate care due to the economic fragilities. Under such circumstances, I introduced music therapy in a local private primary school for children with special needs located in Lusaka, capital of Zambia.

This study reports how the foreign music therapist got involved in the program for children with Autistic Spectrum Disorder(ASD) in Zambia where music therapy is yet to develop. Also, the study describes an issue of sustainability and a dialogue to explore and collaborate with local practitioners to address cultural, ethical issues.

Method

Group music therapy sessions were conducted with 2 Female Zambian teachers, and a group of 5 non-verbal male children aged from 8 to 11 years old with ASD and/or related intellectual disorder. Almost all the children engaged in vocalization, but hardly expressed complicated emotions. 45 minu-

tes/weekly sessions for 7 months mostly used improvisation. All the sessions were recorded and qualitatively analyzed.

Result

In phase 1 (S1-S7), No child was interested in interacting with other children though most of the children were physically close to each other. Improvisation method always found one way and the group did not work.

In phase 2 (S8-S12), children gradually responded through improvisations. In later phase, Zambian female teachers started singing a simple song in local language, then, children were spontaneously getting cohesive as a group. In the phase 3 (S13-S16), Zambian teachers led the group and patiently stayed on singing. Children gradually became able to wait while other children were playing. At last, all the children could participate into the group through music. As Th.'s returning home, this group was handed over to Zambian teachers.

Discussion

Through the entire music therapy process, mutual interaction gradually developed. It implies that music therapy has a certain effect on children with ASD in Zambia as a psychological intervention. In particular, Zambian teachers' involvement produced significant

impacts on the development of group function.

Through the 1st phase and the 2nd phase, it seemed that the children got used to music therapy and mutual interaction with the therapists. But, the group did not function yet. However, in the 3rd phase, this situation had dramatically changed and developed, as the Zambian teachers started to involve more with the group by singing local, Zambian melodies. The Zambian teachers had no experiences of specialized music education, their monotonous but powerful singing in local language brought the group a stableness and the children were spontaneously getting coherent.

Music in Zambia is very unique and more rooted in their tradition and culture. Grace Chiundiza, an African music therapist in Zimbabwe stated "Singing is a way of socialization and getting to meet and make friends." It suggests that singing is not only self expressing behavior but also enables people to socialize to ensure where they belong to. That is one of the reasons why the collaboration with Zambian practitioners can produce more impacts on the development of group function than the foreign therapist alone. This

is an extremely important implication extracted from this case indicating how to introduce music therapy in African countries.

Conclusion

When introducing music therapy in developing economic settings, it is important to find a way to adapt to cultural diversity. Collaborating and training local practitioners is important to sustain music therapy practice within the local cultural context.

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BUILDING BRIDGES ACROSS CULTURES: POLYRHYTHMS OF NORWAY, SOUTH AFRICA AND ZAMBIA. A MEETING OF MUSIC THERAPISTS IN TRAINING

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Jørgen Aasen Berget

Psychologist and music therapist, Kindergarten, Norway

Introduction

Building Bridges Across Cultures is a workshop steeped in culture-centered community music therapy and the resource-oriented approaches of music therapy (Rolvjord, 2010; Stige, 2002; Stige & Aarø, 2011). The workshop musically reflects the meeting of the two music therapy students – Nsamu Moonga from Zambia, currently studying and living in South Africa, and Jørgen Berget from Norway – and their conversations that developed progressively. The meeting of Jørgen and Nsamu was like the meeting of two rivers in an unlikely confluence. The portrayal of building bridges emerged from the metaphor of the rivers.

Our hope is that through this workshop, participants will sense the ease, complexity, subtlety, wonder and nuance that characterizes our dialogue with each other. We are confident that bridging bridges between cultures, represented by phenomenally different types of music, will endear feelings of hospitalities: heart, mind, body and will. In reflecting our meeting, we may reveal the global community's need for a cultural and personal hospitality that builds bridges. If we viscerally practice hospitalities, we begin to welcome the strange and the stranger, and in so doing, expel fear, which clears a path to the world of

abundance. By embracing disparity, our music is enriched through stories and rhythms, movements, sounds and colors. Together we can *build bridges*, honor diversity and promote decolonization.

Method

We start the workshop with a performance that typically defines each of our respective musicianship and historical music. The introduction paints a broader stereotypical divide that requires bridging for any meaningful dialogue to occur. We recount the significance of our meeting and explore Kline's (2005) ten components of the listening environment as the guiding principles for our engagements. Consciously and unconsciously, our engagements are inspired by attention, equality, ease, incisive questions, place, diversity, encouragement, information, feelings and appreciation (Kline, 2005). These components of the listening environment engender empathy, which is prized in music therapy and related disciplines. Researchers of empathy account for the difficulties in arriving at a concise definition of it (Elliott, Bohart, Watson, & Greenberg, 2011). However, there is some agreement in the efficacy of empathy in therapeutic relationships, as emphasized by Rogers (1980) and post-Rogers writers (Gillispie, Williams, & Gillispie, 2005; Gole-

man, 1995; 2014). Empathy solicits imagination, connection and access to the safety that is required for shifts and transformation to occur. In an empathic environment, a person can transcend discomfort, take risks, grapple with complexity, as well as experiment with new ways of being and relating. Empathy enables the dissolution of hierarchies and the concentration of power in typical centers. Following the exploration of the optimal environment for bridge building to happen, we shall experiment with musical dialogue. The improvisation and the ensuing reflection are in the moment and in authentic engagement. Nothing is rehearsed for the interaction and the reflection. It is important to bring into the space body knowledge, immediate sensibilities, sensitivities and phenomenal knowledge. The workshop concludes with an improvised piece of music representing both process and product.

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A PATH TOWARD SPIRITUAL, SOCIAL AND ECOSOPHICAL TRANSFORMATION THROUGH TRANSPERSONAL GUIDED IMAGERY AND MUSIC (GIM): A MINI AUTOETHNOGRAPHY

Kobie Temmingh Swart
University of Pretoria, Pretoria, South Africa

Introduction

This mini autoethnography involves four transpersonal GIM experiences that transformed my relationships with self, others, and nature. The experiences occurred over a period of nine years. Autoethnography allowed me to reflect subjectively but deeply on a process that involved my personal history, collective inheritance, and cultural context. Factual materials include therapeutic intentions, names and tracks of GIM music programs, my mandalas and drawings, my statements during actual GIM sessions while imagery unfolded with the music, as written down by my GIM guides, and entries from my personal GIM diaries.

Entering the Path

In 2008, I enrolled in a Level One Training in The Bonny Method of Guided Imagery and Music. I was 40 years old, juggling many roles, each role confronting me with my own shortcomings and incompetence. In Jungian terms, a moral struggle with my own shadow left me feeling guilty and “not good enough” (Jung, 1959). These feelings were related to collective and cultural issues, experienced by many of my cultural peers, and seemingly by many people from other cultures. It included growing up in a conservative Christian church, where the message of sin, guilt and condemnation was internalized at a young age. In addition, I was born during the Apartheid era,

20 years after it was legalized, inheriting the title of oppressor and carrying the collective guilt. Lastly, my parents, teachers and elders ingrained in us the well-known motto, “Just do your best, and that is good enough”, usually leaving me guilty of not having done my best. At the age of 40, I was still judging myself harshly, thus having to defend, justify and prove myself continuously, all of which spilt into relationships with others. This is where the transpersonal potential of GIM came to the rescue:

First Transpersonal Experience (2008)

Intention: *Exploring self-acceptance*; GIM music: *Explorations* track 3 (Chesnokov’s *Salvation is created*) A glimpse of a new spiritual identity:



Second Transpersonal Experience (2009)

Intention: *Go Play*; GIM music: *Shenandoah Life Blood*, track 6 (Joanne Shenandoah’s *When eyes meet*) Universal connection and knowing:



Third Transpersonal Experience (2011)

Intention: *Explore the calling*; GIM music: *Deep Soul*, track 2 (Arvo Pärt, *Fratres for strings and percussion*) The first piece started with a ringing bell and brought the image of a church. I wanted to leave, but found myself sitting in an empty church, waiting for something:



Fourth Transpersonal Experience (2017)

Intention: *Confirming the path*; GIM music: *Peak*, track 5 (Wagner, *Prelude to Act 1, Lohengrin*). I had to climb a steep path on a yellow rock island, symbolizing my path as GIM Primary Trainer. Toward the end I saw an image of the earth hanging in space, with pink and green chords of growth and fertility around it. Light started pouring out, exploded into space, blinding me. The experience ended as follows:



Conclusion

A new sense of self emerged, wanting to accept my apparently paradoxical nature of being powerless yet powerful, finite human, yet infinite and sacred, lonely yet universally connected, guilty yet pure and blameless, insignificant yet significant. This brought gentleness, respect, compassion and love toward

self and others, and deep appreciation of, and connection to nature (Davis, 2011). Increased humility stemmed from knowing how fallible and minuscule I am within a vast universe I cannot comprehend (Wright et al., 2016), yet Divinity seems to intervene in our lives in ways we can perceive and understand, which left me with a lasting sense of transpersonal gratitude (Hlava, Elfers, & Offringa, 2014).

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THE AFFORDANCES OF NARRATIVE GROUP MUSIC THERAPY WITH ADOLESCENTS WHO SELF-HARM; THE GARDENING OF STORY TREES

Sané Leach

South Africa

Introduction to study

This qualitative study examined how adolescent participants who self-harm narrate motivations for, and experiences of self-harm, and what a narrative group music therapy process afforded them. Seven participants from a high school in South Africa who engage in self-harm attended narrative group music therapy sessions for six weeks. Narratives that emerged during the therapeutic process were analysed. Five main narratives were identified and processed as story trees: "who I am becoming and striving to be," "relationships," "worldview," "self-harm," and "music therapy."

Combining Narrative and Music Therapy

Music and narrative can share the core purposes of communicating, being heard, as well as hearing others, and ultimately afford effective self-expression that is felt to be validated (Eyre, 2007; p. 2). The dual relationship between narrative therapy and music therapy provides a focus and context for feelings and emotions, expressed through music, with emotions often surfacing strongly through the use of improvisation (Eyre, 2007; p. 25)

Overview

Self-harming tends to bring confusion in popular discourse, as it brings the complex contradiction of creating pain while experiencing

relief (Chapman, Gratz, & Brown, 2006; p. 371). The five story trees in this study, all with overlapping branches, illustrated that, for these participants, self-harm has many facets and multiple causes. Self-harm results from a culmination of life events that have led adolescents to perceive this behaviour as both meaningful and destructive. Participants narrated motivations for, and experiences of self-harm in honest, and sometimes explicit ways. Some characterized self-harm as powerful, manipulative and masculine, and spoke of falling "in love with" self-harm. For others, self-harm was either a cry for help, or a sign of resignation and giving up on oneself, while at the same experiencing a sense of power in having the ability to choose their own fate. Self-harm was found to be rooted in the past, but the act of self-harming is related to hurt felt in the present. While the past cannot be changed, its hold can be modified and a reconfigured sense of identity can be developed, through being reached and understood within a music therapy relationship (Robarts, 2006; p. 269). During this process the participants realized, some to their surprise, that they were strong, still alive, having overcome suicidal thoughts. They were able to recognise that the story of their lives had broken them, yet it had made them more courageous.

Interventions were strengthened by the power of narrative, carried by metaphors in poetry, and the metaphor of trees as life

stories. Narratives emerging from the study provide useful insights for professionals working with adolescents who self-harm.

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STABILITY THROUGH SOUND: GROUP MUSIC THERAPY FOR PROMOTING LEARNERS' DEVELOPMENT OF SELF-REGULATION IN A CONTEXT OF COMMUNITY VIOLENCE

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Background and Context

Lavender Hill is a community situated in the Western Cape, South Africa. It is fraught with crime, violence, and poverty. Having more adaptive patterns of self-regulation can act as a buffer to poverty-related risks (Brown, Garnett, Anderson, & Laurenceau, 2017) and risks stemming from exposure to violence and/or trauma (Van Westrhenen, Fritz, Vermeier, Boelen, & Kleber, 2017). It is thus important to examine potential interventions which could assist in enhancing the development of self-regulation in children.

Research Problem

Does music therapy have a positive impact on the self-regulatory capacities of a group of primary school learners attending a primary school in Lavender Hill, and if so, how did the learners experience the process in relation to self-regulation?

Methods

Twelve students in grade five (ages 11 - 13) participated in twenty music therapy sessions and one focus group session. Sessions were

transcribed and data was informed by a reflexive thematic analysis. Each participant was assigned a pseudonym.

Provisional Results

The learners seemed to use music therapy in a manner which benefited the development of their self-regulation capacities. The sessions were experienced as beneficial in relation to enhancing regulation of anger and angry behaviours and improving negative moods.

Theme 1: Regulating Anger and Aggressive Behaviours

The group participants reflected openly on their use of music therapy sessions to help them regulate their feelings of anger:

Ina: *I learned how to control my anger.*

Kate: ...*I can control my temper now.*

Nats: *[Music] makes me calm.*

Graeme: *It cools you down.*

In a focus group discussion, the participants related to the music therapist how one of the participants used these sessions to enhance his ability to not engage aggressively with others when he becomes angry:

Music Therapist: *What did you learn?*

Ina: *To walk away when someone wants to fight with you...not to act like a bully.*

Music Therapist: *Are you still walking away Ina?*

Kate: *When they fighting he can walk away.*

Theme 2: Improving a Negative Mood State

A discussion on participants' drawings of the music therapy group led to a reflection on their positive feelings during music therapy sessions:

Nats: *Coz we come here and we're like a family...and we can play and can be just yourself...and I just draw that.*

Music Therapist: *I wanna know, it looks like most of them are smiling, am I right?*

Nats: *Mmm...We're happy when we're here.*

Participants also explained how music helped to improve their negative feelings:

Calsey: *...when we're here I feel sunshine...I feel I wanna cool off.*

Music Therapist: *...Is this a place where you feel you can cool off?*

Calsey: *Mmm.*

Elsje: *When he plays the guitar.*

Maritsa: *It make you feel better!... It can make you feel better than than what you came in...At the first I came in...feeling hurt and sad.*

Music Therapist: *Hurt and sad. And then when you left?*

Maritsa: *Happy...the whole day.*

Conclusion and Implications for Practice

Music therapy may be an effective intervention to enhance the development of self-regulation in primary school learners living in a context of community violence. As such, it can be considered an important intervention for learners in South Africa's many contexts of community violence.

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REFUGEE OR NOT TO BE: EXPLORING THE IMPACT OF MUSIC-MAKING WITH ZIMBABWEAN REFUGEES LIVING IN PIETERMARITZBURG, SOUTH AFRICA

Hilary Kromberg Inglis

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Introduction

Never before has the world seen so many people being displaced. At the end of 2018 over 70 million people around the world had been forced to leave their homes (UN, 2020). In Sub-Saharan Africa, over 18 million people are of concern to the United Nations (UNHCR, 2020).

Foreign Nationals in South Africa

South Africa opened its doors to displaced people in 1994 with the end of Apartheid legislation. Since then, a growing number of people have sought refuge. Among these are many Zimbabweans. Their stories are often characterised by violence and trauma (Idemudia, Williams & Wyatt, 2013, p. 19).

Pietermaritzburg has been one of South Africa's hotspots for xenophobic or Afro-phobic violence. A research report by local social justice organisation PACSA (The Pietermaritzburg Agency for Community Social Action) concluded that refugees living in Pietermaritzburg are among the most vulnerable of all those living in informal settlements, seeking refuge from poverty and violence (Andersen & de Gruchy, 2009).

Music-Making with Refugees

Interventions in refugee communities around the world highlight the restorative and trans-

formative potential of music-making. Studies have shown evidence of the creation of safe spaces for healing and self-restoration (Wood, 2010), improved social cohesion and cultural identity (Marsh, 2012), development of emotional expression, identity and improved social relations, self-knowledge and a sense of agency (Millar & Warwick, 2019). Vougioukalou, Dow, Bradshaw & Pallant (2019) highlight how music can "create a community of people from seemingly completely different locations or situations".

Building Bridges through Music

A five-week music-making intervention was carried out with a core group of eight male Zimbabwean refugees, all in their twenties. The men participated in a range of musical activities and then presented a showcase to a public audience. A case study analysis revealed that the act of making music together and performing it for an audience had significant outcomes for those involved, as well as for the (largely white and affluent) audience attending the concert. The participants reported that the experience was deeply rewarding, re-connecting them 'with pride' to their homes and their musical heritage at a time where they were otherwise needing to 'move on' to fit into new cultural spaces. The experience impacted on their sense of possibilities of getting together as a group, and of performing as an income generation activity. The unexpectedly large audience themselves

experienced transformation through the rare opportunity for different races and ethnic groups to interact by making music together. These outcomes point to further possibilities for growing social cohesion through group music-making programmes.

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GUIDED IMAGERY AND MUSIC AND PSYCHOLOGICAL WELL-BEING OF CLIENTS WITH (SUBSTANCE INDUCED) MENTAL HEALTH PROBLEMS

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Introduction

Studies have shown that substance use reduces the quality of life. The problem is prevalent in underdeveloped and developing countries (Chibanda, Benjamin, Weiss & Abas, 2014). The aim of this research study was to establish whether the music therapy intervention (GIM and adaptations) has any effect on the level of Psychological Capital of young adults.

The secondary question was: IF these interventions have an influence on the levels of PsyCap, then HOW does it impact on the clients' self-esteem, feelings of empowerment and coping skills?

Background: Psychological Well-being meets Music Therapy

Positive Psychology is strength based and research has shown that when we are resourceful in strengths, we are happier, and we perform better (Croppanzano & Wright, 2001). Psychological Capital (PsyCap) includes the constructs: Hope, Efficacy, Resilience and Optimism (Luthans, Avolio & Avey, 2007).

GIM focuses on self-development, personal growth, spiritual enlightenment, and healing (Bruscia, 2015). Music plays an important part in our lives with regards a sense of belonging, social identification, self-evaluation

and quality of executing tasks (Tarrant, North, & Hargreaves, 2002).

Method

A mixed method was employed for this study. The PCQ-12 questionnaire with questions pertaining to hope, efficacy, resilience and optimism, were completed pre- and post-music therapy interventions.

The interventions included guided imagery with creating a plant that symbolizes them, imaging themselves in the best possible state, yet still realistic, using clients' music choices to create their own narrative, and songwriting inspired by the above.

Qualitative interviews were conducted after the interventions using the questions from the questionnaire as a guideline.

Results

Due to the small sample size, the quantitative results were not statistically significant. However, in general, the scores on the questions pertaining to hope, were higher after interventions than before, and resilience and efficacy seemed to be linked. In the semistructured interviews, themes that emerged included: novelty of music therapy as intervention; a sense of empowerment through being creative was perceived; increased coping in healthier ways was noted; hope and opti-

mism was declared as higher than before; resilience was owned by many participants.

Conclusion

The positive feedback from qualitative interviews should serve as motivation for further research, which should include quantitative studies, specially designed questionnaires, bigger sample sizes and control groups, and various settings.

Ethical dilemmas within SUD such as fear, vulnerability, stigmatisation and trust should be carefully considered; and specialised music therapists are needed for this kind of intervention. The replicability of this study is not confirmed.

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Notes

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HIP HOP HEALTH: YOUTH EMPOWERMENT THROUGH RESEARCH, RHYTHM AND RHYME

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Being an Adolescent in Africa

The Lancet Commission on Adolescent Health and Wellbeing (2016) points out that there are 1.8 billion adolescents alive worldwide and finds that adolescents in Africa are multi-burdened. Sub-Saharan Africa is “the most challenging place for an adolescent to live” (UNICEF, 2012). Almost half of South Africa’s population is under 25 years of age (Cooper, De Lannoy & Rule, 2015). In addition, this cohort experiences over 50% unemployment (Statistics South Africa, 2019). This “youth bulge” is a “demographic time bomb” (Statistics South Africa, 2016).

Nevertheless, *The Lancet Commission* (2016) concludes that this generation of young adults can transform all of our futures if we ensure they have the resources to do so.

About Adolescence

Adolescence is a phase of life between the ages of 10 and 24 years. This phase is a time of brain maturation that ends at about 25 years of age (Patton et al., 2016, p. 3). Influences outside the family take on increasing significance e.g. peers, music, education and digital media. These become primary factors in identity formation and sense of belonging (Miranda & Claes, 2009; Patton et al., 2016).

Music and Hip Hop in Adolescence

Music is a developmental resource in adolescence (Miranda, 2013). It plays a role in

individual identity formation, peer relationships as well as a sense of belonging (Bunt & Stige, 2014; McFerran, 2010; Miranda, 2013; Miranda & Claes, 2009; Saari-kallio, 2011).

Hip hop and rap specifically are a voice for marginalized youth, and allow expression of a range of emotions such as fear, critique, rage or desire. This can translate into political identities and sometimes agency (Pieterse, 2010).

The Hip Hop Health Project

The Hip Hop Health project brought together 60 young people from peri-urban communities in KwaZulu-Natal, South Africa, health researchers and popular music artists. After undertaking research tasks in water and health in their communities, the young people wrote hip hop and rap songs. These were then performed for caregivers and peers in a local theater. The tracks were recorded for community radio stations. Three inserts on the project were flighted on national television. Here is an insert: <https://www.youtube.com/watch?v=2wzYZfAGzqg&t=32s>.

A qualitative case study explored the affordances of this community music-making process for the adolescents. It used thematic analysis of thick descriptions of video excerpts, song lyrics and focus group transcriptions. The study drew strongly on the Freirean construct of conscientisation and on youth empowerment theory.

Becoming, Belonging and Believing

The overarching theme of empowerment was supported by three subthemes. In ‘becoming’, young people gained knowledge and were empowered as individuals. Through ‘belonging,’ they forged mutually supportive relationships with their peers, families and their community. Finally, through ‘believing’, young people perceived hope and possibilities for their futures. Empowerment and building of critical consciousness occurred at both an individual and a community level.

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MAMELODI: MOTHER OF MELODIES: THE JOURNEY OF FINDING ONE'S OWN VOICE THROUGH GROUP SINGING FROM A COMMUNITY PERSPECTIVE FOR RESIDENTS WITH BRAIN INJURIES

Hermi Viljoen
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Introduction

This research project explores the issues that surfaced during an attempt at collecting data by means of questionnaires and interviews. The data sample consisted of a group of individuals ranging from ages 26 to 88 years old who had suffered some form of traumatic brain injury. All members live in an informal settlement in the East of Pretoria, South Africa, called Mamelodi. A closer look was taken in an attempt at identifying and addressing research issues and the contributing factors of these issues.

Mamelodi

Mamelodi is an informal settlement. The latest consensus indicates that there are currently 334,577 residents living in Mamelodi (Consensus, 2011). South African townships are famous for the harsh living conditions. Most live without electricity, no irrigation, and have restricted access to medical health care. These living conditions make it very difficult for the group members of the research project to live independent and self-fulfilling lives. Most of the group members are able to walk using some form of aid (like a walking stick) and some are confined to a wheelchair. Most are able to communicate using spoken language. English is the predominant language used during the weekly 90 min music therapy group sessions.

Language barriers

The first issue that presented itself during the questionnaires and interviews was the language barrier. South Africa has 11 official languages, making English the 3rd or 4th spoken language for most group members. It is suggested that one should take a closer look at the role language plays in one's culture and how it affects one's ability to express your true and deeper experiences and emotions when expected to do so in a language you are not that well familiar with. One should also consider the effects of traumatic brain injury (TBI) in one's ability to process thoughts and experiences as well as the challenges it causes in expressing oneself verbally.

NPO serving as a lifeline

The second issue is the role the non-profit organization (NPO) plays. The NPO not only funds the music therapy sessions but also provides other therapies as well as meals to the group members. To many members the offering of a weekly meal is a lifeline. This might suggest that members are more likely to answer questions in a way that will be "pleasing" for the researcher (who also plays the role of the therapist) out of fear of possibly displeasing the researcher and losing this aid.

The members also live in passivity. They tend

to accept things as they are and do not always actively respond or resist ideas or requests when they are presented with the opportunity to speak up and have their voices heard. It is suggested that this influences how members self-reflect during sessions and ultimately how they answered questions during the data collection process.

Silencing

Reflecting on the aforementioned issues, they are recognized as factors that collectively contribute towards silencing the group members. Another silencing factor is the environment and how a community engages with their most vulnerable. Poverty is a big culprit in the silencing of vulnerable people as well. In this context, it is suggested that poverty potentially forces impoverished people into positions of always begging for aid, which often results in them having to respond with gratitude in every situation.

Future research

To conclude, one needs to become aware of the silencing factors and address them appro-

priately when they do surface. The members' passivity can easily transfer onto the therapist's way of serving them, resulting in the music becoming passive itself. Once these issues are addressed one hopes that the data collection process as well as the therapy space becomes a place for members to speak openly and reflect honestly about their emotions and experiences.

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CREATIVE CONNECTIONS WITH MUSIC EXPRESSIVE ARTS THERAPY GROUP WORK IN SOUTH AFRICA

Eleen Polson

Counselling Psychologist, South Africa

Introduction

Eleen Polson is a registered counselling psychologist with specialisations in trauma release and expressive arts therapy. Since 2009 she has presented expressive arts therapy training as a continued professional development (CPD) activity, to mental health professionals across Southern Africa. From this experience she shares some practical insights to inspire personal and professional lives.

The aims of the group workshops were firstly to foster a personal engagement and a comfort with creativity on the broadest level. Expressive arts therapy was used as a vehicle for engagement with the creative process, as well as to re-engage participants with different expressive mediums while giving them insight into using the arts as a therapeutic modality. In this presentation the voice as medium will also be considered.

It is essential to deconstruct the idea that creativity belongs to the domain of fine arts alone. Research shows that all people are born creative, but that due to schooling and societal pressure adults lose this capability. In the workshops we invited people to reclaim this creative energy as a process natural to the human psyche in order to survive.

Expressive arts therapy is a multi-modal expression of two or more media that includes: art, craft, clay-work, creative writing, singing, dancing and expressing in whatever media.

The focus is on the process, and not the end-product.

Creative Connection is a specific technique using multiple modalities, one after the other, to deepen the process away from the analytic mind into the intuitive, experiential mind (Rogers, 2011).

Creating safety to express freely

What made this group work successful is the foundation on person centered principles, and more specifically, the creation of a safe and non-judgmental space to experiment in. From psycho-neuro-biological developments and trauma-work it is known that the human reptilian brain needs to feel safe in order to be creative. Feeling judged (by external or internal voices) will bring up instinctual defenses to self-protect. In order to facilitate creative expression for participants, it is very important to step out of the judgmental frame of mind where everything has a good-bad, right-wrong label. The alternative is a focus on connection, on the present moment and the ability to express freely and authentically.

The role of music

Music is an essential ingredient to help people drop into the creative process in an un-selfconscious way, primarily because it facilitates physical movement. Movement is one of the most important activities in the creative process. Most often people are stuck or

frozen, if not by trauma, then by a culture of not encouraging bodily expression and experimentation. We use the impetus (the driving force) of music to facilitate pulsation of the whole organism (be it the individual or the group). From a body-psychotherapeutic perspective, health is seen as pulsation and flexibility, felt as aliveness – as opposed to rigidity and a feeling of depression or numbness.

Movement modalities and music

Movement modalities like Biodanza and 5-Rhythms gives the practitioner an embodied, visceral experience of music and movement. It facilitates reactions from an integrative position where mind, heart and body are aligned (what you feel and think is expressed in a congruent way through gesture and movement). The term ‘vivencia’ (a fully lived moment) is explored as an indication of health and aliveness.

Voice work and toning

Among participants “the voice” was found to be very suppressed – the modality that caused much resistance, as well as huge release. Toning, based on the work of Laura Elizabeth Keys, was found to be a very effective

way to facilitate the creative expression of voices – a very healing and beautiful technique to use in groups.

Toning starts with an awareness of breath and breathing. Trauma release and breath-work shows that the whole autonomous nervous system can be down-regulated from a state of fight-flight or freeze, through deep breathing and singing, to a state of rest-and-repair.

Conclusion

Music can be medicine and soother; the secret ingredient that instigates moving into the creative process. The power of music is undeniable in the creative and healing process. The following invitation is a personal one to all therapists: how fully do you feel the music and how often do you let yourself be healed by the creative process? From this place of personal experience you will gain gifts to share with the world.

Resource

Rogers, N. (2011). *The Creative Connection for groups: Person-Centred Expressive Arts for Healing and Social Change*. Palo Alto: Science and Behaviour Books.

LESSONS LEARNED FROM A NINE-YEAR MUSIC THERAPY PROJECT IN NORTHERN UGANDA

Bethan Lee Shrubsole

Music Therapist, Chad

Introduction

I founded the peripatetic music therapy service, Music for Peaceful Minds (MPM), in 2008 as a form of rehabilitation for children affected by the 25-year rebel war in northern Uganda. With the help of Music Therapist Jantina Bijpost, I went for six months, with plans of providing music therapy to orphaned children in SOS Children's Village, Gulu, and training their staff who would then continue to provide music therapy.

Jantina and I began with short-term closed-group music therapy sessions four times per week in ten-week rotations, enabling 24 children to access music therapy. Within six months, MPM was also running a weekly kindergarten music group, small group sessions for 32 students at a secondary boarding school for children affected by war, and class music at a special-needs unit.

We ran training sessions once a month over four months for the 'mothers' at SOS and it seemed likely that music therapy would continue there after I left. This was not the case at other institutions. Even though initial excitement was high, it became clear that only one or two staff members were willing to continue music therapy and I thought it would end once I left. With a surprise injection of funding, MPM began to change. I hired a Ugandan employee and trained her so music therapy could be delivered in the way I had been doing. I learned lessons that might help others with similar projects.

Lessons Learned

Assess and evaluate project regularly

I had to know the needs of the community and tried to predict what they would be in the future. For example, MPM began by helping children rehabilitate from PTSD, but over time those needs diminished and we shifted to children with special needs.

Gauge commitment of institution staff

When I looked for staff to help us at each institution, I sought energetic, committed, and interested people who understood the principles of music therapy, and who showed promising leadership skills. Short training courses were also necessary.

Employment of local staff.

For MPM, it would have been better to train our employee on the job for a year rather than the three months we had and to teach more psychological aspects as well as practical music skills.

Supervision of the employee

These days WhatsApp is ideal to provide video clips and have face-to-face supervision with employees. In 2009 I used emailed reports, which did not give a clear enough picture, particularly for someone from a more oral culture, who was not used to writing descriptive reports. I asked a Spanish former

MPM volunteer to help me supervise her and ensure accountability.

Maintaining High Standards

CPD and project visits are important. In MPM's case, it was sometimes necessary to mediate between the institutions and therapists as they navigated difficult demands and working conditions.

Theory

I worried too much about whether I was doing music therapy according to the 'consensus' model, as defined by Ansdell (2002). Reading about Community Music Therapy, gave me the freedom to innovate according to the MPM's community needs. This taught me that theory is important, innovation is necessary, and theory will often follow.

Evaluation

Although MPM did some good initial evaluations of the work, an ongoing system of unbiased evaluation of employees, partners and beneficiaries would have been better. This

would better inform how to work in each institution and manage expectations.

Conclusion

The project in Gulu was successful and had a tangible impact on peoples' lives. However, it could have been even better if I had been able to spend more time with the people I was training, then take time to work alongside them, sharing ideas, expectations, possibilities etc. I hope to do this now during my four-years working in a hospital in N'djamena, Chad, to ensure effective and sustainable development of music therapy.

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KATWAAMBA NOTUYOOWA; DRUMMING OUR WAY TO HEALTH AND WHOLENESS

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Introduction

Katwaamba notuyoowa is an expression in ciTonga, the language spoken by baTonga, an ethnic grouping of people resident in Zambia, Zimbabwe, Mozambique, Malawi and parts of South Africa. The phrase reminds the speaker that they have the freedom to speak the truth even when they may be afraid. This paper follows the same invocation to speak the truth, even when it might be inconvenient and incomplete.

Theoretical Framework

I identify as muTonga (a person who identifies with buTonga). At a personal level, the more I assimilate the western thought pattern through education and religion, the more disconnected I feel from buTonga. This has prompted me to investigate buTonga, focusing on masabe, a musical healing ritual performed by baTonga. I embarked on this study to help fill the knowledge gaps in my life that have impoverished my sense of self. I did an ethnographic study informed by critical theory exploring music therapy in the life of baTonga of Mazabuka, Zambia. The phenomenological research provided space for participants in the focus groups to talk about how they see the place of music therapy in their lives through focus groups. I present my reflexive process and the impact of my findings during the research.

Methodology

My study explored how a culturally-sensitive

music therapy process may be designed among baTonga, particularly concerning the participants' understandings of *masabe*. We designed a music therapy session together. Participants expressed delight at their involvement in the study as it communicated interest in their lives.

Findings and Conclusions

The study found that baTonga use musical healing rituals as they are aligned to their relational cosmology and accommodates their perceptions of wellbeing. The study argues that there is a place for culture-centred, culturally sensitive and inclusive anti-oppressive music therapy among BuTonga. This study contributes to the ongoing conversation about evolving meanings, theories, approaches and practices of music therapy. Power in a traditionally matrilineal decentralised society is negotiated in a complex manner.

I reflect the shifts, emotional, intellectual and cultural that are happening in me.

Conclusion

In conclusion, I raise the implications of my learnings on research and clinical applications.

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EXPERIENCES ON BOTH SIDES OF THE DJEMBE: MUSIC EDUCATION STUDENTS TEACHING MALE ADOLESCENTS WITH INTELLECTUAL DISABILITIES

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This presentation explores the learning experiences of ten adolescents with intellectual disabilities and eight third-year music education students through accounts of their experiences in the “Anke Djé Anke Bé” drumming project.

Introduction

There is insufficient research on a music education pedagogy that integrates theory with practice in real-world environments to equip students to operate in diverse South African educational contexts encompassing a variety of cultural identities and ethnic backgrounds.

Literature overview

Drumming activities transcend differences of age and developmental level (Flores, van Niekerk & le Roux, 2016; p. 264) and are therefore accessible to and can engage and unify a group with little or no previous musical experience (Berger, 2002; p. 113). Drumming circles offer a sense of containment; in them members can experiment with different ways of being in the group, which can facilitate experiential learning based on members' experiences (Flores, van Niekerk, and le Roux, 2016; p. 257). Group drumming provides a channel for self-expression, affective modulation among its members (Stevens and Burt, 1997; p. 178), and social processes such as following, leading, taking turns, sharing and other forms of reciprocal interaction (Wi-

gram, Pedersen, and Bonde, 2002; p. 171, 184-186). Group drumming in educational settings could enhance emotional and social wellbeing (Friedman, 2000; Kalani, 2005; Snow and D'Amico, 2010; Stone, 2005), whilst respecting the indigenous, popular knowledge in members' specific communities.

Research procedures

This study took place at a government school for physically and mentally handicapped learners unable to function in a mainstream school. The music education students, with varying skills levels, facilitated drumming lessons for five consecutive weeks and investigated the potential of drumming to promote the wellbeing of the adolescents. The research examined learning experiences on both sides of the djembe: 1) How did music education students experience the facilitation of drumming to male adolescents with intellectual disabilities during a service-learning project? 2) How did male adolescents with intellectual disabilities experience drumming with music education students during a service-learning project?

Findings

The affective learning benefits for both the adolescents and the students were evident in the data as both groups reported feelings of joy and a sense of being engaged in something meaningful (Day and Quing, 2009). One

adolescent reports: “*I enjoyed the moments the students spent with us and felt like they should come on a daily basis*”. A student said that the experience made her feel “courageous” and she enjoyed the time with the learners.

“*Despite that I was the one teaching them, they also taught me a few things. The learners came with excitement and enthusiasm as they were very passionate about learning and their energy and presence made it easier for me to interact with them*”.

Another student described how the experience overwhelmed his heart and another that she was “*grounded in such a way that involved intense and extended conversations with my fellow students and the process of teaching different learners to understand the same method*”. An adolescent learner concluded: “*I developed a love for drums, I would like to teach others one day*”, while another claimed: “*It helped me with learning to know the drums in a positive way because me and the people who had conflict in our group were no longer fighting – we got along.*”

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INCLUSIVE MUSIC THERAPY RESEARCH: EXPLORING DATA COLLECTION PROCEDURES FOR INCLUDING PEOPLE WHO LIVE WITH DEMENTIA IN QUALITATIVE RESEARCH INTERVIEWS

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Background

This paper presents the findings of a study that investigated how music therapy researchers can make qualitative interviews more accessible for people living with dementia. Findings from the study were used to develop a data collection procedure that was implemented in a subsequent research project. In this paper, we reflect on the results from the initial study and learnings from the implementation of the procedure.

Research into the benefits of music and music therapy in dementia care is growing in popularity, however, perspectives of people living with dementia remain underrepresented (Dowlen et al., 2018). Despite a number of publications advocating for inclusive research procedures when working with people who have dementia (Cridland, Phillipson, Brennan-Horley, & Swaffer, 2016; Novek & Wilkinson, 2019), this topic has not been explored in the music therapy literature, particularly in relation to the role of using music to create accessible research practices.

Method

Participants: three categories of participants were initially invited: 1) music therapy-researchers who had previously conducted qualitative interviews with people who have dementia; 2) people who have a diagnosis of dementia who participated in a previous pilot study by our research group; 3) family carers who participated in the same pilot study; and 4) people who have a diagnosis of dementia and talk about their experience of participating in research publicly. Participants who consented to be involved in the study included: three music-therapy researchers and four family carers from the pilot study. Participants completed a semi-structured interview in which they were asked about their past experience of being involved in a qualitative interview with a person who has dementia, and interview transcripts were analysed using a inductive thematic analysis method (Braun & Clarke, 2006).

Results

Five key themes were developed from the in-

ductive thematic analysis that reflected the logistical, pragmatic, and relational considerations that music therapy researchers should consider when interviewing people living with dementia. Collaboration and sustainability in research were also highlighted as important considerations. This paper will explore the themes and reflect on learnings following the implementation of strategies developed from the themes. Implications and suggestions for future research are also discussed.

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REMINI-SING: AN RCT EXAMINING THERAPEUTIC GROUP SINGING FOR COMMUNITY-DWELLING PEOPLE WITH DEMENTIA AND THEIR PRIMARY CAREGIVERS

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Background

Music is processed by the brain even in advanced stages of dementia and acts as a stimulus for memories and self-awareness for people living with this disease. Community-based therapeutic group singing experiences offer opportunities for music participation and social engagement that are accessible and enjoyable for people with dementia and their family caregivers (Tamplin et al. 2019). Therapeutic singing groups can also facilitate communication through shared and meaningful musical interactions, which may lead to improved relationship quality.



However, most previous research has been conducted in residential care, with currently limited research to support the use of music interventions for people living with dementia and their caregivers in the family home.

Method

This randomized controlled trial compared the effects of community-based therapeutic singing groups for participant dyads (people with dementia and family caregiver) against a wait-listed control group on the following outcomes at 10 and 20 weeks:

1. Dyad relationship quality (primary outcome measure).
2. Quality of life, depression, anxiety and social connectedness for participants with dementia.
3. Quality of life, depression, caregiver burden, and social connectedness for family caregivers.

Results

Of a targeted 180 dyads, 60 dyads were recruited and randomly assigned to a 20-week group singing condition. Dropout was high with only 10 dyads completing the 20-week assessment. Statistical analysis was therefore conducted on 10-week data only ($n=21$). No statistically significant differences between groups were found on any of the quantitative outcome measures. Qualitative analysis of interviews conducted with participants is currently underway.

Discussion and Conclusions

A number of issues related to study design arose regarding recruitment, withdrawal, participant burden, and sustainability. Recruitment was low due to difficulties establishing communication with eligible participants and the high level of commitment required due to study design. Dropout was high due to illness, disease progression, low numbers at some sites, burden of research participation and lack of engagement for waitlisted participants.

Anecdotally, participants from the two successful groups felt the program was enjoyable, cognitively stimulating, provided social support and they wanted to keep attending post research. This supports our pilot study findings (Clark et al. 2019).

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A CONTROLLED TRIAL EXAMINING PARKINSON EFFECTS ON COMMUNICATION AND WELLBEING OVER 12-MONTHS

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Background

Communication impairments in Parkinson's disease can significantly impact social participation and reduce quality of life. Parkinsonian speech characteristics include quiet, monotone, breathy or hoarse voice quality, and imprecise articulation. Communication difficulty often leads to self-consciousness about speaking, reduced attempts at conversation participation, and even avoidance of social interaction. Singing shares many of the structural mechanisms used during speech and, in a group context, offers additional social and emotional benefits. ParkinSong is a therapeutic group singing intervention designed specifically to target functional communication issues common to Parkinson's. After 3 months of ParkinSong, participants showed significant improvements in vocal loudness, expiratory pressure and voice-related quality of life (Tamplin et al., 2019). This paper presents the 12-month results (Tamplin et al., 2020).

Method

A 4-armed controlled trial design was used to examine the effects of ParkinSong group participation over 12 months on voice loudness, as well as secondary outcomes including respiratory strength, quality of life and wellbeing for 75 participants with PD and wellbeing for 44 caregivers. Intervention participants attended 2-hour weekly or monthly ParkinSong groups incorporating high intensity vocal output via targeted vocal and respiratory exercises and singing specifically selected, familiar songs. Control participants participated in non-singing regular monthly peer support or weekly creative activity groups.

Results

After 12 months of ParkinSong, participants demonstrated significant improvements on the primary outcome of vocal loudness ($p=0.032$). Weekly singers were 5.13 dB lou-

der ($p=0.044$) and monthly singers were 5.69 dB louder ($p=0.015$) than monthly controls at 12 months. These improvements are clinically relevant and greater than current evidenced-based LSVT-Loud speech therapy (Ramig et al. 2018). ParkinSong participation also led to greater improvements in voice-related quality of life and anxiety as well as reductions in depression and stress for caregivers.

Conclusions

This is the largest and first study to examine the effects of therapeutic group singing on Parkinson's-related communication and well-being in comparison to a control condition. We demonstrated positive effects for both people with Parkinsons and caregivers, with no adverse effects reported.

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«HEAR A SILENCED VOICE»: A STORY OF A MAN WHO SUFFERS FROM MUTISM DIFFERENTIATED SELF AND INTEGRATED SELF IN MUSIC THERAPY

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Introduction

This presentation showcases both music therapy practice and theory and their relationship. Two theories are introduced to serve as the framework for examining a case study, whereby this case study also serves to justify these two theories. The presenters are the author (therapist) and the client's mother.

Differentiated Self and Integrated Self

The first theory relates to one's sense of self. The author modified the concept of differentiated self and integrated self from Csikszentmihalyi's Flow Theory and social psychology and assumed that we all have the fundamental needs for differentiation (a movement towards a sense of uniqueness), social integration (a movement towards a sense of unity through social interaction), and inner integration (inner harmony between oneself and the world in one's mind).

Case Study 2006-2011

The case study focuses on a client who lost the ability to use his voice, as well as experiencing the "shutting down" of all his senses at the age of 12. This occurred shortly after his family migrated from the US to Australia. He started music therapy when he was 18 years old. As both the author and his parents regarded Luke's mutism as being a psychoge-

nic disorder caused by sudden environmental change which triggered anxiety and social phobia, the author began individual music therapy and gradually introduced more group components, eventually incorporating community aspects. Luke seemed to develop a positive sense of self and became able to socialize with others once again during this period. This process can be explained by the concepts of Differentiated Self and Integrated Self.

Ecological Systems Theory

The second theory is Bronfenbrenner's Ecological Systems Theory. According to this theory, the process of human development is shaped by the interaction between an individual and their environment. Bruscia had adapted ecological systems theory to music therapy theory and practice and proposes (2014, p.242) that "targets of change or the outcomes of music therapy may be individual clients and/or any of their ecological frames."

Case Study 2012-2020

During this period, Luke's social circle has widened - through music and in other areas of his life. These social connections are introduced through several interviews with people who are involved in Luke's life, in order to examine how these social circles have influenced Luke and vice versa. As pointed out in Ecological Systems Theory and its

application to music therapy proposed by Bruscia, these interviews and the process of making this presentation through discussion with Luke's family, it became evident that Luke's change has occurred with the influence of his various social circles and environments.

Mutism

Luke's mutism has been a long-term condition. Despite this diagnosis, he has been using his whispered voice to verbalize single syllables for over 10 years, both in music and at home. However, this only seems to occur when he is asked to mimic or repeat a specific word or when he is asked to answer simple questions. No spontaneous speech nor sentence construction has occurred despite his enthusiastic approach to verbalizing. The author began to consider that his mutism might be not only psychogenic, but also possibly a functional neurological condition - related to his brain and body being unable to send and receive certain signals. In music therapy practice, both psychological and physical approaches were adopted, in consideration of these different possible causes. Several different approaches are introduced in the presentation.

Individual and Ecology

According to Bruscia (1998, p.229), "Helping individual and ecology to relate to one another harmoniously makes both healthier." The theory of Differentiated self and Integrated self and Ecological Systems Theory can be viewed as "individual" and "ecology" in the above Bruscia quote. Through Luke's case study these two theories were validated and the combination of these theories provided a suitable framework for Luke's case. Under this theoretical view, the individual can be seen as a whole and as part of larger whole (Bruscia, 1998).

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THE RELEVANCE OF MUSIC THERAPY FOR CHILDREN WITH DISABILITIES IN THE CONTEXT OF INCLUSIVE EDUCATION

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Inclusive education is about educators providing rich learning opportunities for all children, including those with disabilities. It involves ensuring that learners and staff have good social and emotional health, a genuine sense of belonging, and the school community has an overall sense of well-being (Mitchell, 2016).

Music therapists can facilitate inclusive music activities within the classroom or whole school environment, to highlight learners' abilities, foster connections between them, and between learners and staff, and enhance their sense of belonging. Musicking communities are likely to be more inclusive communities (McFerran & Rickson, 2014). And, when children with disabilities are fully included their peers learn about how different individuals make their way in the world, and teachers learn new skills which are useful for all children.

We might also argue that it can be helpful to withdraw children from classrooms to experience the little 'oases' that music therapy can provide when classrooms are overwhelming for them; and that it can be helpful to provide opportunities for children to participate in meaningful activity which will contribute to their learning and development, when teachers are not able to provide such opportu-

nities. However, when we provide therapy to individuals or small groups, we are highlighting children's 'difference' and the difficulties they have managing the curriculum and/or the classroom environment. And so, we are challenged to think carefully about how, when, and why we might provide support to learners in inclusive schools.

Just as societies are rethinking the role and design of schools, music therapists need to be proactive in re-thinking roles for music therapists within inclusive schools. If we are to work in inclusive education settings we need to collaborate with children, families, educators, other therapists, and wider communities, to consciously disrupt marginalizing processes in schools. Part of our role is to hold on to an alternative viewpoint, to be advocates for a different agenda, and to help the school with its holistic responsibilities (Annesley, 2014). As Annesley suggested, as 'outsiders' we can stand up for what we believe, no matter how unpopular or risky those beliefs might be.

When we challenge assumptions, we might find that understanding and actions change too. Many teachers and therapists do wish to work in mutually empowering ways with learners (McFerran & Rickson, 2014). Moreover, music therapists have unique skills to support

inclusive music making in schools, and to support the development of inclusive schools because sharing music enables diverse people to experience a profound togetherness that is difficult to achieve in other ways. We can use this resource to foster inclusion, rather than leaving the responsibility for building more inclusive societies to others.

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LIVED EXPERIENCES: AN ETHNOGRAPHIC STUDY OF SIX YOUNG MEN FROM REFUGEE BACKGROUNDS IN GROUP MUSIC THERAPY

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Introduction

Music therapy (MT) offers a unique and effective approach that varies from traditional discursive therapies where music is used as an inclusive tool across therapeutic settings and the lifespan (Bunt et al., 2013). Within the therapeutic space, there is much documentation of the importance of the therapeutic alliance and the evocation of emotions as clients reconcile or enhance memories, thoughts, and behaviours (Lane et al., 2015; McFerran, 2010, 2020). There is little research in Australia describing the engagement and interaction of adolescents with refugeehood as part of their backgrounds in MT.

Aims

The study sought to describe and understand the lived experience of MT of adolescents from refugee backgrounds.

Method

Through a social constructionist lens and an

ethnographic methodology, the conveyed lived MT experiences of six young men (15 to 16 years) who had experienced being 'a refugee' were considered. All participants were recruited from a secondary school. Using this approach the interplay between the young men and RMTs was explored in the social space of a group MT program in Brisbane, Australia. The researcher immersed themselves within the daily MT practices over six weeks as a participant observer. Each MT session was video-recorded and field notes were kept using critical reflexivity. Participants were invited to tell accounts of their MT experience in semi-structured interviews. The recordings were transcribed and underwent a progressive interpretive thematic analysis using a social constructionist perspective to understand the young men's MT experience.

Conveyed Lived Experiences

In interpreting the young men's accounts, several commonalities were found in the perceptions of these experiences and support an understanding of MT in their lives. The most

poignant aspect for these young men was having the freedom to express themselves. Within the group, each had their own preferred dance moves and instruments. Autonomy was an important element in choosing and controlling the genre of music. The young men talked of feeling included in a social space where they could relax without the scrutiny of non-participating adults. This experience of freedom supported feelings of safety in the context of the MT group. Several of the young men connected personal memories of music and emotional responses with their MT experiences, such as a happy heart and peaceful mind. Their experiences at the school generally entailed a struggle to speak English with the inclusivity experienced in the MT group a unique component. In their experience outside of the group they revealed enduring subtle racist comments, and not so subtle actions, that reinforced the inferiorisation and anxiety established through their experience as 'refugees'.

Discussion

The contrast between the young men's experiences in MT and school extend our understanding of the complex challenges faced by young people forging a sense of home and belonging. The role a RMT can play in inclusively addressing participants' needs, suggests opportunities to advocate for the extension of feelings of safety, freedom and acceptance beyond the MT group and school. When building a therapeutic alliance, RMTs need to

consider the culture of the organisation and the broader society in which MT takes place. Practices of critical reflexivity promote personal, institutional, and societal elements of cultural self-awareness, sensitivity, and safety when working with the social experience of being considered a 'refugee'.

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INDIVIDUAL VOICES, COHESIVE EXPRESSION: VARIOUS PERSPECTIVES ON PROCESSES OF MUSIC THERAPY WITH CHILDREN WHO HAVE AUTISM SPECTRUM CONDITION

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Background

This mixed methods research captured the voices of family members and other professionals who reviewed processes of music therapy with children who have Autistic Spectrum Conditions (ASC) (Ethics Approval VUW #24427). In 2018, with informed consent from all parties, ten music therapists worked for up to a year with individual children who had not experienced music therapy before; and produced descriptive case studies with video examples of their work, for others to evaluate.

Methodology

The music therapists produced their case studies in a consistent form for research purposes, including video or audio examples as possible. Family members and professionals (26) who were familiar to the children, as well as six other autism experts who did not know the children, then evaluated the music therapy based on the case study information made available to them; completing qualitative descriptions and questionnaires to highlight their perceptions of the music therapy processes. The autism experts who did not know the children evaluated all ten cases, enabling comparison of the way music therapists, parents, and other professionals perceive and evaluate change and benefits.

Findings – United voices

Music therapy was thought to be meaningful and important for the children. Evaluators generally agreed that the children made timely progress towards their individual goals. They considered the goals being addressed in music therapy to be appropriate; and could see that children were developing skills that would help them learn. Importantly both the expert and the familiar evaluators agreed that the children were not only positively engaged and were also enjoying themselves.

Findings - Differing perspectives

All evaluators suggested that the music, as well as the ways the therapists facilitated the interactions, was an important part of the therapy process. However, those who knew the children tended to put more emphasis on the importance of the music, while the other experts appreciated and emphasised other aspects of the music therapy process.

It was especially important to the people who knew the children, that music therapy drew on and fostered their musicality. Parents reported that their children responded positively to music from infancy and they continued to notice the affordances that music provided as the children grew. Children were

mostly eager to attend and remain at music therapy. Their love of music and musicmaking was seen to afford a ‘gravitational pull’ between the child and therapist, which drew them into the therapeutic process.

In contrast, the other experts mentioned music skills less, instead focusing on and highly praising music therapists for their therapeutic personalities, their preparedness for and management of sessions. They noted how flexible and adaptive music therapists were according to the needs of individuals, and how they drew on children’s skills and interests, to create musical opportunities that were engaging for them.

The second anomaly in the quantitative findings related to goal setting. Evaluators were asked to indicate whether they thought the stated goal was appropriate for the child, or whether another goal might have been better. People who knew the children agreed more strongly that the stated goal was appropriate for the child. While the other experts noticed that cases incorporated a variety of broad goals which were readily aligned with diagnostic criteria for ASD, the New Zealand curriculum key competencies, or the children’s individual education plans, they also noted a lot of variety in the ways the goals were presented, and in some cases called for more formal assessment procedures, and in-

creased clarity and specificity with regard to goal setting.

Summary

Music therapists are not only interested in whether participants and others close to them are satisfied with the music therapy process and whether it has some benefit in participants' lives, but also whether institutions, agencies, and communities also see those benefits (Aigen, 2015; p. 15). The finding that 'outside' observers of music therapy agreed children were positively engaged in a process that was meaningful – and were enjoying themselves – is therefore significant.

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INTERCULTURAL COMPETENCE FOR MUSIC THERAPISTS: WORKING WITH THE ARAB/MIDDLE EASTERN POPULATION

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Introduction

Global diversity is increasing, and intercultural competence is of the utmost importance. According to Spitzberg and Chagnon (as cited in Arasaratnam, 2016), one of the definitions of intercultural competence, is "the appropriate and effective management of interaction between people who, to some degree or another, represent different or divergent affective, cognitive, and behavioral orientations to the world". With the increased migration around the world, music therapists must learn about various cultures to provide the best possible services that are culturally appropriate.

Overview of the Presentation

The author would like to acknowledge that this presentation cannot provide a detailed description of a reach and diverse Arab/Middle Eastern culture. Instead, it is an attempt to give the essential points to consider when working with clients from this vast region, which includes 22 countries and spreads over 6,000km. The author debunks some popular myths and stereotypes. For example that most Arabs are the same; there is no such thing as the Arab world; all Arabs are Muslims/all Muslims are Arabs; most are religious fanatics; all women must cover head-to-toe, and all Arab countries are oil-rich. Some common cultural values and norms are discussed. These include behavior, dignity, reputation,

the importance of one's family, social class, family background, and some etiquette rules. Gender differences are also imperative to consider as well as generational differences. The author mentions immigration challenges and the importance of knowing why and when the clients immigrated, and what it is that they left behind, as it may impact mental health issues they present with and the approach that would need to be taken. Minority discrimination and cultural marginalization are critical topics of conversation but would require a presentation on its own.

The author explains the meaning of wellbeing and healing that stems hundreds of years back, and things to consider when providing mental health treatment to clients (e.g., structured therapy vs. "improvisational," involving a family, "keeping secrets" and family reputation, among others).

A short description of Middle Eastern music and its historical function is provided, with the list of famous Arabic singers from various cultures. The author included a few Arabic words and expressions, as having them in one's vocabulary can potentially ease the ice-breaking and therapeutic alliance-building process.

The author gives some additional recommendations based on her own experience working in the Kingdom of Bahrain. They include: considering clients' religious affiliation and

beliefs (music as "haram," being forbidden); clients' social stigma about mental health and illness; the need to provide a lot of information and education about music therapy and its benefits; and the importance of being flexible, open-minded, willing to learn, to work with own biases and prejudices while learning from clients and their family members.

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CONTINUOUS EVOLUTION THROUGH FREEDOM: THE BENENZON INTERNATIONAL ACADEMY: A NEW ERA OF EDUCATION OF UNIVERSITY LEVEL FOR THE ESTABLISHMENT OF DYNAMIC CLARITY

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The universal giant

Imagine walking side by side with a giant whose ideas surpass any perceived or notional boundary - ideas that generate an ongoing pulse of vitality with humanity's greater good in the epicentre of the process and as the sole goal. Looking at a giant of such essence, you can only distinguish the imperative blend of simplicity and the alchemist hiding ever so discreetly and purposefully within. The alchemist who dares to transform every element that falls within his radiance, no matter whether society welcomes it or not, dares to not only support but also to empower inclinations to the greater good, even when this means going against any conformity the society imposes en-mass.

This giant has an identity and is no other than Professor Dr. Rolando Omar Benenzon, psychiatrist, artist, writer, and one of the founders of the world federation, father of music therapy, but above all a genuine quantum creator.

Maestro Benenzon saw his journey starting back in 1962 when he graduated from the Buenos Aires medical school where his unsettling spirit led him towards an alternative path. That path had only one purpose; dedicating his whole life to exploring the ways that each and every one of us humans can

gain access to a life of true and deep quality in a progressive manner.

Through a 60 year journey, during which he invested in research, analysis, and creativity, he is now seeking to safeguard and preserve the Benenzon therapy by creating his own autonomous university under the name of the Benenzon International Academy.

The vision of the academy

The commencement of the Benenzon International Academy marks the beginning of a new era. The academy's goal is to stay fully aligned to the steps of its creator by academically upholding the Benenzonian ideology. This balanced union shall reinforce its continuous dynamic evolution and expansion without overlooking the liberal approach that it embodies.

The ever-growing need for the formation of a defined space where holonomy is a vital pillar in order to enable therapists to taste and experience the substance of true freedom, has been apparent in recent years. This need did not only concern our students, but also our associates at an academic and an administrative level.

Structure

The academic program has a duration of 4+1 years and falls under three distinctive pillars:

1. Distance learning for all theoretical modules from years 1 to 4.
2. Personal therapy of all students at certified Benenzon centres or with Benenzon therapists worldwide during years 1 to 4.
3. Practice placement in the following settings: therapeutic centres, hospitals and community settings, during the 4th and 5th year of study.

As I have already explained, Maestro Benenzon, together with the academy's scientific team, have achieved a uniquely successful and mutually exclusive blend of core sciences, these being: medicine, psychology, art, philosophy, philology as well as quantum psychology.

For those who had the blessing to meet Maestro Benenzon in person, they can confirm that we are talking about an amalgam of a brilliant mind with multiple peculiarities, who defies both positive and negative criticism – while perceiving the sensory identity and dedicating time to what and whoever matters to him the most, in adding value to his quest.

During the first three years at the Benenzon International Academy, all trainees are requi-

red to start their own personal therapeutic journey in order to gradually discover their own sensory identity. Through the Benenzon therapy trainees gain the skill to be flexible and adaptive in order to enable themselves to perceive and contemplate the patient, or as it is used in the context of the Benenzonian therapy terminology, 'the other'. At the same time they are shaping and growing, initially themselves, and in the future, the other.

Walking through Benenzonian therapy one experiences the genuine, unprecedented, primal sense of expression, where patients find themselves letting all inner defences down. Stripping themselves of all defences, the trainees then enter in an on-going chiselling of their inner being which in return teaches them to truly savour the day. Savouring each day separately, one activates his/her full capacity to overcome limitations, boundaries in a context of an ongoing, unstoppable transformation.

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Benenzon International Academy
www.benenzonacademy.com

TRAINING MUSIC THERAPISTS TO CONDUCT MUSICAL DIALOGUE BETWEEN GROUPS IN CONFLICT

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Background

Throughout the past years the first author has been conducting and developing “musical dialogue” groups with the aim of allowing people from conflicting groups to meet, to listen to each other, and to practice respect and tolerance towards each other. These groups enhanced dialogue between participants and alleviated tensions between conflicting sectors. The music, and especially the use of songs, enabled a safe environment in which dialogue, free expression of emotions, and listening were possible (Baruch, 2017). Impressions from these groups can be obtained at https://www.youtube.com/watch?v=hkOxi_i7zaw&t=10s

Musical dialogue groups

Musical dialogue groups use the power of music and music therapy techniques to promote dialogue and connection between groups in conflict. Across a sequence of meetings, significant and deep processes occur and familiarity is established (Gilboa, Yehuda & Amir ,2009; Gilboa, 2016).

Setting: weekly group sessions facilitated by a music therapist. A balance is kept of each of the sectors comprising the group. Different

musical techniques are used, designed for people who do not necessarily have musical background. Sometime the musical activity leads to verbal dialogue and in other cases, verbal activities lead to musical dialogue. Music allows to express personal and cultural identity and to learn about each other in depth. It can create a safe space and help to reduce boundaries between sections. It can also promote communication skills and teach one to be sensitive and attentive to others.

During the sessions we use different tools: (1) Instrumental and vocal improvisations; (2) symbolic use of instruments which enables deeper understanding of oneself and the other; (3) Singing and playing together which promotes cohesion; and (4) Preparing and sharing musical presentations with each other. This last tool was first developed by Amir (2012). Participants are asked to prepare and present to the group a musical presentation which reflects their national, religious, gender, cultural identity. Depending on the group, the length of the musical presentation can be 10-12 minutes long or even one song only. Another, more complicated version, is for two participants, from contrasting sectors, to prepare a joint presentation. This enables dialogue both in preparing the product and in presenting it to others, and it ser-

ves as a very powerful exercise in co-existence.

School of Musical Dialogue

The successful outcomes of these groups led to the development of a unique training program for music therapists. The purpose of this program was to train generations of facilitators for musical dialogue groups to treat groups in a variety of conflicts; to support and follow the implementation of musical dialogue with diverse groups; and to encourage research and development of this field. To do this effectively, the training program was accompanied by the doctoral dissertation of the first author, guided by second and third authors.

The training program includes the theoretical foundations of conflict and conflict resolution strategies, as well as practical ways to use music in this context. In addition, there are many experiential activities in which the group work to find and then resolve conflicts that arise throughout the sessions. Participants are required to initiate their own musical dialogue group. The training program provides the guidance and the containment of this process.

So far, two cycles of the training program were conducted. Together, they opened 17 musical dialogue groups and 9 workshops.

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PERCEPTIONS OF MUSIC THERAPISTS REGARDING THEIR WORK WITH CHILDREN LIVING UNDER WAR THREAT: EXPERIENTIAL REFRAMING OF TRAUMA THROUGH SONGS

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Introduction

Evidence of high levels of stress and post-traumatic stress disorder in children who are continuously exposed to war threat continues to emerge. Over the years, clinicians and researchers have developed various interventions for these children. However, within the music therapy literature, there are very few studies focused on children experiencing trauma (e.g., Fairchild & McFerran, 2019) and none exploring children who are continuously exposed to war threat. This study is the first to explore the therapeutic methods and techniques music therapists use with children living under continuous war threat and offers a subsequent emergent theory.

Method

Using a constructivist grounded theory approach, the researcher conducted semi-structured interviews with 15 experienced music therapists working with Israeli children who experience continuous war threat in towns located near the Gaza Strip.

Findings

The finding's context is related to the Israeli-Palestinian conflict where thousands of rocket hits occurred in the Western Negev, the area surrounding the Gaza Strip, threatening the lives of tens of thousands of families. As a defense measure, the Israeli government

has installed an early warning radar system in which a recorded female voice announces over loudspeakers "Color Red, Color Red", signaling residents to seek cover. This is the context in which the following three themes regarding the therapeutic use of songs emerged:

Creating a playful space that emphasizes the importance of overcoming fear by "playing with it" as mentioned by the therapists: *"This boom, the one from which we panic, will turn into a game. The idea was to move the traumatic experience from a fight or flight space to a more relaxed space of creation and play. So we composed with the children a song that they would sing the moment the "Color Red" alarm began. The rhythm was planned to synchronize with the fall of the missile, with the boom, so that the external boom would become an integral part of the song. [...] What happened was that we received reports from parents about more calm and controlled behavior at home in the event of a "Color Red" alarm"* (Tali).

The second theme, **restoring a sense of control**, focuses on the songs' lyrics including instructions as to what should be done when the Color Red is heard: *"I compose a song with the children, a song that describes what they should do in such stressful situations, a song that they can sing by themselves outside the clinic and maintain a sense of control"* (Mina).

Also the structured musical features of the songs provided a sense of control: *"Songs promote con-*

trol because they are organized and structured. They include rhymes, rhythm and fixed meter. Songs also include repetition of lyrics and melody in the chorus. All these features create certainty and ability to anticipate the future, and this leads to an increased sense of control." (Moran).

The third theme, **fostering resilience**, relates to the ability of songs to represent the traumatic experience while conveying messages of strength and agency: "I ask them [my clients]: "Choose songs that will give you strength, that will make you feel good. Choose songs from your private playlist that will remind you of the traumatic experience but will also get you out of it." [...] I then make a CD with each client, titled "Resilience Songs," and later, if they have sleeping problems for example, they can play their disc before they go to bed and it helps them fall asleep" (Liza).

A video example of the use of a song in a class can be seen in the following link: <https://www.youtube.com/watch?v=e7fFqeofXfU&t=13s>

Discussion

The findings were further developed into a theoretical framework to guide the therapeutic use of songs with children experiencing continuous trauma, termed **experiential reframing of trauma through songs** (ERTS). Accordingly, the use of

songs in music therapy enables children to re-experience the fear of the trauma within a playful, controlled and resilient space thus reframing the traumatic memory to be a less threatening event.

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Recommended Resources

This paper is based on the following published article: Bensimon, M. (2020). Perceptions of music therapists regarding their work with children living under continuous war threat: Experiential reframing of trauma through songs. *Nordic Journal of Music Therapy*, 1-17. doi: 10.1080/08098131.2019.1703210

THE NEURODIVERSITY PARADIGM INVITES US TO CONSIDER WHY WE WORK IN THE WAY WE DO AS MUSIC THERAPISTS

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Katja Gottschewski

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Introduction

This presentation is a reflection on the collaborative work of an international collective of neurodivergent and neurotypical music therapists, who strive to be supportive allies, and view human rights as an us rather than a them issue. The discussion is presented from a respectful position, seeking to understand how deeper engagement with the important work of the Neurodiversity Paradigm may inform and enhance music therapy practices, through deeper reflection on the intentionality of the music therapist. The presentation begins with an introduction to the Neurodiversity Paradigm (Singer, 1999) by Grace Thompson, followed by an invitation to consider how we respond to autistic communication and expression in music therapy. Each member of the collective then responds to Grace's proposition through a particular theoretical lens.

Autism as Cultural Identity

The discussion is commenced by Katja Gottschewski who shares a powerful provocation from her own experience of stimming, or self-stimulation, as a cultural phenomenon and expression. Through vocal and instrumental engagement with a video of her own stimming, Katja demonstrates that stimming can be communicative and interactive: a vehicle for culturally meaningful communication.

Models of Disability

Building on Katja's example, Efrat Roginsky advances the discussion by explaining how engagement with the concept of diversity is shaped by the models or paradigms of disability to which we subscribe, with specific emphasis on the medical and social models of disability (Goodley, 2017).

Ableism

Maren Metell continues the debate by considering how the construct of ableism informs and explains our actions and choices in music therapy. Using Kumari-Campbell's (2009) definition, Maren applies the logic of ableism to music therapy, demonstrating how assumptions about disability can shape our intentions, therapeutic goals and practices.

Community Music Therapy

Cochavit Elefant considers how different music therapy theories might understand this discussion in slightly distinct ways, drawing from the community music therapy movement's advocacy of an anti-model, and resource-oriented music therapy's recognition of the client's resources and strengths (Rolvjord, 2014).

A Future Therapeutic Landscape

Beth Pickard draws from Michael Bakan's (2014) article which encapsulates the challenge to a deficit-based understanding of neurodivergence in music therapy, and considers through the acceptance of this stance, 'how radically altered the landscape of therapeutic interventions might become'. To conclude, Beth advocates for a rights-based, neurodiversity-informed model of music therapy, which advocates the autonomy and right to stim as a cultural and communicative act. In closing, Beth invites the audience to consider how they might apply the learning from the group's discussion to their own practices.

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Notes

Engage with content at:
<https://tinyurl.com/ychhkoqc>

MUSIC THERAPY WITH INFANTS WITH CONGENITAL DIAPHRAGMATIC HERNIA

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Background

Newborns with congenital diaphragmatic hernia (CDH) spend the first weeks of their lives in intensive care, which is extremely stressful for them and their families (Öst et al., 2017). Music therapy is already well-studied and established for premature babies in neonatal intensive care to stabilize the child, to support the parents, and to strengthen attachment and bonding (Haslbeck et al., 2019). However, not much is known about the specific needs, challenges, and protective factors of families with hospitalized children with CDH; and the benefits of music therapy for these families have not yet been comprehensively investigated.

Aim

The aim of this project was to investigate the specific needs, challenges, and experiences of children with CDH and their parents, and to derive appropriate music therapy interventions from literature.

Methods

Using the CAQDAS software f4analyse, 15 questionnaire-based parents' reports were examined with a structuring qualitative content analysis. Data was analyzed first in a deductive way by taking categories given by the

questionnaire, and in a second step, subcategories were created in an inductive way (Kuckartz, 2016). Possible indications, goals, and interventions for music therapy treatment with term-born infants were drawn from the literature and synthesized with the results of the qualitative content analysis. A case example supported the illustration of results.

Results

Parents suffer, above all, from organizational and emotional challenges stemming from the medical challenges of the child and the associated medical treatment. They want to take care of their child and seek to be close despite limited influence on health and treatment. They are supported emotionally by their social contacts and the medical staff. Protective factors include successful self-care, setting boundaries, and the faith in a positive outcome.

Conclusion

Results of the qualitative content analysis are in line with current research on parental stress in neonatal intensive care settings (Govindaswamy et al., 2019). Bonding and attachment and parental well-being are of great importance – in addition to obvious medical aspects like the medication weaning. Music therapy literature offers descriptions of indication, goals, and interventions which address these

aspects, but there is a need for research exploring the effects and application of music therapy for this population.

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MUSIC THERAPY SUPPORTED CHILDREN UNDERGOING HEMATOPOIETIC STEM CELL TRANSPLANTATION

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Background

Hematopoietic stem cell transplantation (HSCT) is an established treatment for severe pediatric hematological diseases and metabolic disorders (Miano et al., 2007). The HSCT procedure is intense during 3-6 months, with an initial period of isolation due to the risk of infections. There is a need for supportive interventions. Music therapy is used in medical care with the goal of helping patients through difficult experiences.

Methods

A randomized clinical trial evaluated physiological parameters including 24 pediatric patients 0-16 years of age. Health related quality of life (HRQoL) was also analyzed for 29 patients 0-17 years of age. The treatment group received music therapy twice a week during HSCT and the control group was offered music therapy after discharge. Two qualitative studies were also performed. The children's and parents' experiences of the interactive processes during music therapy were explored, using collaborative research interview method. Finally, a focus group interview study with the staff was done. The aim was to investigate the attitudes and experiences from the staff towards patient centered music therapy.

Result

Evening heart rate decreased ($p < 0.001$) in the treatment group compared to the control

group, lasting 4-8 hours after intervention (L. Uggla et al., 2016). In the music therapy group, the domain physical functioning improved at time of discharge (adjusted $p = 0.04$). The control group showed improved HRQoL at 6 months follow up after receiving music therapy ($p = 0.015$). The pain score decreased after music therapy, but it was not significant. However, the mood improved ($p = 0.000$) after music therapy in the music therapy group (L. Uggla, Bonde, Hammar, Wrangsjo, & Gustafsson, 2018). Three themes emerged from the collaborative interview with children and parents: experiences of competency and recognition of self, interactive affect regulation as change potential, and importance of the therapeutic relationship (Lena Uggla, Mårtenson Blom, Bonde, Gustafsson, & Wrangsjö, 2019). The focus group study reported five main themes, e.g. the importance of music therapy was expressed both physically and mentally by the children; the parents chose to attend either actively or non-actively, thus, music therapy gives a possibility to rest for the parents; and the staff see themselves as an integral part of music therapy treatment at the department.

Conclusion

Music therapy lowered the heart rate, improved HRQoL, and was perceived as helpful in managing the treatment period at the hospital for the children and parents. The staff supported the child, the family and the music therapy treatment during the HSCT process. In conclu-

sion, music therapy could be a complementary and effective intervention during and after HSCT.

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MUSIC THERAPY AND SOCIAL INCLUSION FOR YOUNG REFUGEES AND ASYLUM SEEKERS: AN INTERDISCIPLINARY APPROACH WITH THE THEATRE FOR THE INTERNATIONAL PROJECT «ACTING TOGETHER #WITHREFUGEES», ITALY

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Four music therapists participated in a 2018 theatre-centered project by Teatro dell'Argine in collaboration with UNHCR, which aimed to introduce an integrated approach for professionals to encourage refugee well-being and inclusion in the metropolitan area of Bologna, Italy. Intercultural music therapy group sessions within the project involved over 40 refugees/asylum seekers and Italian/international citizens.

Musical improvisation, sharing and elaboration of songs, storytelling through music, together with movement and theatre techniques, offered a unique, supportive framework which aimed to facilitate and encourage self-expression within a therapeutic context. Participant feedback highlighted the utility, relevance, and importance of music in sessions as a means of intra- and inter-personal communication, bridging life experience with present identity, allowing elaboration and integration of complex existential or emotional issues in a protected, non-verbal centered environment.

The music therapists integrated strategies stemming from their experience as musicians with music therapy techniques, allowing flexibility for complex group situations. Sessions maintained a goal-centered therapeutic focus throughout and participants expressed moving from shyness, closedness, fear and exclusion, to friendship, solidarity, group sense, and inclusion. Original songs and traditional lullabies explored during sessions were also successfully integrated in a final theatre performance, offering a further layer of positive inclusion for participants within a wider, appreciative community context.

The music therapists continually discussed and pooled ideas with theatre staff and a wide range of professionals operating in the refugee reception and inclusion sector during learning partnership sessions and focus groups. All activities were filmed and a video documentary together with extensive written guidelines were published.

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CONNECTION OF MUSIC THERAPY STUDENTS: AN INTERNATIONAL WORKING GROUP FOR MUSIC THERAPY STUDENTS AND RECENT GRADUATES

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Let me introduce to you...

...the C-M-T-S – short for ConnAction of Music Therapy Students! The CMTS is a working group building an international network for students and recent graduates. It was founded in Vienna (Austria) in 2017 by three students. Our team now consists of music therapy students from different countries and is changing depending on current projects.

Why we ConnAct

Our aim is to support each other in our professional development to become a music therapist. We also promote personal and professional exchange and collaborate with institutions and organizations. We want to give a voice to the next generation of music therapists.

How we ConnAct

CMTS is building an international platform for music therapy students and recent graduates to share ideas and knowledge. Furthermore, CMTS organizes different student conferences and meetings. We also participate actively in regional and international events to introduce

ourselves to a broad audience and gain awareness for our projects. On our website and social media, we provide relevant information about events, activities and upcoming projects: <https://www.cmts.info/events/>

ConnAction Student Meetings

The ConnAction Student Meetings are organized by and for music therapy students and recent graduates. The conferences are taking place in different cities and countries. It is important to us to enable students and recent graduates to try out professional presentation formats in a supportive and unbent environment. Besides workshops and presentations, we also prepare jam-sessions, shared meals, and improvisations to encourage social coherence. At our panel discussions we encourage participants to share their knowledge and enhance awareness of relevant topics.



Get involved

Are you wondering about what YOU can do to ConnAct?

Just join our working group and participate in our projects or build your own ConnAction within your training course, your country, or your continent!

Feel free to ask about projects and ideas, share your thoughts and ConnAct with us!



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ARMONIOSAMENTE PROJECT: A NEW PROJECT FOR PRACTICE AND TRAINING MUSIC THERAPY IN MOZAMBIQUE

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ARMONIOSAMENTE was a pilot project developed between 2017 and 2018 by 5 partners: Antoniano, Diapason, Regione Emilia Romagna, Iverca and Vanghano Va Infulene. The aim of the project was to bring and adapt music therapy to the Mozambican context to help us to connect with children in Mafalala. Mafalala is an artistic district of Maputo where we can breathe the history and the culture of Mozambique, but is also an area where children live in extreme poverty and where they are victims of physical and psychological abuse.

We organised our work taking into consideration the theoretical assumptions of the Community Music Therapy and keeping as our main goal the idea of allowing the young Mozambican music therapists to conduct the music therapy activities, in continuity with the training in the chosen contexts.

The expressive music laboratories, in general, were aimed to reach children between 6 and 15-years old attending Unidade 23 Primary School of the Mafalala District. They were held in groups and the children were divided according to their age.

The number of children (males and females) participating in the activities increased steadily during the twelve months of the project. We began with 9 children and interest and the desire to participate grew so much that, by the

end of the project, we reached almost 40 participants.

Our objectives for the expressive music laboratories, were to:

- improve individual emotional expression by strengthening self-confidence and trust in their own capabilities.
- Promote the ability to enter responsibly in relation with others, respecting requests and the group in which one is inserted.
- Encourage integration by valuing individual differences, facilitating the sharing of experiences and socialization.
- Sustain and reinforce creative resources, offering a space for the elaboration of experiences.

The project was carried out in two different locations: music therapy activities were held on Saturdays in two classrooms of the Primary School Unidade 23 and the practical music therapy sessions during the training sessions, were carried out in the rooms of the ACAM space in Mafalala.

For the setting we chose traditional African instruments. This decision allowed us to enhance and prioritize the African culture, and to recognize the impact and connection that traditional music has with spiritual emotions.

Moreover, this allowed participants to express themselves more easily. During the project, we used all the music therapy methods and techniques beneficial to express and involve children. Here's an example of a musical improvisation.

Thanks to the observation and interviews conducted, these are the results achieved with our activity:

- We observed a reduction in muscle tension in some children.
- Music therapy improved children's motor coordination.
- The music sharpened auditory and tactile perception. Over the weeks, we observed children progressively acquire skills in listening to music, to others and in playing instruments. For example, they learned to recognize musical parameters and to manage them.
- Music fostered social interrelationship. Teachers at primary school report that the social inclusion of a child with physical and mental disabilities significantly improved since the beginning of music therapy activities.

- Children's memory and everyday learning skills have increased.
- Children have improved their ability to concentrate, as well as better productivity and planning their own actions. Teachers think that music therapy activities helped in training and overcoming learning difficulties.
- Children during the working weeks have acquired greater security and awareness of their role. Children became more proactive and daring in proposing activities, songs, musical rhythms.
- We realized that music has improved our clients' self-esteem and communication skills.
- As the weeks went by, the initial shame disappeared, and the children became much more open and outgoing. They were able to express their mood and concerns more easily.

The Music Therapy project continued in 2019 until 2020 in Mozambique thanks to the work of volunteer music therapists and the young Mozambicans trained in this project.

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CARE FOR MUSIC: AN ETHNOGRAPHY OF MUSIC IN LATE LIFE & END OF LIFE SETTINGS

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The Care for Music project is funded by the UK Arts and Humanities Research Council, and is a collaboration between Exeter and Bergen Universities and our host partners: two hospices - Mountbatten Hospice on the Isle of Wight, UK, and Sunniva Centre for palliative care in Bergen, Norway, along with two care homes in London and Norwich, UK. The idea for the project developed between colleagues who had an interest in exploring through a slow and longterm research lens what really happens when music and music therapy takes its place in everyday later-life and end-of-life settings.

An increasing amount of research has been done in these areas in the last 10 years (Bowell S and Bamford SM, 2018), but this mostly takes a particular logic that goes with outcome designs, and repeats a set of assumptions about what professional music therapy can or should do in these settings. It has a fairly set idea of what music therapy is, and how it should work. We didn't think this logic matched our longterm practice in these areas. Does music therapy really work in the way that we've been led to believe in these settings? That is - to simplify only slightly - that professional music therapists 'add expert music therapy' - rather like adding a medication? Or that the benefits - whether affecting symptoms or changing behaviours - flow directly only from this professional addition? Research following this logic - that of "music for care" or "music in care" typically asks the simple question:

Does it work? But we'd become increasingly unsure that the "it" being defined in these studies was what we experienced in our practice in everyday settings - or that we were clear exactly what it was that was 'working'. What we experienced seemed different from this logic of experts 'just adding music' into care settings. Rather we'd continually witnessed just how *many* different people involved in these settings seemed to orientate to music with an attitude of care - not just residents or patients, but also staff and family members. We'd seen how this mutual *care for music* can in turn allow a variety of other kinds of caring to happen - albeit that such 'moments of care' are often indirect, fleeting, and sometimes part of quite messy events - happening simultaneously and across physical spaces and relational configurations.

So our project flips the usual formula 'music for care', and instead sets out to explore the alternative idea of '*care for music*', starting from a more ecological perspective (Ansdell & DeNora 2016). The research does not set out to demonstrate outcomes, but instead to look very closely and carefully into exactly what happens when people collectively '*care for music*' in these settings.

The first phase of the project has spent time in conceptual and methods development, attempting to re-think some of the previous assumptions of research work in this area,

which has tended to be under-developed both at methods and theory levels. The ethnographic approach of this study aims to develop both technologies of capture, and theoretical tools that can help us understand more about how music can be most helpful in these settings, in ways nearer to the everyday experiences of clients, staff, and families and friends. We are especially interested in how the 'care for music' perspective provides a questioning perspective on how music is offered as a professional 'intervention' in relation to lay contributions. Thinking about 'care for music' is helping us to focus on the real, everyday level of music in care arenas, and do justice to the full complexity and delicacy of this work - at the micro-level, and at the connecting-together of this through the meso-level of the physical and organisational space. The research links with a current appreciation of the importance of respecting the expertise of all (specialist & lay musicians) and of the need to think theoretically about music and care in more nuanced ways.

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A CROSS-COMMUNITY MUSIC THERAPY PROJECT FOR YOUNG CHILDREN WITH DOWN SYNDROME IN DERRY/LONDONDERRY, NORTHERN IRELAND

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Introduction

This paper describes an ongoing cross-community music project for children with Down Syndrome (DS) aged 8-12 years. The therapeutic goals focused on enhancement of social communication skills and peer collaboration. Children with DS experience a delay in speech and language development due to difficulties with auditory perception, language processing and articulation (Pienar, 2012). Learning sign language assists communication and acts as a bridge to talking (Buckey & Bird, 2001). Rhythm and sound are essential elements in music and speech and this project focuses on improving a child's sense of rhythm and use of voice through a creative songwriting process with the help of Makaton which uses signs, symbols and speech to help people communicate.

Method

The children engaged in a 20 session 'Speech and Music' program. The sessions happened after their group sports activities. The therapist adopted an integrative approach to songwriting (Baker, 2015) and melody learning, using self-composed and/or used easy to acquire folk styled melodies. The melody was split across three groups to facilitate all-inclusive learning; a process she has devised from her work with people with learning difficulties. Makaton, and pictures were used to facilitate lyric creation and learning.

Results

Four songs were created over the 20 week project period in a stepwise music-centred way to enhance social communication skills and integrative peer collaboration. Both lyrics and melody were precomposed in the first song 'The Scary Monster' to trial the concept of working in three subgroups to learn a melody and lyrics with the help of Makaton and pictures. The second song, where children chose instruments and created sounds for them, was a stepping stone towards the third song in which the children created lyrics about their favourite sporting activities, which were then incorporated into a precomposed melody. In the fourth song children were given opportunities to vocalise animal sounds to a pre-composed song 'Goin' on a Soundhunt' (Marvelous Mouth Music, 2009). Children performed the first two songs in a public concert and had opportunities to build leadership skills from conducting the songs.

Discussion /reflections

The findings are discussed from the viewpoint of the therapist and focus on enhancement in social communication skills and peer collaboration. There were a number of factors which led to enhancement in levels of social communication. The sessions happened in a familiar setting with assistance from staff and volunteers, who helped create a safe, intimate and fun space for all to participate in their own

individualistic way. Choosing song themes the children identified with, encouraged immediate participation in lyric writing. Creating song structures for three sub-groups encouraged participation, most especially from children who found it difficult to be present and interact collaboratively with peers. This was evidenced by them choosing to participate for increasing lengths of time in latter sessions.

The project's extended life includes future collaborations with cross-community schools in Derry, the use of songs as demo tools and motivators during COVID-19 lockdown and for keyboard lessons.

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MUSIC THERAPY IN ADULT PSYCHIATRIC UNIT: THE THIRD WAY

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Introduction

'Music Therapy is The Third Way', said Helen, with schizophrenia. She felt that it was the most important clinical intervention she received, as she experienced a significant decrease of her symptoms. She reached the functioning state of being, namely FA-fonie (FA-voice, in Psaltopoulou, 2015).

A pilot study was conducted over a period of 8 months, to investigate the contribution of Music Therapy to the psychosocial growth toward FA-fonie of 20 institutionalized psychiatric adults. The institution provided safety but no life or freedom.

Toward FA-fonie (FA-voice)

The structure of the human psyche contains three dimensions: The Real, the Imaginary and the Symbolic. In the case of a psychotic structure of the human psyche the dimension of the Symbolic is excluded, as well as the Other (A).

In the process of 25 open group music therapy sessions, the clients started from the phallic state (F- Φ) they were at and they expressed their unique Voice (Fonie-Voice). They connected and meaningfully interacted with the Other (A) and then, they entered the Symbolic order (FA: is a symbol for the pitch of F). Eventually, they experienced functioning moments in life (-f, -φ: symbol for the normal neurotic) with significant

decrease of the psychotic symptoms, reaching the state of FA-fonie.

Method: Qualitative study in two parts

Part 1. The 25 sessions were analysed according to two Nordoff-Robbins (2007) scales: "Improvisation analysis in the therapeutic relationship", and "Measurements of Music Therapy Interaction".

Part 2. The staff of the psychiatric institution answered five questionnaires with open-ended questions. Phenomenological hermeneutic design was adopted. Data analysis guided by Diekelmann, Allen and Tanner's (1989) seven stages process of phenomenological technique. Triangulation by 3 independent researchers and the 2 methods.

Results

Part 1. In both scales all the residents, at their personal pace and limits, made significant progress reaching level 7.

Part 2. We found thirteen sub-themes deriving from the five hyper-themes listed below:

1. Mood changes;
2. Creativity;
3. Self-expression;
4. Socialization;
5. Special changes in particular residents.

Discussion-Conclusion

Through music therapy, the exploration of the musical/creative self, self-expression in the group and interaction within the symbolic order, all participants identified with their uniqueness and engaged in meaningful relationships. Evidence showed an essential reduction of the image of the symptoms concerning institutionalization and psychotic withdrawal, leading to social inclusion and to the state of FA-fonie.

As the third way, music therapy introduces a new humanism that is human-protective beyond human-centered, as the residents experienced safety as well as meaningful life with empathy and freedom.

The psychiatric residents said about the music therapy group and the community music therapy performances:

- “It helps me sleep easier at night”;
- “It’s the first time we became friends”;
- “First time we belong to a group”;
- “We found our voices and became one”;

- “We feel free”
- “It’s power of God”.

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TOWARD AN ECOLOGICAL ATTITUDE: REFLECTIONS ON MUSIC THERAPY AND THE LONG DISTANCE WALK

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Introduction

The Covid-19 pandemic has brought significant changes to the ways in which music therapy with children and parents in the context of a UK healthcare setting is delivered. As sessions have moved from the therapy room to an online space, the work that parent and child do to make music therapy happen has become evident (Flower, 2019). This paper uses walking as a metaphor through which to propose an ecological attitude in music therapy.

Toward an Ecological Attitude

As face to face services closed due to the health crisis, the healthcare service in which I work moved swiftly to rethink therapy. Sessions, both individual and group were offered online, parent workshops developed, and video resources produced and disseminated. It is easy to adopt a therapist-centric focus, as though all of the adaptations and innovations are generated by professionals. However, the everyday work of parents and children in responding creatively to such altered circumstances in their everyday lives demands attention. The crafting of the parent-child pair can be seen through the ways in which music's affordances are appropriated, interwoven with the places, objects, and events of family life, even in these times.

An ecological approach is not new in music therapy (Wood, 2016). In the field of family work, the approach is characterized by a turn

from an expert-led stance towards 'family participation and collaboration' (Thompson, 2012). The ecological attitude, akin to Arnason's 'improvisational attitude' indicates a position, a way of thinking rather than necessarily doing (2003, p. 134). The current health crisis brings an even more urgent imperative to adopt such an attitude, acknowledging the entangled interlinking expertise of child, parent, and therapist in a time of differently embodied music therapy.

On Paths and Walking

The poet, Edward Thomas, famously said 'much has been written of travel, far less of the road' (1913, p. 1). Attending to the path itself is, he suggests, of significant value. In the UK health system, clinical pathways lay out clear routes through healthcare journeys. Covid-19 has effected a great rupture of such pathways. Families, therapists, and other professionals have needed to negotiate pathways differently, improvising along unfamiliar terrain.

Paying attention to the paths beneath our feet, to the tangle of soil, roots, footprints, and weather through which they constitute themselves, gives a way of understanding the complex, intertwined nature of music therapy with children and parents. It also serves as a call to position the work of child and parent themselves as the fundamental matter through which music therapy is enacted.

The act of walking has much to teach us. The

pandemic requires us all to prepare for the slow, measured trudge of the uphill walk. Perhaps too it brings a reminder that musically, socially, and therapeutically, music therapists are well placed to accompany each other and those we work with as we pace our way through the world.

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THE ROLE OF THE CO-THERAPIST IN MUSIC THERAPY PROCESS

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Introduction

The term “co-therapist” in the process of music therapy is first seen in Nordoff & Robbins (2007): “the co-therapist’s broadly supplemental role freed primary therapists to concentrate more closely on fostering the intermusicking contact with the child” (p. 189).

A pilot study was conducted to investigate the role of the co-therapist in a music therapy process through a literature review and a case study of a ten-year-old boy “John” with autism. Since there has been very limited bibliography on the issue, the study aims to fill in the existing gap and invite further research. The research questions are: How does the co-therapist as a third person affect the process? What about the relationship: therapist/co-therapist/client/music? What is the role and the qualities of the co-therapist?

Case Study

The present single-case study is based on qualitative-phenomenological research assuming a humanistic approach (Rogers, 1961), psychoanalytic understanding of the phenomena and music-centered elements of the Nordoff & Robbins (1977, 2007) music therapy approach, as well as by all relevant clinical techniques and interventions presented in Bruscia's book “Improvisational models of music therapy” (1987).

The music therapist, through her vocal and piano clinical improvisation, mirrored the child/co-therapist relationship. She is the one who gives the polyphony and she keeps the main role of supporting, holding, containing and mirroring.

The co-therapist assumed a more active role in the session by taking risks to foster change.

As a co-therapist she assumed the role of a “father” that is the law, the structures, the boundaries and the risk taking. She always intervened when it was needed and she gave the necessary time and space for the therapeutic changes to emerge. She had to be really flexible, to take prompt decisions with respect to the process and the primary therapist’s role.

Findings

About John’s growth

The presence of the co-therapist encouraged John to move on significant changes. He showed significant improvement in social and communication skills, enriching his vocabulary. His self-expression expanded through clinical improvisation and the stereotypes were significantly reduced. As the helping staff of the institution and his parent stated, John’s positive changes were obvious in the world outside the music therapy room.

About the co-therapist's growth

She helped in the proper layout of the space so as to grant a safe therapeutic environment for the child. She also listened carefully, with empathy and authenticity in the “here and now”. Her role of the co-therapist, although based on the Nordoff & Robbins (2007) principle, during the music therapy process, took different directions in several areas. The co-therapist moved from assuming only the role of the primary therapist’s assistant into taking important and appropriate initiatives. She had to set limits, to guide and had to strive for immediate interventions. Even more before the closure of the music therapy sessions she also exchanges roles with the primary therapist.

Conclusion

Evidence showed that this four-dimensional relationship of therapist/co-therapist/client/music was very effective in the client’s growth

process. Moreover, it provided an innovative approach to the primary therapist and co-therapist relationship characterized by mutual respect and sincerity and an equal basis. In this type of relationship there was evidence of evolving connection and collaboration leading to an essential personal and professional growth in all members.

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MUSIC THERAPY FOR PREOPERATIVE ANXIETY REDUCTION IN WOMEN UNDERGOING TOTAL LAPAROSCOPIC HYSTERECTOMY: A RANDOMIZED CONTROLLED TRIAL

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Introduction

Hysterectomy is the most common non-pregnancy-related gynecologic procedure performed all over the world. Research suggests that a non-negligible proportion of women undergoing hysterectomy experience pre-operative anxiety. As with any major surgery, an unfamiliar environment, loss of control, perceived or actual physical risk, fear of post-operative pain, are all factors that can contribute to the development of such feeling. However, when dealing with the reproductive sphere, further concerns arise in relation to the definite loss of reproductive potential, loss of a major source of female identity, potential impact on sexual function and perception of body image. We designed a randomized clinical trial to determine the effect of music therapy on peri-operative anxiety in patients scheduled for elective hysterectomy with non-oncological indication. This is a prospective randomized trial designed to assess the superiority of the music therapy pathway (MUSIC) vs. CONTROL (standard perioperative management without

music therapy) to reduce pre-operative anxiety in patients undergoing total laparoscopic hysterectomy for benign conditions. As a secondary outcome, we evaluated the effect of MUSIC on early post-operative pain and post-operatively. Women enrolled in the study (100 patients) for total laparoscopic hysterectomy for presumed benign disease at Del Ponte Women's and Children Hospital of Varese (Italy) in 2019, had a joint psychological - music therapy interview before leaving the pre-admission clinic, where the following evaluations were made: A) Level of anxiety was evaluated by the State-Trait Anxiety Inventory (STAI) Y-form. B) Psychotherapist interview focusing on history of psychopathological symptoms. C) A music therapist evaluation to define patient's musical identity, through the assessment of patient's musical tastes and preferences. On the day of surgery, the patients enrolled in the MUSIC arm were accompanied by the music therapist all the way from the ward to the operating room to monitor and adapt the music therapy intervention. One hour before anesthesia, the patient settled in a preoperative room, underwent a

one-hour music therapy intervention, made up of three phases. The first phase was an active music therapy intervention and consisted of a session of music improvisation. The second phase was a *receptive* music therapy intervention where the therapist played live music to relax the patient with autogenic training and breath control techniques and diaphragm exercises. In the last phase, the patient listened to a personal *music therapy playlist* with a dedicated mp3 player with earphones. Following anesthesia, the patient continued listening to the playlist for the entire duration of the surgery until the awakening and for another hour afterward.

Anxiety levels were evaluated at: the pre-admission clinic, in the operating room, before the administration of the anesthesia, in the early post-operative period; in late post-operative period, and one month after surgery. Our findings suggest that a music intervention, provided by a board-certified music therapist, is effective in reducing pre-operative anxiety of women undergoing laparoscopic hysterectomy for benign conditions. Music is a safe, non-invasive adjuvant to reduce anxiety in the immediate pre-procedural period. Passive listening of recorded music relayed via headphone should be contrasted

to music interventions provided by credentialed music therapists, since offering live, therapist-directed interventions tailored to the unique circumstances of the patients allows the person's emotional needs to be met within the context of their treatment experience. In conclusion, music therapy seems a viable complementary modality to usual surgical care in the gynecologic setting for its ability to significantly decrease pre-operative anxiety.

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THE ENGAGEMENT OF AN ADULT WITH AUTISM IN THE MUSIC THERAPY PROCESS: A CASE STUDY. THE USE OF THE MUSIC ENGAGEMENT SCALE (MES) AS AN ASSESSMENT TOOL

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Introduction

MES (Low, et al., 2017) is a recently designed assessment scale that measures musical engagement in music therapy with children with developmental disabilities.

Music engagement scale

Music Engagement Scale: Scoring Sheet

Category	Level	Description	✓
Passive Attention	0	Inattention to session	
	1	Intermittent attention to session	
	2	Moderate attention to session	
Purposeful music making	3	3a Intermittent engagement with familiar music OR 3b Intermittent interactive responsive or initiating engagement with improvised music	
	4	4a Moderate engagement with familiar music OR 4b Moderate interactive responsive or initiating engagement with improvised music	
	5	5a Consistent engagement with familiar music OR 5b Consistent interactive responsive or initiating engagement with improvised music	
Flexible interactive music making	6	3a or 3b AND 4a or 4b	
	7	4a AND 4b	
	8	Consistent responsive and initiating engagement	

For the purposes of the present study, MES has been tested within the context of music therapy sessions with a nineteen-year-old

boy with autism. David participated in 49 music therapy sessions during an eight-month period. The therapist's main goal was to encourage him to engage in meaningful communication.

The present single-case study is based on qualitative – phenomenological research assuming a humanistic approach. The concept of engagement is essential in the music therapy process, as it refers to the client's active participation in an activity or in clinical improvisation (Hanser, 2016). The clinical interventions are designed to encourage the client's engagement into musicking (Psaltopoulou – Kamini, 2015).

How MES served the music therapist: Acquiring a clearer and more objective picture of the client's active participation, investigating the causes for the client's limited engagement in certain sessions, measuring the client's minimal engagement in specific cases, measuring the correlation between client's engagement and specific clinical interventions.

Case: discussion and conclusions

From the very beginning, David showed great motivation. Eye contact gradually became more frequent, as he moved from a stereotypical form of musical self-expression to a more meaningful one.

David started to respond creatively to meaningful pauses, as he was discovering new ways of communication. In time, he became more and more expressive, expanding his range of emotions. His verbal/musical communication significantly improved through his love for singing the lyrics of songs created in the sessions - this also resulted in him expanding his vocabulary. Meaningful moments increased throughout his engagement.

Feedback and suggestions

- MES has proved to be an exceptional assessment tool for the music therapist, while also being valuable in terms of the client's therapeutic process. When compared to the Nordoff & Robbins scales (2007), MES appears to save time and energy, and is more convenient.
- The change of the term "passive attention" to "receptive attention" is suggested, as attention may include inner, non-overt responses which, therefore, cannot be measured.
- Through the implementation of the MES scale, engagement is measured quantitatively, potentially overlooking important qualitative factors. In this respect, the creation of a concurrent scale qualitatively measuring engagement is also suggested.
- The MES scale does not provide a level co-

rresponding to intermittent engagement with both familiar and improvised music (3a and 3b).

- It is suggested that flexible interactive music-making should only correspond to one level, that is 6, which should be further divided into a, b and c. In this case, the music therapist would have to make a choice between 5 and 6c.

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THE BENENZON AMODAL APPROACH IN A BEDSIDE SETTING. INDIVIDUAL NONVERBAL THERAPY WITH A GERONTO-PSYCHIATRIC PATIENT

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Abstract

This case study of individual music therapy in geriatric psychiatry, conducted in a bedside setting using Benenzonian Nonverbal Therapy, suggests that we can measure therapeutic change and deliver detailed methodical insight by applying a combination of case study research methods and relationship assessment scales. The study's results are represented graphically (see Figure 1).

Demographic and Clinical Profile

The 75-year-old patient had suffered from akinetico-rigid Parkinson's Disease for 10 years and was committed to a residential psychiatric rehabilitation centre when a depressive neurosis with deliria and anxiety accrued. Like a growing number of elderly with a neuro-degenerative disease that brings forth progressive cognitive and psychological disturbances (Dobkin, 2014), the patient was bedridden and hence did not participate in group activities. She creatively interacts by leveraging her vocal and motor skills, typically challenged by the disease (subtle voice, difficulty to move or swallow). She recounts anxiety by humming des-

cending glissandi. Through innovative gestural dialogue and transformation of instruments, a symbolic objectuality enriched the setting.

Research Objectives

The study's goal was to develop a decision making basis for the clinical intervention by applying systematic and validated research methods and scales, thus extracting a large base of data and in-depth knowledge from a single case in order to highlight its uniqueness and significant details, while making the results quantifiable.

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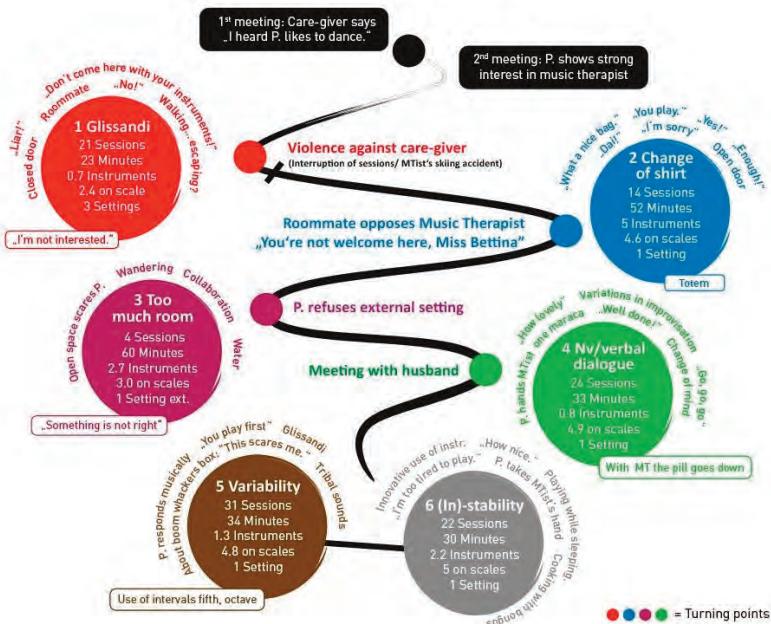
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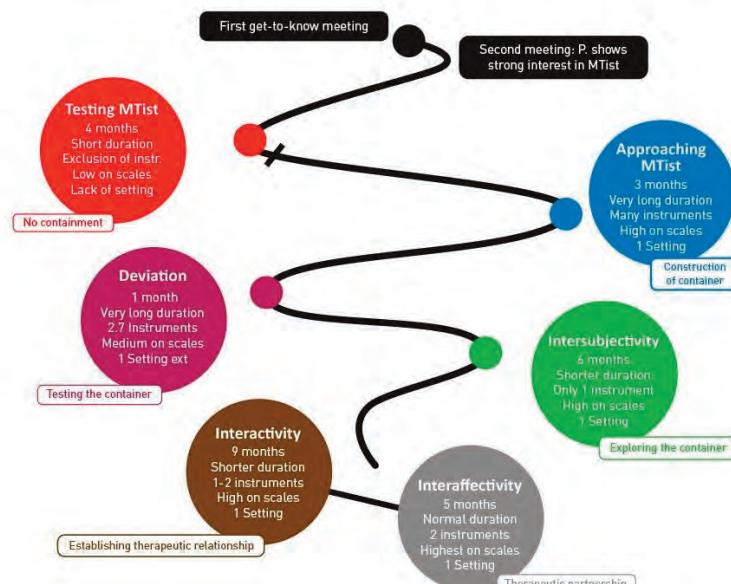
INDIVIDUAL NONVERBAL THERAPY WITH A GERONTOPSYCHIATRIC PATIENT. THE BENENZONIAN AMODAL APPROACH IN A BEDSIDE SETTING. BETTINA EICHMANNS, BERLIN/MILAN

CASE STUDY USING ELEMENTS OF THERAPEUTIC NARRATIVE ANALYSIS AND MIR(S), AQR, AND MAK'S MUSIC THERAPY SCALES - GRAPHIC REPRESENTATION

THERAPEUTIC NARRATIVE – SUMMARY OF EPISODES, CATEGORIES, PRINCIPAL COMPONENTS OF 6 PHASES



RESEARCH NARRATIVE – THERAPEUTIC PROCESS, EVALUATION OF 6 PHASES



RESEARCH NARRATIVE

This graphic representation of the case analysis shows how the non-directive, amodal Benenzonian nonverbal therapy approach, with fluid transitions to verbal communication, allowed us to build a resilient therapeutic relationship. It evolved from a Phase 1 of no containment, refusal and on average 20-minute sessions, with the use of few or no instruments and a medium level of 2.4 on the relationship scales, then swung into an equilibrium like a pendulum, until it entered a Phase 6 of therapeutic partnership, achieving a state of interactivity, a steady session length of 35 minutes, a stable setting, and an average of level 5 on the scales. An agreed process of analyzing single cases - especially long-term cases that due to predefined time-frames are not evaluated in research projects - would foster the sharing of relevant methodical insight gained from clinical work among practitioners and the research community. This case study purposefully applies existing quantitative and qualitative research methods and proposes a one-page image to sum up a three-year intervention. The image's layout draws on two essential dimensions which all our settings have in common - time, and space.

LEGEND 1 - DATA IN PHASES (PEARLS)

Title of phase

- 1 Number of sessions/months
- 2 Ø session duration
- 3 Ø no of instruments used
- 4 Ø level on 3 scales
- 5 Total no of locations used

LEGEND 2 - PEARL COLORS

The color scheme of the phases and turning points is based on Rolando O. Benenzon's use of pearls with colored letter symbols to represent a mirror [image] of the psychodynamic level of a music therapy session. The colors stand for the following energetic spheres:

- Red = The unconscious sphere
- Blue = Instruments, nonverbal mediators
- Green = Preconscious, creativity, play
- Brown = The various dimensions of time
- Grey = Clinical sphere

*— BENENZON, R. (2017). *La ética del no-verbal* [*The ethics of the nonverbal*]. Buenos Aires: Lumen.*

LEGEND 3 - SCALES AND REFERENCES

The „Therapeutic Narrative Analysis“ is David Aldridge's systematic case study method to answer the fundamental question: „how [do] we look at cases?“ a. identify narrative and material, b. define theoretical framework, c. select episodes relevant for clinical work and develop categories according to theoretical construct, d. analyze episodes and define principal components, e. explicate research narrative.

The levels of musical interaction [MIR(S) 1989/1994], initiative [MAKS, 1996] and the relationship quality [AQR 1999/2011] are evaluated according to a mean value on these three music therapy scales: MIR(S) level 1 = no contact to 9 = musical partnership; AQR level 0 = no contact/refusal to 6 = encounter/ interactivity; MAK(S) level 1 = no initiative to 7 = extreme initiative.

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PRINCIPAL COMPONENTS ANALYSIS

The fourth step of the „Therapeutic Narrative Analysis“ method by David Aldridge is to group the episodes selected for analysis into categories, and to define recurrent principal components that form two extremes on a thematic axis. The following pairs of components frame the themes that shaped this therapeutic relationship.



Figure 1. Graphic Representation of Case Study Results

THE ART OF FOSTERING INCLUSION AND SOCIAL ACTIVISM: MUSIC THERAPY PERSPECTIVES AND RESEARCH

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Music therapists can engage in social activism through the promotion of inclusion in education settings. Our research and practice examples demonstrate possibilities for developing music therapy interventions in educational and community settings to foster inclusive cultures which prevent discrimination, separation and violence.

Improving access to music therapy in schools involves understanding the needs and attitudes of teachers, special educators and pedagogical staff. Teachers in Germany for example, advised that many children, not only those with 'special needs', need support (Jordan, Menebröcker & Tüpker, 2016). A one-year group music therapy project supported students to become more self-assertive, suggesting music therapy should be integrated into everyday school life (Jordan, Pfeifer, Stegemann & Lutz Hochreutener, 2018). The Erasmus Project "Coping with Inclusion in Primary School: Integrating School Practice and European Experience" (Sabbatella, 2006) also highlights the importance of supporting

mainstream classes. Involving the whole class as well as the disabled child were shown to promote inclusive attitudes and enhance the social and learning environment. Similar findings are observed in the Italian full inclusive school system, in which the application of Music Therapy for Inclusion (MTI) has been researched for over two decades (Esperson, 2006 and Cajola, Esperson & Rizzo, 2008). Preliminary results of a large study, conducted in Italy and the UK, between 2016 and 2019, show that group MTI can support the development of emotional wellbeing and inclusion for all children (Esperson, 2020).

Institutional factors significantly influence arts therapists' practices in schools, and this work is clearly not easy. Students and music therapists working in schools encounter processes and challenges that are unique to education settings, and it might be helpful to develop international guidelines for work in schools that could be modified by each country according to their cultural needs (Kantor, 2017). Music therapists who are en-

gaging in social activism to promote inclusion need to be reflexive, and need to engage in participatory, collaborative practices. These values have been exemplified in practical models for building more inclusive and empowering music cultures in schools (Rickson & McFerran, 2014), and in participatory action research with young people with intellectual disabilities (Rickson et al., 2014).

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«ARTE MIGRANTE» AND THE RIPPLE EFFECT: MUSIC AS A TOOL TO PROMOTE SOCIAL INCLUSION AND COMMUNITY BUILDING

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The Art of the Circle

From an individual perspective, art can be the most powerful way to express oneself, including emotions and personal stories (Sullivan & McCarthy, 2009). Since 2012, through art, ArteMigrante (AM) has promoted inclusion with specific attention to asylum seeking and homeless people. AM is rooted in over 20 Italian cities where art is being promoted as a sharing and caring tool in large open circles of people from several social backgrounds and parts of the world. Participants are encouraged to feel free to express themselves in open and horizontal groups.

Music & the Ripple Effect

Music is proving specifically effective in generating involvement and active participation. Facilitators favour an approach to group music-making that emphasizes participation, context, equality of opportunity and diversity (Higgins, 2012). In this environment music triggers new connections among people's lives, figuratively as a ripple in a pond. The "Ripple Effect" is a core concept of Community Music Therapy (CMT) and it uses the metaphor of "the sound moving out from its source" to describe the impact of music therapy as working "outwards" for an isolated person towards community" as well as making it possible to "bring the community in",

and "create community" (AnsdeLL & Pavlicevic, 2004). Here we are using the "ripple effect" metaphor to explore the dynamics of the ArteMigrante group in Padova, Italy.

Research Methods and Dataset

The study is aimed at understanding AM's circles in relation to potential ripple effects by mapping and analysing four main dimensions related to the experience of participants with AM, namely internal motivation, social interactions and social impact, transformative learning, and creativity. It combines a multiple case studies approach (Yin, 2009) with narrative analysis (Daiute, 2013). We made use of both participant observation and semi-structured and in-depth interviews conducted during October to December 2019. Here we present an analysis of the "social interactions and social impact" dimension from the semi-structured interviews dataset which includes 15 interviews, focusing on the results of the semi-structured interviews from the three case studies involving participants with a migrant background.

Results and Discussion

Participants report that their experience with AM was both challenging and quite exceptional in terms of the affective dimension. It implied both "the first time in my life that I

spoke with a microphone in front of more than 10 people" as well as the "first time that I saw such a love sharing between human beings" [1]. The ripple effect is felt in a tangible way at the personal level and within the AM group of participants, producing an impact at the affective, relational, and cognitive level: "*I felt happy and proud of me by suggesting and conducting an action with the AM circle. This provided me with the opportunity to establish new friendship and it helped me to improve my language skills in Italian*" [2].

In addition, the ripple effect is felt in a tangible way beyond the AM group in the wider social context: "*Thanks to AM I knew a lot of people, it helped a lot with my integration. If I walk in the center of the city I meet unknown people that greet me because they saw me one time in AM*" [1].

These experiences encouraged participants with migrant backgrounds to volunteer for responsibilities within AM, such as coordination and facilitation.

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THREE VOICE INTERVENTIONS IN NICU

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Introduction

Music therapy was academically included in 2011 (Aristotle University) and the internship in NICU (Hippocration General Hospital) started in 2016. Physical touch with infants or contacts with the parents were not allowed. Music therapy acted like a 'core family' (Psaltopoulou-Kamini, 2013).

A first pilot study (Papanikolaou, 2016) was conducted to investigate music therapy's impact in NICU and lasted for three months.

Vocal Techniques

The intern was trained in vocal techniques especially created for this clinical work and inspired by Moses (1954), by Lemoine (1997) and by the four important functions of infant-directing singing (De L'Etoile, 2006).

1. Receptive Voice/Vocalizations

An introverted voice receiving the baby's sounds to attract and maintain the infant's attention (Wheeler, 2015). New technique: *Sing from the infant*.

2. Expressive Voice/Vocalizations

Sing to the infant: Convey emotional informa-

tion to regulate baby's affective state (Moses, 1954; Standley & Walworth, 2010). Music elements were altered to meet the infant's needs for relaxation and sleep.

3. Sharing Voice/Vocalizations

Sing with the infant: the 'aphonic cry' turns 'phonic' (Psaltopoulou-Kamini, 2013). Infant and caregiver create a bond (Moses, 1954).

Methodology

Participants included 28 preterm babies, aged 23-35 + 6 days after conception: 14 assigned to the music therapy group of 15-minutes sessions daily and 14 to the control group. The number of the sessions varied upon the discharge date of the infant.

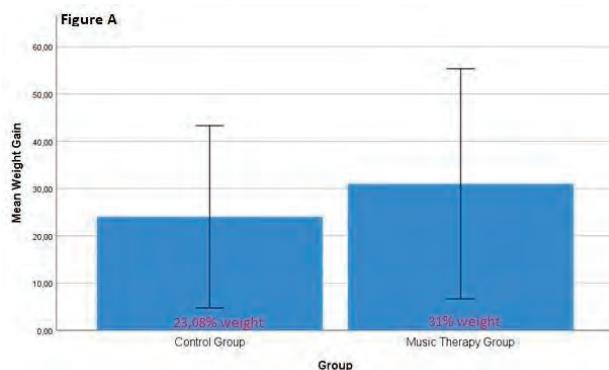
Results

The music therapy intervention group influenced positively preterm babies' biophysiological functions, as evidenced through more weight gain: 30,99% over 24,01% those in the control group.

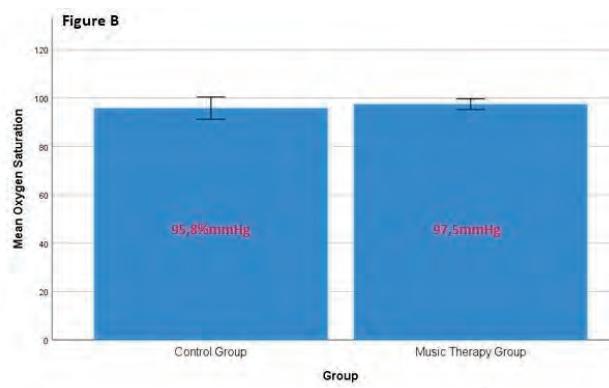
Results showed significant increased oxygen saturation in their blood ($P = 0,001$).

Heart rates did not show important differences

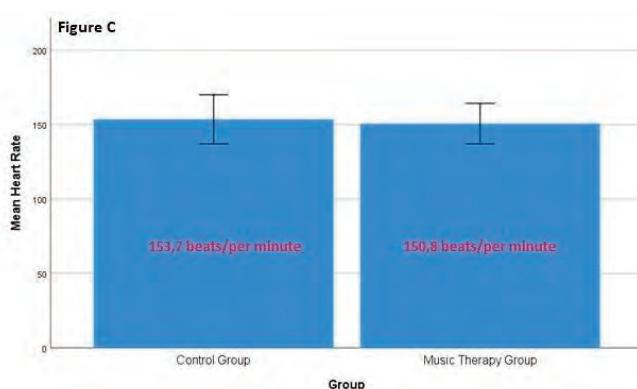
between the groups ($P = 0,132$), although heart rates were slightly reduced.



Mean of weight gain percentage by group with standard deviation



Mean of oxygen saturation by group with standard deviation



Mean of heart rate by group with standard deviation

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PRACTICING MUSIC THERAPY IN AN ISLAMIC SCHOOL FOR INDIVIDUALS WITH NEUROLOGICAL AND DEVELOPMENTAL DISABILITIES IN SUDAN

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Introduction

This paper is to share the music therapy journey of students with developmental and neurological disabilities in a school in Sudan. It focuses on the process of starting a music therapy program, some related findings in Sudanese culture, Islamic religion, and Arabic language, as well as the importance of self-awareness.

The process of starting a music therapy program

This opportunity was coordinated through a two-year program called Japan Overseas Co-operation Volunteers operated by the Japan International Cooperation Agency (JICA). Starting this program in a Sudanese school focused on coordination and extensive interaction with the administration, educational staff, and student's families in order to gain support and understanding of the benefit of music therapy. As a result, the music therapy room was built by the principal and the budget for musical instruments was approved by JICA.

Sudanese culture, Islamic religion, and Arabic language

First, session times needed to be scheduled around prayer times as music making is to be stopped during these periods of the day. Second, groups were segregated based on stu-

dent's biological sex due to Islamic culture. In fact, students of the opposite sex could even be separated into different schools or classes. Third, visual materials needed to be created or adapted to their accustomed way because the clients normally read from right to left due to the Arabic language. Fourth, lyrics were considered based on the client's gender, the number of clients in a group, or objects utilized. This was due to the Arabic language having not only masculine and feminine words, but also singular, dual, and plural forms. Last, Islamic stances in the restriction of music need to be considered. There are Muslims who hold a stance that music is forbidden while music is mostly accepted in Sudanese culture and current society and the stances are an independent choice.

The importance of self-awareness

In order to work in Sudan as a female Japanese music therapist who was unfamiliar with Islamic culture, it was essential to maintain awareness of the ways in which different races, religions, cultures, socioeconomic statuses, and educational backgrounds have an impact on my presence in the school as well as in sessions. Besides journaling, writing lyrics, and improvising music, building a collaborative relationship with my colleagues was vital in order to share and discuss our experiences, knowledge, and ideas. Furthermore, there was an opportunity to work with an art therapist and an expressive arts thera-

pist who worked for the Red Pencil which is an international organization for art therapy. Co-leading their sessions and sharing and discussing knowledge, perspectives, and experiences with those two therapists who came from different cultures and religious backgrounds was extremely helpful to understand the impact of cultural awareness and the importance of a collaborative relationship. Spending time with multiple Sudanese families and friends as well as international friends was also helpful and provided the opportunity to have open conversations in order to gain a deeper understanding of not only their customs, values, and ways of thinking, but also the music therapist's own.

Summary

To effectively serve clients in this Sudanese school as a Japanese music therapist, cultural awareness was essential to the therapeutic process. Moreover, developing a collabora-

tive relationship with colleagues was extremely important to practice music therapy in the school.

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MUSIC THERAPY CLINICAL ASSESSMENTS: A DUAL PROCESS METHODOLOGY

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Background

Clinical assessment is a pillar of music therapy practice. Despite questions in the literature regarding the use of music in assessment, the unique contributions that music can make to an assessment process suggest that these unique perspectives of assessment information should be considered as valuable data in music therapy research.

Building a Multidimensional Profile

The unique data offered by music therapy assessment methods, in combination with other standardized measurements and inventories allows for multiple perspectives of patient data. In a recent pilot study at the University of Jyväskylä, assessment information was collected and symptoms were monitored by using both music therapy assessment methods and standardized psychological inventories. Adopting this dual-process methodology provided multiple perspectives of the patient and experience of symptoms resulting in a multidimensional profile of the patient.

Tailored Assessment Procedure

Prior to the start of the study, the assessment procedure was outlined. Based on the treatment approaches planned for the study, the music therapist would complete the Music Psychotherapy Assessment. An established

set of visual analog scales would also be completed at four time-points before and after vibroacoustic treatment. Standardized inventories were selected based on characteristics and symptoms of the disorder being studied, as well as information received in the clinical referral. The research supervisor conducted these inventories with the patient at four time-points. These time-points served as follow-up checkpoints to develop a better understanding of the patient's state. By thoughtfully selecting our tools, the assessment procedure was tailored to the case while maintaining the flexibility inherent within descriptive clinical music therapy assessment methods.

A Blinded Dual-Assessment Method

The initial results of the inventories were not shared with the music therapist until the music psychotherapy assessment was complete and thus did not influence the outcome of the music therapy assessment. In our analysis, we could then combine perspectives in order to find complimentary information. By working on this additional reflective level, further insight was gained in our assessment of the patient, resulting in a comprehensive patient profile. Additionally, the continual nature of music therapy assessment alongside the collection inventory outcomes at four times points allowed the monitoring of the patient's progress towards clinical aims using validated measures.

Conclusion

Whether music therapists are conducting a single case study or a clinical trial, assessment data contributes unique value to research. What our experience highlights is not necessarily the multitude of data that one can achieve with different types of assessment, but the value that exists in adding multiple perspectives to the data. By including multiple perspectives to patient data, positive implications exist not only for the fields of music therapy practice and research, but further through the possible contributions within a multidisciplinary team.

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WORLD FEDERATION FOR MUSIC THERAPY: ADVANCING THE PROFESSION OF MUSIC THERAPY FROM A GLOBAL PERSPECTIVE

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The profession of music therapy grows in diverse places of the world within a multiplicity of cultures and political contexts. In addition, social, political and financial situations are in response to constantly changing cultural and political environments. These changes may have a direct impact on several issues related to the discipline of music therapy. Subsequently, a continuous reflexive stance is required to remain alert to new scenarios and opportunities that emerge for music therapy in relation to these changes in different social

contexts. As a result, a variety of topics such as global awareness of our profession, qualification standards in regards to education and training, accreditation and certification, research and ethics have become more prominent in promoting professional practice debates (Gadberry, Kavaliova-Moussi, Lotter, Mildford, & Mukjerhee, 2015).

The World Federation of Music Therapy (WFMT) is committed to work on these issues from a global perspective, acknowledging the

differences in the different parts of the world and trying to reconcile potential tensions between global and local needs and priorities in its ongoing work.

The WFMT encompasses seven commissions, each focusing on one of the areas relevant to the discipline of music therapy, with specific goals and objectives and defined actions to achieve them. The WFMT also includes eight Regional Liaisons who reside in and represent each region of the world while providing leadership to further the development of the profession in one of those eight areas.

The objective of this presentation is to highlight the work of the WFMT commissions and the Regional Liaisons to advance the profession of music therapy in a constant changing world, and its recognition worldwide.

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MUSIC THERAPY WITH CHILDREN AND FAMILIES: CONVERSATIONS ON COLLABORATIONS AND CONTEXTS

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Nordoff Robbins/GAMUT, UK/Norway

Claire Flower

Chelsea and Westminster Hospital NHS Foundation Trust

Jacinta Calabro

TLC Music, Melbourne, Australia

Ilse van Niekerk

Change thru Music, South Africa

Introduction

This roundtable brings together an international group of music therapists engaged in practice and/or research with children and families.

Music therapy with families takes place in diverse social, political, and musical contexts (Jacobsen & Thompson, 2017). Across contexts, attitudes towards childhood, disability, and expertise shape how music therapy with children and families is enacted.

Four perspectives

Claire has considered the disruption that Covid-19 has brought to work with children and families within a UK healthcare setting. Using Zoom to continue contact with families has located therapy firmly within the everyday life of the family. Parents report growing confidence in themselves and their child during this time, challenging professionals to reconsider assumptions about the resources families bring to therapy.

Maren has been inviting families to research together what makes music meaningful and

accessible to them. They have been working together through the music café project, aiming to co-create a social and musical meeting space. Collaboration has been central in the development, practice and evaluation of the music café, but is challenged through practicalities of doing the project and traditions of doing research.

Ilse van Nierkerk has considered the introduction of systemic approaches to music therapy. Within the South African context, the shift from expert-led towards ecological practices is still new and music therapy often is happening in the form of individual therapy. Through the presentation of two cases, the complexity of collaboration with different people within a family system and the need for everybody's involvement for true change is highlighted.

Jacinta Calabro has been expanding her practice to include government funded early childhood disability clients. The Australian government has launched a new model of funding for people with a permanent disability (<https://www.ndis.gov.au>) and this has allowed for much greater advocacy, collaboration,

and equity in how music therapy services are accessed and funded. Families now receive their child's funding directly and are able to choose their preferred services and providers as long as they are addressing the child's assessed needs. This has resulted in a much higher demand for music therapy services and a far more open dialogue between service providers and families.

Collaborations and contexts

The four different perspectives presented show the complexity of contexts, linking the notion of context to the current Covid-19 pandemic, to music therapeutic practice in a specific place and time, to a theoretical context, and to policy.

Similarly, collaboration can be linked to the collaboration with children and parents planning, doing and evaluating music therapy, to do collaborative research together with families and to collaborate with other professionals and with the health care/government disability support system.

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Jacinta Calabro runs a community based early intervention program in Melbourne, Australia (TLC Music) and is the founder of Music Therapy Online (www.musictherapyonline.org).

Ilse van Nierkerk works as a music therapist in private practice and in the public sector, is passionate about working with pediatric and adolescent clients, and exploring co-therapy possibilities with allied professionals.

MUSIC THERAPY IN AN OUTDOOR SETTING: A NATURAL CONTEXT FOR CHILDREN WITH DISABILITIES

Matteo Maienza

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Background

This study focused on researching multisensory environments that began in 2011 and involved two special education Centers in Italy and the Czech Republic (EU). Starting from the principle of controlled multi sensory stimulation (Snoezelen®) we developed a music therapy method integrating sound, colors and movement (Kantor et al., 2009).

Through equestrian sessions in external environments we tried using horses and their gait as a polyrhythmic base for improvisation. First, we introduced music into the session playing with the horses, paying attention to their reaction and trying not to scare them (e.g. with light reflecting).

Research method

Improvisational Models of Music Therapy (Bruscia, 1987) have been used to understand the horse's rhythm and to synchronize with their walking. In synchronizing, following the steps, imitating and reflecting, we observed two groups of children evaluating behavioral and physical responses that were registered in a logbook.

The experiment was repeated in two centers, with different children of school age (5-11 years old) respectively for a three-month period. We were observing behavioral responses related to the equestrian aspect i.e. eye contact, movement coordination, attention

duration during the activity and their body awareness. The experiment has been conducted with a multidisciplinary team, including educators, a physiotherapist, psychologist and a music therapist.

Focus

The objective of the study is to understand implications related to the equestrian context and music therapy for children with disabilities and Autism Spectrum Disorders.

Results

Playing music in an outdoor setting gives added value to traditional clinical contexts. Music Therapy can be influenced by the horse's rhythms affording the client a multisensory experience. Moreover, according to the systematic observation, we noticed a general positive participation, highlighted by their interest in taking personal initiatives and making complex movements. We created guidelines to use music in outdoor settings as an integrated method for children with Autism Spectrum Disorders (Maienza, 2016). The equestrian context can be used as a music therapy setting for sensory integration and controlled multi-sensory stimulation with children with autistic conditions and sensory disabilities. Thanks to the horse's movements, dynamic energy and musical polyrhythms, the outdoor setting for children with disabilities can be very inspiring for the music thera-

pist, who can freely improvise concentrating on the melodic interpretation in relationship with the patient. During the session it is possible to interact vocally, suggesting vocal responses, improving eye contact when possible, and introducing new movements.

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IMPROVING RHYTHMIC SKILLS AT SCHOOL: A RHYTHMIC MUSICAL INTERVENTION

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Introduction

Among the various hypotheses to explain the difficulties relating to specific learning disorders such as dyslexia, there is the phonological one (Goswami): it considers the way the acoustic structure of the auditory signal contributes to perception of speech rhythm, which in turn is one of the first tokens used by infants to discriminate and recognize syllables. Dyslexic subjects show a deficit in phonology awareness and the recognition of language sounds. There are also difficulties in the perception of the modulation of the auditory amplitude of non-linguistic sound. Their recognition allows an early learning of syllable segmentation, a skill necessary to be able to correctly decode written language. Dyslexia is also coupled with difficulties in relation to different musical skills such as temporal processing, synchronization of action to sound, discrimination of heights and the ability to segment and group rhythm patterns. According to Overy (2000), musical training can be a great help to subjects with reading disorders, and in general to all pupils, because the exercises related to the domain of music may provide an improvement of rhythm processing skills, both auditory and motor. For this reason, we designed a rhythmic-musical training procedure intended to improve children's reading skills, in particular speed and accuracy, based on adapting previous findings on rhythmic skills

improvements in relation to enhancing reading abilities (Flauggnacco et al., 2015).

Methods

The methodology of the intervention is based on cognitive enhancement in the learning phase through body percussion linked to visuo-spatial skills, lateralization, motor coordination, rhythm and singing. Activities include: synchronization, production and reproduction of rhythmic series, the use of a symbolic language, coordination of motor skills through the integration of song-rhythm-body patterns.

Participants

We report the results of a training program which is being offered to 106 Italian (age 6-8) pupils. Results are compared with those of a control group including 60 primary school pupils (age 6-8).

Results

We analyzed the impact of our training by differentiating the first and second graders (age 6-7). In particular, last year's results of the first graders that were tested on pre-reading tests (Ran and visual Research) and rhythm, achieved improvements in all tests in terms of speed. No significant effect on the accuracy due to the fact that the number of errors was

already low and we could not expect a significant improvement. Rhythmic skills improved. As for second graders, by analyzing the standard deviation of the Zoccolotti tests it was possible to notice that a significant group of pupils with initial tests that were deficient could improve and reach the normal range after the training. In terms of significance level, some tests were more significant than others, some in terms of errors, some in terms of speed. However, it was not possible to establish which area the intervention had the most impact on such dimensions. In the future, we intend to analyze the data gathered during the current school year to see if the same trend occurs.

Discussion

Based on these results, we intend to invite and support primary school and kindergarten teachers to include rhythmic intervention in their activities in order to support children with learning difficulties and to explore opportunities to develop a preventive approach and to contribute to strengthen community

and collaborative attitudes, making everyone's schooling more enjoyable.

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HEART RATE VARIABILITY AND AWARENESS SENSITIZATION IN MINDFULNESS-BASED RECEPTIVE MUSIC THERAPY IN PATIENTS WITH DEPRESSIVE DISORDERS

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Background

Depressive disorders are disorders of the entire organism characterized by a cluster of symptoms on the emotional, cognitive, physiological, motor, social-interactive and behavioral level. Current literature shows that depressed people also have a higher heart rate and limited heart rate variability (HRV) compared to control subjects [Birkhofer et al., 2005].

Relaxation and mindfulness are important promoters of the recovery process of depressed patients. Mindfulness aims at precisely being aware of the present perception and accepting it with a non-judgmental open attitude, as Jon Kabat-Zinn describes it (Kabat-Zinn, 2006; Schäfer, 2014).

In this thesis we want to show how mindfulness-based receptive music therapy can be used to achieve a possible improvement of

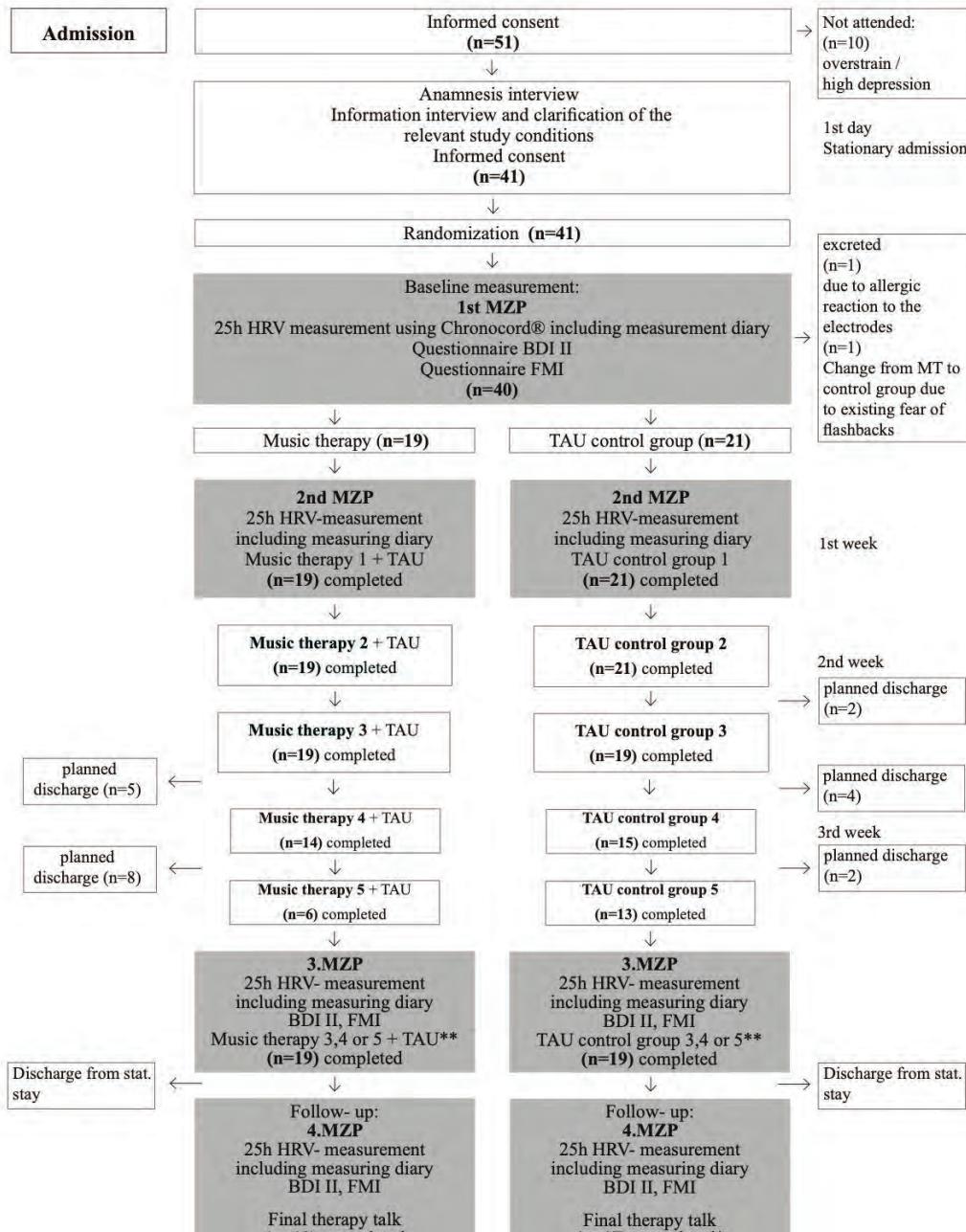
depressive symptoms by means of chrono-biological analysis using heart rate variability (HRV) recordings.

Abstract

This dissertation project will investigate the efficacy of music therapy interventions in depressive patients ($n = 40$). Through questionnaires and HRV measurements, psychometric and stress markers and their interaction will be obtained.

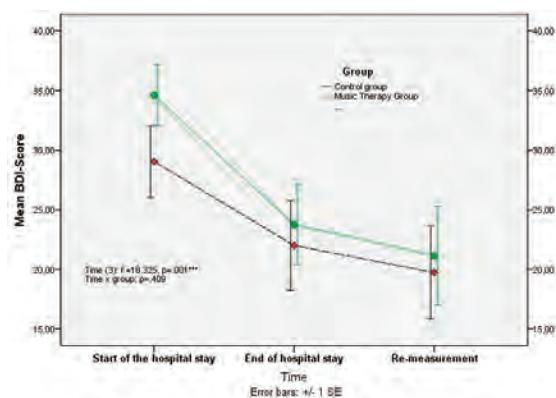
The correlating intensity measure of depression respectively awareness sensitization will be collected with the help of Beck Depression Inventory (BDI II) and the Freiburg Mindfulness Inventory (FMI). By collecting HRV data, a connection to the psychophysiological background will be established. Concerning the method, a randomized intervention study including a comparison of the control groups ($n = 40$) has been chosen.

Procedure



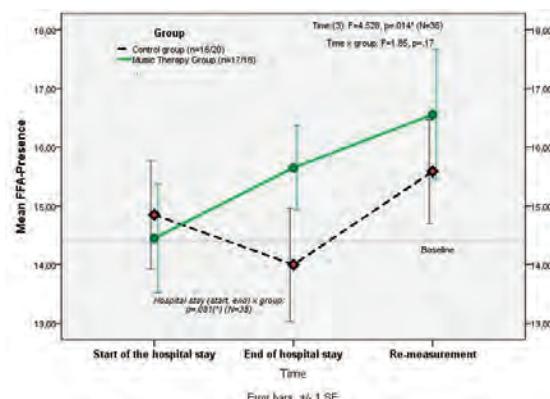
Initial Results

As preliminary study results, significant improvements in the depressive symptoms as well as a slight improvement in mindfulness sensitization could be observed in the follow-up of both groups.



A significant increase in presence within mindfulness occurs in the music therapy group as well as in the control group. However, the perception of presence was only increased significantly in the music therapy group.

Notable effects on the parasympathetic activity and on the improvement of the ability to relax could be determined in the music therapy group.



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CURIOSITY, RECYCLING AND PLAYING TURKISH RHYTHMS

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A Word About the Proceedings

Understanding traditional Turkish music requires us to look at the cultures and states that existed in Anatolia and Turkey, throughout history. That takes us to states such as the Ottoman Empire, Seljuk Empire, Umayyads, Persian Empire, Byzantine Empire, Roman Empire, Ancient Greek, Phryians, and Sumerians and peoples such as Turks, Armenians, Azeris, Persians, Kurds, Romani, and Greeks. In the globalizing world, technology is advancing day by day; however, there are various impossibilities in the regions where socioeconomic improvements have not recovered yet. In many countries people from different cultures live together. Especially in music therapy sessions, it is even more important to help people in different cultures and to use meaningful songs and rhythms for them. In Turkish music, rhythm is called USUL. Usuls consist of beats and these beats must be at the specified times and amplitude. In order to create an usul in Turkish music, at least simple time is needed. USULs rhythms are produced by the hands, the right hand creating the beats on the right knee and the left hand on the left knee. Each beat is expressed in syllables such as "düm, tek, te, ke, tek-ka, ta-hek". The meters are referred to their names, not their rhythms. The methods of Turkish music, which are as wide and diverse as the makams, are divided into two main groups: minor usuls and major usuls. Minors two to 15 rhythms. The majors are those containing 16 to 124 rhythms.

Six thin wooden sticks can be used for the rhythm sticks. These may be long sticks used for eating, with the ends of the rods cut into points. Tape can be wound around both ends to avoid injury.

Any plastic container can be used for the drum, using transparent tape to tightly wrap the open end without leaving gaps and wrapping cling film around to prevent the tapes from coming off. You can play the drum hand or with the rhythm sticks. It can be a good alternative for a noise-sensitive client.

This article supports the implementation of making instruments with recycled materials and playing them using Turkish Rhythms which have influenced some of Asia, Europe, the Middle East and Africa.

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MUSIC THERAPY FOR PRETERM INFANTS AND THEIR PARENTS: FROM RESEARCH TO CLINICAL PRACTICE IN POLISH NEONATAL HEALTH CARE

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Abstract

Research related to the use of music therapy (MT) in neonatal intensive care units (NICU) is only beginning to emerge in Poland. A favorable circumstance to develop culturally relevant evidence occurred in 2018 when Polish music therapists were engaging in a large-scale, international multi-site randomized controlled trial called LongSTEP (Longitudinal study of music therapy's effectiveness for premature infants and their caregivers).

Description

There was neither previously published studies regarding MT in the Polish neonatal care service nor in-depth research and knowledge of the population's socio-cultural health beliefs (Bieleninik & Ghetti, 2019). Participation in an ongoing LongSTEP has provided the impetus for Polish music therapists to begin delivering MT services for families of premature babies in the NICU and beyond. Preparing for participation in LongSTEP was a challenging process due to the lack of music therapist's specialized in NICU-MT nor NICU-MT guidelines for clinical practice. We had to establish

an interdisciplinary collaboration between music therapists and other health care professionals to assure quality of MT implementation; thus, we started with the feasibility trial (Bieleninik, Konieczna-Nowak, Knapik-Szweda, Kwaśniok, *in review*) prior to joining to the definitive LongSTEP project. Integrability of MT services was challenging due to the lack of a music therapist position (e.g. taking part in daily rounds at the NICU, being up-to-date with the child's state of health) and lack of a designated MT room (e.g. scheduling sessions). Referrals for MT were based on predetermined eligibility criteria and on hospital-specific procedures performed by a neonatologist which undoubtedly contributed to the greater interest of parents in MT. Caregivers were willing to join in MT, but their role had to be shifted from identity as *non-singer* or *co-singer* to a *parent who sings*. Because of the lack of fathers' presence in NICU (due to economic reasons), MT had to focus primarily on mothers and their babies rather than be fully family-centered. One of the greatest achievements was the awareness raising of MT procedures among both med-

ical staff and parents and introducing the medical personnel to the potential of what MT might offer. Our experiences represent a first attempt to implement MT consistently internationally, and we found it easy to follow the protocol, SOPs and guidelines to provide MT. Thanks to participation in LongSTEP we created national recommendations for clinical practice (Konieczna-Nowak, Bieleninik, Knapik-Szweda, Kwaśniok, in review) and we look forward to establishing culturally relevant evidence once the project ends.

Conclusion

LongSTEP helps pave the way for the future development of evidence-based healthcare guidelines and clinical practice in Poland for music therapists providing intervention in the postnatal period with premature babies and their parents.

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MUSIC THERAPY AND AUTISM: DEVELOPING A SENSE OF SELF THROUGH MOMENTS OF MEANINGFUL COMMUNICATION: CASE STUDY

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AUTH-GR

The dynamics developed in the music therapy process to address the needs of the music child (Nordoff & Robbins, 1977), reaching the core of the psyche, where deep changes can occur. Particularly in the case of autism spectrum disorder (ASD), the child can discover and connect with the inner voice, attain a sense of self, experience moments of meaningful communication, as well as meet and address the big Other (Lacan, 1988). Therefore, the child reaches the FA – fonie (FA – voice) (Psaltopoulou – Kamini, 2015), a functioning state of being, where the image of the symptoms of ASD is significantly reduced.

Case study. First period of sessions

Alex, an 11 year-old child, diagnosed with autism, with stereotypical patterns of behavior and hyperactivity, came to music therapy. He was extremely tense, made no eye contact, expressed himself through uncontrolled loud screams or laughters, and referred to himself in the second person. Vocal and percussion improvisation encouraged the establishment of a trusting relationship between Alex and the music therapist. In this music therapy relationship Alex started to express himself with genuine creativity, experiencing meaningful moments for the first time in his life. His parents and the helping staff of the institution stated that Alex showed major changes at all levels; he made meaningful eye contact and referred to

himself in the first person. Moreover, his destructive behavior diminished, as he found a way to sublimate this type of energy into creativity.

Case study. Second period of sessions

In the following stage - due to Alex's developmental changes - new issues came to surface. These were related to his exhibiting dominant behavior and to his acting as if he was hearing voices. As a result, the content of the sessions changed completely. He started to experiment with linguistic boundaries and he created his own auditory and language formations - his own words - which he used in songs to express his new self. The music therapist would play along with him, supporting and containing his singing and his playing on the percussion, so as to set boundaries, and provide a safe nest to protect this new self.

Case study. Third period of sessions

In this phase, new major changes took place within the context of the sessions. Alex no longer expressed the need to experiment with language while singing. He wanted to play and sing together with the therapist precomposed songs, with respect to the exact form and lyrics. After a short period of time Alex was ready to move to the next stage: he expressed his desire to perform a song in front of an audience. It was the

first time he felt the need to share his meaningful moments with the big Other (Lacan, 1988).

Conclusion

Alex, through clinical improvisation, moved from a 'silent' stage of isolation - characterized by a solitary and stereotypical behavior - to the discovery of unique self and voice leading to creative and meaningful self-expression and inclusion. As his parents and helping staff stated, his communication and socialization skills were significantly enhanced. As Alex reached the state of FA – fomie he could be a whole person with a strong desire to communicate with other

people, engage in meaningful interactions, and build functioning human bondings.

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«IT WAS MY WAY OF SAYING WHAT I COULDN'T SAY»: A MIXED METHODS STUDY INVESTIGATING MUSIC THERAPY FOR ADOLESCENTS WHO EXPERIENCE DEVELOPMENTAL STUTTERING

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Introduction

Adolescence is characterized by significant growth in the areas of physical, emotional, cognitive, and social development, which influence individual outcomes later in adulthood. While many teenagers pass through this developmental stage without significant stress, others do not. Compared to their fluent peers, adolescents who stutter experience greater adverse impact on their lives as a result of their speech (Beilby, 2014).

Although there has been considerable growth in the number of interventions for adolescents who stutter (Baxter et al., 2015), none of the evidence to date has evaluated music therapy for this client group. This study explored music therapy with adolescents who experience developmental stuttering and investigated the effectiveness of a music therapy group intervention.

Method

An embedded mixed methods design was used where qualitative data were collected in the first phase through semi-structured interviews with young people who stutter, speech and language therapists, and music therapists ($n = 9$); quantitative data was collected in the second phase through a one group pre-test post-test design with 11 adolescents who stutter; and qualitative data were collected in

the third phase of the study through semi-structured interviews with four adolescents who participated in the intervention.

Phase 1. Semi-structured interviews were analyzed using content analysis. Four main themes emerged as significant: (1) Impact of developmental stuttering, (2) Music in everyday life, (3) Music therapy and stuttering, and (4) The need for music therapy in the continuum of support services for adolescents who stutter.

Phase 2. The music therapy intervention was carried out at a summer camp for children and adolescents who experience stuttering. The camp was part of a joint initiative between The European Clinical Specialization in Fluency Disorders and The Health Service Executive. The Overall Assessment of the Speaker's Experience of Stuttering was used to measure outcomes for participation. Pre- and post-test scores were found to be significantly different. Adolescents demonstrated a decrease in the overall impact that stuttering has on their lives.

Phase 3. Qualitative data were analyzed using Interpretative Phenomenological Analysis. Analysis of the interviews revealed six superordinate themes: (1) Motivations for attending music therapy, (2) Adolescents built a community in a safe space, (3) Music therapy was fun and increased confidence,

(4) Singing, songwriting and listening to songs, (5) Changes beyond the music therapy intervention, and (6) Music therapy recommendations.

Results

The combined qualitative and quantitative results of this study support the use of music therapy with adolescents who experience developmental stuttering. For the young people who stutter, music and/or music therapy reduced some of the negative impact of stuttering and offered opportunities for self-expression and confidence building. Some participants felt that participation in the group music therapy intervention also increased their participation in other activities. Singing, sharing songs and music, and songwriting allowed participants to communicate their feelings, as well as their experiences of stuttering, without relying on the use of words.

Conclusions

This study initiated research into the area of music therapy with adolescents who stutter. Further research is needed such as gathering longitudinal data with a larger sample size.

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EVALUATION OF THE REACTIONS OF A GIRL WITH RETT SYNDROME IN MUSIC THERAPY: A CASE STUDY

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Rett syndrome is a neurological disease that mainly originates from an X-linked dominant mutation affecting women. The disease is characterized by the loss of cognitive, verbal, fine and gross motor abilities and communication by following normal early developmental stages. As a result, it is thought that educational intervention is very important in this area. This study describes the reactions of a 27 year old woman with Rett syndrome to the songs played in piano with music therapy sessions. The research is a single subject case study pattern. The data of the study was collected through interviews, video camera records, doctor reports and observer registration charts prepared by the researcher. The study was conducted twice a week with 60-minute sessions for 36 months. The results show that the participant has the ability to learn and maintain over time through the song. The participant showed various behaviors and emotional responses that showed communication. Music has been shown to help improve cognitive, affective, sensory and physical skills when used therapeutically. It has also been shown to increase the desire to interact and interact with the environment.

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DIALOGUE WITH ARNO FROM REPETITIVE TO INTENTIONAL: MUSIC THERAPY AND AUTISM SPECTRUM DISORDER

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Background

Autism spectrum disorders can be described as complex impairments of perception with heightened sensory sensitivity which can lead to difficulties in communication and interaction, to an altered social awareness and to unusual thought and behavioral patterns. Since people who suffer from autism are unique individuals with their own unique challenges, it is difficult to standardize music therapy settings and scientific studies. Working with introverted clients who have unusual hearing sensitivity, difficulty with filtering stimuli, and stereotypical patterns of ASD places restrictions of methodology on the therapy situation.

Question

This case study examines whether, within the framework of supportive measures at a special needs school, music therapy can offer individuals with ASD a workable, non-verbal chance of relating to others. Music therapy is offered to a 17-year-old, non-verbal client with severe ASD and intellectual disabilities. Modes of action are to be analysed in terms of their application in school and everyday life and in terms of their impact on social skills, quality of life and inclusion.

Aims

The music therapy setting seeks to enable reflective experiences as well as encourage communication and interaction.

Method

Within the context of process experience, improvisation-based Nordoff / Robbins music therapy focusing on the needs and resources of the client is employed. This single case study covers a period of four weeks and spans six sessions. The process is documented by video and analyzed according to musical parameters.

Results

In the music therapy sessions he discovers both himself and his own body as an instrument through which he both can be heard and can respond. Repetitive movements become rhythmic motifs, non-specific vocalisations become sung communication. A unique "language", in which he experiences himself both being active and being part of a relational dialogue, develops out of the musical intentions. The music also offers room for affect regulation.

Conclusion

Due to its limited setting, this case study cannot make generalizations or predictions as to time dependent effects. Yet the positive impact and the effectiveness of music therapy for individuals suffering from ASD are apparent:

- 1) Encourages relaxation and calmness.
- 2) Provides an experience of structure.

- 3) Enables intention and communication.
- 4) Fosters the experience and expression of emotion.
- 5) Improves motor skills.
- 6) Trains sensory awareness.

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NARRATIVES OF LIFE AND ILLNESS THROUGH MUSIC: A COMPOSER IN RESIDENCE IN A HOSPITAL

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Introduction

This paper presents an original chamber music work entitled 'Bewitched' by Ian Wilson, renowned Irish composer. It is a song cycle made up of 7 songs, performed by a strong quartet and soprano soloist (2 violins, 1 viola, double bass). The piece was composed when Ian Wilson was a composer in residence in a large acute hospital stroke unit in Dublin, Ireland.

The author is a music therapist and was Director of the Centre for Arts and Health at the hospital during his residency. This paper explores the management of the project and how various music projects can co-exist within a hospital setting to best serve patient needs. It explores key benefits, challenges and issues regarding blending composer, performer, and music therapist in one setting.

Method

Arts based research method forms the basis of the project. The composer was resident in a hospital for 3 months, observing the experience of people with stroke. He followed the patient from Outpatient Department or Emergency Department admission, through tests, appointments, hospital stays, treatment and discharge. The composer interviewed patients, family carers and clinicians. The songs feature direct text from conversations held with patients, staff and family members, with a segue into Doris Day songs which were popular with patients.

Results and Discussion

Open rehearsals of the work were conducted in the hospital and the first public performance of the work was also held in the hospital, exclusively for patients, staff and families. The resulting composition is a powerful performance-informative, educational, compelling and beautiful. It has received critical acclaim and has been performed nationally and internationally. Each movement illuminates the experience of stroke and the music gives powerful expression to the service users' words. The results of these residencies can be summarised as (i) The creation of original art works of high artistic quality; (ii) Telling the story of stroke - offering service users an opportunity to express themselves and share their experiences, to be heard and hopefully understood; (iii) Opportunities for increased understanding and public awareness of stroke; (iv) Creation of artworks that have an ongoing role as a tool for students to learn about dementia and clinicians to reflect and (v) An arts-based reflection on stroke from the service user perspective.

A Music Therapist/Director of the Programme was an important broker between clinicians and composer. Important quality markers, standards and safeguards included (i) a recruitment process, training and induction programme for all hospital artists prior to working with patients; (ii) a person centred approach at the core of the work of the centre for Arts and Health; (iii) guidelines and training for musicians in residence regarding confidentiality, ethics, professional ex-

pectations, project planning, health and safety, infection control and other key issues; (iv) consultation and collaboration with clinicians and (v) engagement with service users and families prior to commencement of project are critical in developing a good music and health project.

Links to the full performance of the work, as well as related links

- <https://soundcloud.com/wilsonkul/bewitched-for-soprano-string-quartet> (full recording)
- <https://www.tuh.ie/Departments/Arts-Department-%E2%80%93-National-Centre-for-Arts-and-Health/-Bewitched-Full-Score-to-Download.pdf> (score)
- <http://www.ianwilson.ie/>
- <https://www.tuh.ie/Departments/Arts-Department-%E2%80%93-National-Centre-for-Arts-and-Health/>
- <https://vimeo.com/234645907> (Documentary about the composer in residence en-

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LEARNING TO IMPROVISE THE MUSIC OF MUSIC THERAPY: A QUALITATIVE ARTS BASED RESEARCH STUDY

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Introduction

This paper is taken from a qualitative phenomenological research study, which examines the lived experience of learning to improvise. Six music therapy and four post-graduate music students took part in interviews combined with improvisations. Interpretational phenomenological analysis was undertaken (Smith, Flowers & Larkin, 2009) together with phenomenological music analysis (Ferarra, 1984). The study suggests that learning to improvise in music therapy can change a student's ontology of music, reshape existing music skills and develop an enhanced musical intentionality.

Learning to improvise is an integral part of training as a music therapist across Europe. Learning usually takes place through work based practice placement, experiential learning, and a wide range of teaching delivery such as learning through genres and styles, the practice of technical exercises or clinical role-play scenarios.

Learning to Improvise and Identity

Four themes were identified in the study, identity, relationships, emotions and learning. Identity was the largest and most pertinent theme and was understood as both internally and externally constructed. Participant's reported changes to identity including performance of gender, embracing or breaking away from culture and heritage, development of a new instrumental voice, increased

confidence in using spoken voice in social situations and feelings of freedom and liberation.

Case of D

In the case of D, there was a strong emphasis of shifting musical identity, through learning jazz guitar and training as a music therapist. Initially trained classically, learning a new jazz instrument gave him an experience of increased freedom, musical choice and autonomy. This combined with training in music therapy, provided the opportunity to develop a new musical voice exploring new ways of playing and being. This can be heard in the extract from the research improvisation, with D on the guitar and the researcher playing an alto melodica. In the extract D demonstrates two ways of playing, through traditional melodic expression and textured use of techniques such as harmonics and glissando. This relates to his expression of a new self- textured playing as the new free self, and melody as the old self. This suggests D's development of a new instrumental voice and musical identity.

New Relationship to Music

As well as an emphasis on development of new identity the findings showed that music therapy students can develop a special musicality. Participant's report a changed ontology of music (Darnley-Smith, 2014), understanding music as relational rather than aesthetic, or experiencing for the first time music with less structural boundaries. In addition students' went through a sometimes difficult reshaping

process of pre-existing music skills, where they had to learn new bodily schemas or embodied cognitions of music. There was also a loosening of communication with increased musical flexibility and less reliance on set musical structures. Lastly, students' observed an enhanced musical intention, formed through clinical interaction.

Conclusions

Learning to improvise in music therapy is a nuanced and complex process, which can influence many aspects of a student's life such as identity, emotions and relationships. It can take place through many modalities, from the deliberate practice of technical exercises to the use of stories and images to elicit ideas. In music therapy there can be a changed relationship to music, with increased communicative flexibility, new ontology and an enhanced musical intentionality.

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«I AM NOT THE SAME AS WHEN WE MET»: CREATING AN IDENTITY BEYOND THE VICTIM OF CHILDHOOD TRAUMA THROUGH GUIDED IMAGERY AND MUSIC

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Introduction

This case presentation is about a gay man in his thirties who received fifty-five individual Bonny Method of Guided Imagery and Music (BMGIM) sessions over a period of three and a half years. BMGIM is a method where the client listens to selected music in a relaxed state, allowing subconscious material in the form of imagery, memories or feelings to enter into conscious awareness.

Rediscovering of Identity

In the first part of this therapy process, the client called Tor, worked on processing the trauma of being sexually abused in early childhood. He identified the next phase of the process as a rediscovering of his own identity, which is the primary focus in this presentation. In session #5 he said: “*You become what has happened to you. It becomes a part of your identity. If it's gone, you'll have to become a new one. I just don't know what kind of identity I will get then?*”

The stories we tell about ourselves are closely connected to our identity. We are constantly being remade anew during a lifespan, and relational music experiences can be one of those re-makers (Ruud 2013). The BMGIM sessions that followed became relational music experiences for Tor, but also for me, as the therapist. He surrendered to, and dwelled in “a musical presence, alone yet con-

nected”, as Trondalen (2016, p.142) so beautifully describes it: “A gift infected with hope” (*ibid.*).

The metaphors and imagery appearing in Tor’s BMGIM travels were significant identity-defining factors. He had several experiences of “meeting himself”, as a child and as an adult during the sessions. The first time he dared “to open the door to face himself” it hurt. He said: “*Before you can love someone else, you must love yourself. But you must be worth loving. I have not dared to look at myself. Who am I really?*”

In the sessions that followed, Tor continued processing his childhood trauma; something that turned out to be a prerequisite for being able to accept and embrace himself. In one session he managed to rescue the little child before the abuser got a hold of it. He then saw a whirlwind dissolving his childhood home, ripping it all to pieces together with the hurtful memories that had “created unfortunate patterns that now could be rediscovered and created anew”.

For this client an extensive use of repeated music listening to hold and deepen the unfolding therapeutic process (Summer 2009) was very beneficial. Occasionally this was used in combination with vocal improvisations by the therapist on top of the repeated music used in the sessions. These improvisations were first with no words, and then phrases of text lines with positive, self-affirmative content.

Tor experienced that the more he surrendered to the method, the more he achieved, and through therapy he was trying to heal wounds and read his own story differently. The recurring image of an exposed heart turned into a smouldering red jewel: a manifestation of his strength and a feeling of being lifted up. He met himself again in a close dance, before he finally managed to embrace his wounded inner child. He said: 'The lump in my chest shall not be removed. It is like a root from which something new is to emerge. I feel no fear. Fortunately, there are many forms of love. I feel closer to my own love for myself. I am about to become another person. I am not the same as when we met'.

Conclusion

"It is through our narrative about ourselves that we create ourselves, both through adjusting the significance of memories and life cycles, and through choosing new forms of identification." (Ruud, 2013 p. 62). 'The GIM sessions became

the most important source to the greatest healing. The sessions played the key role in my struggle for a better existence, and for the first time I played the lead character in my own life' (Tor).

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THE EXPERIENCE OF GROUP SINGING FOR WOMEN FROM A MARGINALISED COMMUNITY

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Introduction

This paper shares the findings of a mixed methods research study exploring the emotional, social and practical impacts of group singing for women from Moyross, a community in Ireland designated as being in need of social, physical and economic regeneration. One social effort in September of 2018 when the University of Limerick's music therapy department partnered with Moyross' Corpus Christy Primary school (CCPS) to form the Corpus Christi Community Choir (CCCC).

Methodology

A concurrent identical design was implemented, wherein qualitative and quantitative data was collected simultaneously via a focus group and survey, respectively. At the time of data collection, the choir was comprised of 16 community members, and mothers and grandmothers of CCPS students. Seven individuals participated in the research project.

Creswell and Plano Clark's (2017) four-step framework for the implementation of a concurrent mixed methods design was followed. Data were collected and analyzed independently, strands were merged, and convergent and discordant findings were then discussed.

Braun and Clarke's (2006) process for thematic analysis was used to evaluate qualitative data, and descriptive statistics for the quantitative data. The two strands were then merged using

the Pillar integration process (PIP) (Johnson, Grove & Clarke, 2019).

Findings and Discussion

Nine qualitative themes emerged within the broad categories of emotional, social, practical and additional noteworthy themes. Respective examples include: positive emotions; combating isolation; source of motivation; and importance of leadership.

The most significant quantitative finding was an increase in overall perceived level of health. This finding seemed to link with two qualitative themes in the categories of "emotional" ("positive emotions" and "redefining and reclaiming identity") and two in "social" ("choir as an extended family" and "community interaction and impact"). Additionally, the choir being a resource for "increasing social and mental health and well-being" and "combatting sources of anxiety and depression" were two overarching concepts identified during the PIP process.

Certain gains reported by the choir supported previous findings of singing in an all-female group, such as benefits related to health, feelings of unity, and combating isolation (Southcott & Joseph, 2015). However, the primary impetus behind this homogenous element seemed to be fear of societal repercussions, contributing a new perspective to the current literature.

Conclusion and recommendations

Overall, group singing was found to be bene-

ficial, with the potential to be a resource for cultivating resilience amongst individuals living in areas of disadvantage. In terms of the all-female aspect of choir singing, this study expanded on previous findings, as the potential societal repercussions of singing in a mixed choir was new information. A longitudinal study, in which more time is allotted to cultivate relationships and build rapport, is recommended. Additionally, a sequential mixed methods design building upon initial data findings, could be beneficial. A parallel, as opposed to identical, sample might also aid in providing a greater diversity of responses from multiple members of a choir, rather than from the same group. A focus group with individual interviews could also enable a more detailed exploration of experiences.

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DEVELOPING MUSIC THERAPY REHABILITATION SERVICES IN COUNTRIES WITH DIVERSE CULTURAL BACKGROUNDS

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Background

In this presentation two music therapists, who studied and work in countries different from the country of their origin, share their journey on developing music therapy rehabilitation services (e.g. within the stroke unit). Important aspect of this journey was (also) the ethnic diversity of the clients.

Where to start : do's and don'ts

Music Therapy within (neuro)rehabilitation is becoming increasingly more present, however introducing music therapy as a new rehabilitation discipline is not always an easy process. In this paper we share our knowledge and lessons learned as practitioners. Although the authors acknowledge that each situation is different, this presentation aims at sharing some 'tips and tricks' that may facilitate the whole process of building a new rehabilitation service 'from scratch'.

The authors discuss their experience from the point-of-view of their clients, who come from various cultural and ethnic backgrounds.

Including music therapy in a rehabilitation unit is not immediately obvious, as 'we work with different domains (e.g. motor, cognitive, speech/language, psychosocial), unlike other disciplines, such as physical therapy for movement disorders' (Magee, 2020). What

makes music therapy a valuable (if not irreplaceable) discipline in rehabilitation and what is the best way to communicate our message with other disciplines or managers? What is the role of music as a 'universal language' in a multicultural rehabilitation setting?

While the starting point is very often 'education', i.e. achieving an excellent understanding regarding the relationship between music and different brain functions, the two authors agree that there might be more things that need to happen before music therapy enters rehabilitation: looking at overlapping domains with other disciplines and working together as co-therapists might be a good strategy, amongst others, that allows colleagues to get a better understanding, that is based on personal experience.

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PROVOCATIVE MUSIC THERAPY

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Video: One week of music therapy in adult psychiatry

I had initially planned a workshop for this world congress. For the online congress I decided to make a video of one week (26-29 May 2020) of my clinical practice. You can see me when I get up in the morning, go to work by bike. I filmed 14 clients, mostly in individual music therapy. They were all very willing to participate in this very spontaneous action. There was no planned script, all musical aspects were made on the spot, except for a few previously written songs, which the clients wanted to present as important items to show. The clients are in specialized mental health care, suffering from e.g. bipolar disorder, personality disorder, trauma, autism, anxiety or depression. Most of them are outpatient, some live in the clinic. I have decided not to specify their condition, because I wanted to present them as persons and not as 'DSM labels'.

Warmth, humor and challenge

Provocative music therapy is a method, partly based on the psychotherapeutic works of Frank Farrelly. It is a mix of good contact and warmth, a lot of humor and challenging interventions. But it is also a critical approach in more ways than one.

A personal approach

The main idea is this: As a provocative music therapist, I bring myself as a person. "You may know everything about me" is my appeal-

rance. That's why I film myself also at home. As a provocative music therapist, I know I make a lot of mistakes. I think this is very useful. In my opinion it's even a challenge to make them more, and to make them more beautiful.

Don't change the client

A provocative music therapist doesn't want the client to change, he is "good as he is". Change is the unintended side effect of a warm relationship between the therapist and the client. Maybe the feeling could be described as: "We change together". A provocative music therapist 'plays' not only in music, but also outside it. Playing starts when we get into the therapy room, or even when we meet at the coffee machine.

Being there

When it gets 'dark inside', the provocative music therapist will wait with the client until it's over. There's no thought of leaving the client if some problems seem too difficult. This can take some time, years if necessary.

Music is no neutral art or science

In provocative music therapy music is no neutral art or science, it's personal, it's political, bound to all aspects of life. In therapy we fight for freedom and to be connected to the people around us. Maybe we can contribute to a better world with a place for all of us. Even in Corona times, the music continues. The provocative music therapist is the client's

partner when he is going to protest, to 'defeat' the system.

Success and failure

Our society strives for success and achievement and overlooks the fact that many things we do in life inevitably fail. People with mental health problems blame themselves for not fitting into this perfect picture. They often hear they have to 'let go' of their worries and live in the 'here and now'. But: the 'here and now' is not always the best place to be. It's okay to dream of better places, or stay nostalgic about the past. In provocative music therapy you may do so, as long as you like. If you've 'enjoyed' it long enough, the challenge to change comes naturally.

Standup comedy, improvisation and protest songs

As you can see in the video, the result is

music therapy as a spontaneous creative adventure, sometimes as a standup comedy, but also in depth, with improvised music and protest songs. Provocative action is in reality a serious attempt to deal with the resistance and paradoxes in music therapy. The video offers a short 'real live' introduction to the method. My hope is that viewers will find inspiration on how to use the provocative style in their music therapy work with adults.

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PREMATURE FAMILY MUSIC THERAPY INTERVENTION (PFMI): A PROTOCOL TO SUPPORT PARENTING, ATTACHMENT BOND AND PRETERM DEVELOPMENT

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Introduction

The birth of a premature infant is a critical event in the life of a family and has a traumatic impact on infants and their parents for emotional, social, health and economic status reasons. Since 2013 at "F. Del Ponte Hospital" in Varese, Italy, we have been structuring an integrated psychological and music therapeutic Italian protocol, PFMI. Our goal is to support the preemies' neuro-behavioural development, improve the wellbeing of caregivers, support their relationship and promote sound ecology. The music therapy activities engage both the parent and the infant reciprocally in physical, sensory and emotional experiences and becomes a support during hospitalization and after discharge. The methodologies that we have used provide early intervention from the first days of hospitalization in NICU and make use of music therapy sessions: live (parental song, lullaby, live music) and recorded (listening to recorded parental songs and pregnancy music). These techniques are used either individually or together, depending on the stability of the newborn and the objectives set. This stimulates parents to take an active role in the son's care and treatment and allows the baby to find the affectivity and the bonding experience interrupted by premature

birth. The music therapy sessions take place three times a week with preemies and caregivers and consist of more phases. The first phase (when preemies are in incubator) consist of singing lullabies or "children's songs" with the parents or new songs. The parents' singing voices are recorded to an mp3. When parents are not in NICU we administer parent's songs through speakers inside incubator (last generation incubator) in combinations to Classic Music or music listened during pregnancy arranged in lullaby. When parents are near the incubator (or in Kangaroo therapy) they are encouraged to sing live the lullaby through the portholes of the opened incubator or during skin-to-skin contact. The music therapist helps parents to sing in the event of emotional difficulty, give them an adequate vocal technique and teach them how to use song-writing for personal lullabies. The second phase begins when the baby has achieved a good degree of stability. The newborn through combination of different live music (relaxing or activating effect) and singing parents (live or recording) is stimulated to develop nutritive sucking, solace and interactive attention towards their parents. In addition to live music, lullaby, we used device Pal for the nutritive sucking with recorded parents' voices. In the third phase, before discharging,

the administration of music becomes predominantly live with the parent's voice accompanied by instruments played by music therapist (ukulele, ocean drum, gatobox, kalimba). In the last phase (after discharging) the newborn and their parents are directed to music therapy in group and in water (pool). The effectiveness of this protocol will be evaluated by a randomized study, from premature birth to 3 years old after discharge. To estimate the beneficial effects of treatment in the short and long-term we considered several parameters: clinical course, hrv analysis, general movements, oxygen's saturation, stress level of the parent and of the child, neuro-behavioral, neurological development of the premature baby and the relationship with his parents. All infants recruited were born between 23-32 weeks' gestational age and/or under 1500 g at birth and began participation in the study within one/two week's after birth and after clinical evaluation. Vision: positive trend regarding the beneficial influence of music therapy on outcome in the short and long term of treatment.

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FAMILY POLYRHYTHMS

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The “Family Polyrhythms” project considers music therapy as systemic-relational, in terms of both its focus and intervention practice, not only in intra and inter-psychic dynamics of the individual or of the dyad, but also within the family unit. We observe the relationships between the different family members with the aim of repairing, restoring and co-building new relationships and new ways of interaction that can be transferred to everyday life.

We believe the family system is basically a large pool of resources and that sharing therapeutic experience with all its members facilitates the emergence of deep emotional feelings and the development of useful strategies.

The use of this music therapy treatment with the family involves the cooperation between a systemic-relational psychologist psychotherapist, and a music therapist and it is articulated through psychological interviews and active-interactive music therapy sessions with the whole family.

If therapists can help the system to explore and elaborate its rhythmic, harmonic and dissonant sequences, the family then will be able to experiment the richness of the individual elements, composing a new balance of polyrhythms.

We consider music therapy to be a relational therapy where the relationship is the frame in which we carry out the treatment, the place for meeting each other, the motivation for develop-

ment and the time for significant evolutionary experiences.

Interaction with sounds and music allows the individual to reconnect to non-verbal communication, typical of the early stages of development, and subsequently to re-experience relationships within the family in a proper way according to the life cycle phases.

Fostering processes of Joint Attention and Intentionality, turn-taking, respect for roles and boundaries, sharing of emotional experiences and affective attunement, allows therapists and the family to actively interact to produce transformations in the organization of the system and change the psychic and behavioral processes of the individuals.

The “Family Polyrhythms” project was born and developed precisely to meet our need to broaden the clinical and therapeutic gaze and lead it to the entire system: with a systemic-relational approach we move from music therapy with the individual, or with small peer-groups, to music therapy with the whole family.

By integrating the Infant Research theories with the systemic approach, relationships, and in particular primary relationships, play a crucial role (Menafo, 2019) We consider the primary triangle as a measurement unit of family relationships, but we broaden our gaze to the triangular relationships that involve three generation, aware that each individual is absorbed in a

space and time of the “here-and-now” influenced by a space and time of the “there-and-then” (Andolfi, Angelo, 1987; Aldolfi, Mascellani, 2019).

The music therapy approach proposed is based on the following theoretical concepts and authors: “Differentiation of Self” developed by M. Bowen (1978), the work on boundaries, roles and hierarchy of power belonging to S. Minuchin Structural Family Therapy (1974), the concepts of “Intersubjectivity” and “affective attunements” by D. Stern (2004), and the practice of improvisation and the predominantly non-verbal and non-directive context by R. Benenzon (1981).

Our proposal is to integrate differentiation/separation processes, structural aspects and music therapy experiences into the parameters of observation and clinical action.

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DRAWING SOUND: EXPLORING DRAWING AS MEANING MAKING IN IMPROVISED MUSIC IN MUSIC THERAPY

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Introduction

Drawing can be utilized as a reflexive act to develop meaning in improvised music in music therapy. This paper was based on a research method and methodology taken from an Arts based Phenomenological PhD study focusing on the lived experience of music and music therapy students in learning to improvise. In the study participants' took part in interviews combined with music improvisations. Following the interviews graphic scores were drawn by the researcher to provide a visual transcript of the music, for member checking, and to elicit further comments from participants. The act of drawing these scores became reflexive, highlighting the transference relationship and facilitating deeper understanding of the participants' experience. It is considered that this method can also be applied to the context of clinical work, providing a multi-modal reflexive mode for the therapist.

Method of drawing

The use of drawing in response to research music (or clinical improvisation) can emphasize the transference relationship (Streeter, 1999) and elicit an embodied reflexive retrospection (Gilbertson, 2015) with potential for deeper understanding of unconscious processes. The method of drawing used was extremely simple, with pens and two pieces of paper, requiring no previous artistic skill or experience. The following steps were undertaken: Listen to the whole extract once; in response to the participant's music choose

one coloured pen or pencil; listen again focusing only on the participant's music, as you listen make any marks that come to mind; repeat the process for the researcher's music; repeat the whole process as many times as you wish- overlaying your marks on the same paper.

Drawing to the music of S

Repeatedly listening and drawing created a remembered embodied and feeling sense of the musical encounters. When drawing to the music of S I experienced tension and exhaustion, I considered this to be a transference response, which had also occurred during the actual encounter. The sounds were reminiscent of the piano music of Bartók, with chromaticism, angular melodies and tonal ambiguity. Figure 1 shows the drawing in response to S, and extract 1, an example of the music, participant on piano with researcher on melodica, wooden clapper and thunder-drum.



Figure 1: Free drawing in response to the piano music of S.



It can be seen that the multi-layering of colours are evocative of tension, intensity and exhaustion. Through this creative process I was able to further consider the participant's experience. She had also verbally described in the interview often experiencing tension and headaches, related to long hours of piano practice and performance anxiety. The combination of the interview, together with the music and act of drawing gave a depth to a reflexivity as a researcher.

Conclusion

Drawing in response to music created in research encounters, can be used as a reflexive act to create embodied reflexive retrospection. It can help the researcher to remember body positions, sensations, musical intentions, feelings and emotions. There can be a focused sense of time, as in the past referring to the musical encounter, and in the present at the time of drawing and listening. In addition using drawing can help increase awareness of the relationship between par-

ticipant and researcher, the transference and countertransference and create a platform for further interpretation of the music. This method of reflexivity was applied in qualitative research, but it is suggested could be utilized as a means of creating deeper understanding for improvisations in clinical work.

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MUSIC THERAPY FOR DEPRESSION (THE MUSED STUDY) PRELIMINARY RESULTS OF A RANDOMIZED CONTROLLED TRIAL TO EVALUATE PSYCHOBIOLOGICAL EFFECTS OF MUSIC THERAPY ON DEPRESSION IN ADULT WOMEN

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Background

People suffering from depression commonly show impaired emotion regulation accompanied by deficits in the regulation of psychobiological stress systems e.g. the hypothalamic-pituitary-adrenal (HPA) axis with the end product cortisol and the autonomic nervous system with heart rate variability (HRV) as an indicator. Previous research has shown that music therapy has the capacity to reduce de-

pressive symptoms and to impact the above-mentioned psychobiological stress systems (Aalbers et al., 2017; Ellis et al, 2012). However, more methodologically high-quality studies are needed in order to underpin these findings and to encode the underlying mechanisms.

Objectives

With the Music Therapy for Depression (MUSED) study, we aim to examine the effects of music

therapy primarily on self- and observer-rated depression, secondly on the circadian psychobiological patterns of HRV and cortisol and thirdly on depression-related psychological constructs such as emotion regulation.

Methods

So far, we have enrolled 33 women with current major depression or persistent depressive disorder for study participation, six of them left the study early. Participants were randomly assigned to either the intervention group (IG; music therapy + treatment as usual, TAU) or the waitlist control group (CG; solely TAU). The IG received 10 outpatient group music therapy sessions. The psychometric and psychobiological data were collected before (pre) and after (post) the intervention phase. We ran repeated measures analyses of variances in order to detect group per time interaction effects comparing IG and CG over time.

Results

Initial preliminary analyses from a sub-sample of participants suggest significant group per time interaction effects in self-rated depression ($F(1, 25) = 4.61, p < .042, \eta^2 = .16$) as well as in two out of eight examined emotion regulation strategies: rumination ($F(1, 25) = 4.57, p = .042, \eta^2 = .16$) and suppression of emotional experience ($F(1, 25) = 10.88, p = .003, \eta^2 = .30$) with the IG being superior to the CG. The observer-rated depressiveness also decreased over time in both groups, but there was no significant group per time interaction effect. Due to the early stage of the study resulting in a small amount of available psychobiological data so far, we waived the analysis of these data.

Discussion

The presented results should be interpreted in the light of the following limitations: (a) the preliminarily and small sample size, (b) the non-use of an active control group design, and (c) the preliminary lack of analyses of long-

term effects so far. Within the frame of this interim report, we found that the music therapy condition led to (a) the reduction of depressive symptoms and to (b) more functional use of emotion regulation strategies. With the final analysis of the whole study sample, we hope to replicate prior findings of music therapy being an effective adjuvant in the treatment of depression. Furthermore, the results will contribute to a better understanding of whether and how music therapy improves psychobiological functioning in daily life.

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CO-MUSICKING WITH (NEURO)DIVERSE FAMILIES IN A MUSIC CAFÉ: PRACTICAL REFLECTIONS AND THEORETICAL PERSPECTIVES

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Introduction

In this paper, I present preliminary findings from a PhD project in Bergen, Norway where I have been working as practitioner-researcher with a group of families for ten months. The music café project explores how musicking is a space in which people of different ages, backgrounds and abilities can participate and co-create.

Background

Musicking can be considered a space where everyone can participate, but music can also be inaccessible for various reasons. This project aims to explore under what preconditions music ‘helps’ neurodiverse families. Families where one or more members of the family are neurodivergent often experience challenges linked to access and participation – in music as in many other aspects of life (Goodley & McLaughlin, 2008). Access to music has both a practical and a political level and involves the accessibility of environments, attitudes, activities, and instruments. My experience from working with children with different ways of perceiving the world due to neurodivergent brains is that things matter, materials matter, the room with its light and resonance matters, size, colour and tactile qualities of instruments make a difference.

Music therapists have expertise in making music and its affordances accessible, but they only can do this in close collaboration. The stance is therefore a participatory, collaborative one.

Methodological approach

The research approach is qualitative and informed by participatory action research (Lewin 1946/1948) and ethnography (Hammersley & Atkinson, 2007). The project draws on Freire’s (1970) emphasis on action and reflection in collaboration and dialogue.

The data material consists of video recordings, collaborative notes, and resources such as small instruments and song cards. Tracing pathways of people, instruments and ideas, detailed accounts on what actually happens between small children, family members, a music therapist, music and materials are created. Both indexing and drawings are used for analysing micro interactions.

Playing together

Presenting one example from the music café, where two new passengers for the song “The Wheels on the Bus” are introduced by different family members, play as a perspective is considered.



Playing around with sounds and lyrics has been an important part of the music café.

For Holzman (2017), play is transformative. Play provides the possibility to act and to be differently than in "real life". Moreover, playing is how we become part of existing communities and create new ones. Play (as co-musicking), can be understood as the way we develop and can be linked to Vygotsky's zone of proximal development, understood as a collective activity (Holzman, 2010).

Preliminary conclusions

Working together with families made it possible to explore how music gets into action between people and materials within the context of the music café. The data material shows how different members care for doing music together and how different materials are involved. It was possible for the various people to influence what we were focusing on. However, power relations, and especially the position of young children, are important to consider and there is a need for co-creating more experience and knowledge on how to research together with young children and their families.

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MUSIC THERAPY IN THE CARE OF CHILDREN WHOSE RIGHTS HAVE BEEN VIOLATED

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UNICEF estimates that at least 2.7 million children live in institutions worldwide (Petrovsky, 2017). In Colombia, according to the Colombian Institute of Family Welfare (ICBF for its initials in Spanish), until 2018 year up to which there are currently updated figures, 26,193 children and adolescents have entered in the course of the last 8 years to the rights protection program, that is children who go to foundations or substitute houses that take care of them. The most frequent causes for which children enter to these places are child abuse, different types of violence, abandonment, neglect, dangerous activities, and exposure to psychoactive substances (Durán-Strauch, 2011).

La Casa de la Madre y el Niño is a non-profit foundation that, since 1942, guides, protects, and cares for children with these conditions, as well as pregnant families with a conflictive pregnancy. It currently has the capacity to serve 120 boys and girls from 0 to 14 years old. The music therapy service has been operating in the institution since 2015 and works for both the well-being and comprehensive development of children and their caregivers.

The music therapy sessions in the institution are developed under the creative music therapy model (Nordoff & Robbins, 1977), which works on relevant topics to the emotional and social development of children and caregivers, with therapeutic objectives that

are defined according to assessments and analysis of the population. The insertion of the music therapy service in the institution has shown favorable results that are observed in the time of service and the expansion of the population, going from 8 hours per month in 2015, working only with early childhood, to 80 until 2019, addressing all the children of the institution and working with different types of intervention appropriate to the developmental age of each child, and the different social and operational dynamics of the institution.

This work has been institutionalized as a rigorous observation made about the needs of boys and girls. After that, projects are presented in which music therapy can contribute to solving or mitigating them.

It also emphasizes how, through working with the children of the foundation, a positive impact is also created towards the institution itself.

In Colombia, music therapy is a very new discipline and its knowledge in society about its objectives and scope is very limited, which is why we must be very clear and careful about its information and its diffusion.

Currently, the music therapy service has two professionals financed by the institution's resources, in the same way, audiovisual cam-

paigns have been carried out broadcast by the foundation's channels where people and companies are encouraged to donate to the music therapy service, achieving, in addition to spreading the discipline, donations of instruments and that the program extends to all the children of the house (125 boys and girls) and their caregivers. Currently, due to financial difficulties of the institution, the program had to be reduced to 40 hours per month working with three care programs: (1) music therapy for development; (2) sleep accompaniment; and (3) caregiver care.

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MUSIC THERAPY IN THE BRAZILIAN SOCIAL ASSISTANCE POLICY

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Introduction

The National Policy for Social Assistance - PNAS is a Policy for Social Security, regulated in 2004 as a new model of management and social protection under the responsibility of the three levels of government and materialized by the Sistema Único de Assistência Social (Unified Social Assistance System, in literal translation) - SUAS (BRAZIL, 2013). It is a right of Brazilian citizens guaranteed by the Constitution of 1988. The participation of the music therapist, as a professional also active in public policy, boosted this study, where it aimed to understand the process of integration and performance of music therapists in PNAS, seeking approaches to Social Music Therapy and Community Music Therapy.

Methodology

This is an exploratory and descriptive research adopting a qualitative approach. The project was approved by the Research School of Music and Performing Arts of the Federal University of Goiás - EMAC / UFG, subsequently approved by the Research Ethics Committee - CEP/UFG, with the number 926,839. By applying the inclusion and exclusion criteria, the screening of participants was made by the State of Music Therapy States Associations and by indications. It were participants of this research were music therapists who work with Social Assistance. The data were collected through face / virtual semi-structu-

red interviews recorded in audio, in the total number of ten participants. The analysis of the interviews were conducted using the content analysis methodology proposed by Barbin (1977), through the categorical analysis technique, with the help of ATLAS.ti software.

Results

The results of the interviews show that the performance of music therapy occurs in all SUAS protection levels, being held in social assistance services for space management and social control. Introducing music therapist position is still precarious, requiring more effectuation by public tender and the fulfillment of what advocates the Basic Operational Norm of Human Resources - NOB-RH / SUAS for recovery workers. Music therapy practices are developed with reference to the fundamentals of music therapy and the musical experiences described by Bruscia (2000).

Conclusion

Analysis and forward discussions made by the music therapists in the study concluded that the professional who works in SUAS has to be flexible and tolerant, must continually develop clinical musicality and ability to work with groups, in addition to knowing the legislation advocated by PNAS. Although the history of music therapy in social assistance is considered a recent achievement, the present study

demonstrated that their integration and performance have reached the main performance spaces of social welfare policy, where music has been used in equipment / spaces host and listening as an instrument of social transformation and reflection / reinterpretation of life stories. It was concluded that the work being developed by music therapists in the SUAS is based on the Social Music Therapy and Community Music Therapy models and is still an ongoing process.

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THREE GUIDING QUESTIONS FOR MUSIC THERAPY PROJECTS INTENDED TO PROMOTE HEALTH IN LEARNING INSTITUTIONS

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Abstract

This paper discusses several issues about the contributions of music therapy in health promotion in the educational system environment. To that purpose, three questions are formulated that can be used as a guide for future developments of the subject.

Three Guided Questions

1. Disease prevention or promotion of health? There is a wide range of experiences in school health in South America, frequently framed in a traditional paradigm of school health, which uncritically extrapolates practices from the health sector with biomedical logic, focused on disease prevention and involving the school passively. Positioned from a Latin-American community music therapy perspective, we propose a different approach based on health promotion as priority in the field of education. Community health-oriented music therapy (Isla, Abramovici, Demkura, Alfonso, 2016) positions itself from the Social Expansive Health Paradigm, developing a systemic understanding of reality (Saforcada, de Lellis, Mozobancyck, 2010). This approach is defined as a process by which the person exerts a larger control over their determining factors of health, therefore improving their life situation. The PAHO promotes the 'Health Promot-

ing School' strategy (HPS) as a public policy of inter-ministerial responsibility to guarantee health promotion from the schools to their communities. This strategy is based on democracy and equity principles; it considers the school as a radial centre of the territory and involves giving the members of the school community a central role in decision-making for the promotion of the community well-being (PAHO, 1996).

2. How do you relate the subject of health to the core tasks assigned to a school? The popular education, as a critical perspective in the educational field, raises the search for liberating practices based on emancipation (Freire, 1967). Di Leo (2009) defines school health promotion as a comprehensive ethical-political approach based on health as a human right. Health as a right of being, of being with others, of being community, and of building it. The school is a privileged place where health is promoted because of a multiplier effect of actions involving families and community, and because of the projection of long-term effects. In all cases, they are effects that reinforce the educational path of the students, improving their inclusion and school performance.

3. What contributions does community music therapy make to the educational environ-

ment? Music therapy is proposed as a part of the educational orientation centre team in state management. We define educational orientation as “the set of discourses and practices, sustained by specialized professionals, that promote the interrogation of the conflictive dimension of educational institutions, at the same time that it collaborates in the development and fulfilment of their specific functions” (Korinfeld 2016). It is focused in two central axes: the development of emotional, social and cognitive skills of children and adolescents, and community empowerment. The music therapist’s interventions should favour musical interactions framed in ‘reflective musical doing’ (Hacer Musical Reflexivo: HMR) which means a critical, dialogic, participative and horizontal practice that puts personal, social, cognitive and emotional skills in action; allows the rational and emotional awareness of the experience; and promotes the identification of real problems and the participative planning of potential solutions aimed at social transformation (Isla et al, 2016). Moreover, it is in this potential of HMR that the field of music therapy in the educational orientation potentially becomes more visible within an interdisciplinary team focus on health promotion. The wide range of music therapy practices in education challenges us to systematize and evaluate them in order to include them into the educational support teams. Music therapy can contribute to a democratic, participative school that promotes coexistence, social ties and social transformation.

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THE MUSICAL IMPROVISATION AS A MUSIC THERAPY TECHNIQUE FOR THE REDUCTION OF STRESS IN CHILDREN IN PSYCHOSOCIAL RISK SITUATION IN AMBATO CITY

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Abstract

This research project aims to carry out music therapy sessions using musical improvisation techniques to reduce stress levels in children who are in a situation of psychosocial risk. The design and type of research was quasi-experimental and longitudinal, with a pre-test, intervention and post-test. The sample was made up of 30 children that belong to the Proyecto Don Bosco Fase Uno Foundation and are aged between 6 to 11 years old. Three instruments were used to assess the initial condition of the sample – first, the Sociodemographic Record, second the Children's Daily Stress Inventory (IECI) and finally the Observation Sheet for monitoring and the evolution of the participants. The intervention program consisted of 20 music therapy sessions in which strategies and activities of musical improvisation with Orff instruments, melody audition, stimulation of the imagination and the body as a musical instrument were used. The results obtained on the observation record depict a very significant decrease of $p = 0.000$ in manifestations of childhood stress.

Methodological Process

The procedure was carried out from the first contact with the population, followed by authorization for the execution of the project research; followed by collection of information, and organization and planning of

music therapy sessions. Subsequently, the tabulation of data with their respective analysis. Finally, the establishment of the conclusions and recommendations of the investigation.

Results

Pre- Test/ Initial Diagnosis

The stress in the population is evident. Children who go through difficult situations such as abuse, negligence, financial problems at home, child labor, are a vulnerable population, therefore they present stress at an early age. This leads to physical and psychological health problems and are evidenced in the child's daily behavior (Mesa & Moya, 2011).

The manifestations of stress are at very high levels, which means that there is no adequate management of the manifestations that stress brings. This is because the family, school and health situation that children go through, affects them (Aguilar, 2017).

Post- Test/Comparative Analysis

The results of the pre-test indicate that stress is above the norm in all areas. Therefore, the musical improvisation technique is applied for a period of time to decrease these levels. At the end of the interventions, the post-test is applied to analyze the results obtained, which indicates that the stress decreased.

With the application of the Wilcoxon test, significant differences were found in terms of decreased stress in manifestations. The comparison between pre-test and post-test indicates the validity of the musical improvisation technique for reducing stress in the chosen population.

Discussion

The musical improvisation technique works as a therapeutic way to reduce stress in children. Music therapy sessions opened children up to making their own decisions, feeling free, and empowering themselves with the use of assertive strategies to control the manifestations of stress and decrease it. This included the expression of their emotional state through sounds; the control of breathing in response to stressful situations; the use of musical instruments to control impulses; the control of their personal rhythm; and the use of their voice without taking into the aspects such as tuning and simply to assure them that they are listened to, and can communicate, feel and express themselves. These techniques were the most important aspects that were successfully achieved in this music therapy process.

Importantly, the objectives proposed in the investigation were achieved.

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SYSTEMATIC REVISION OF PUBLICATIONS IN THE BRAZILIAN MUSIC THERAPY PERIODIC REVISTA BRASILEIRA DE MUSICOTERAPIA FROM 2009 THROUGH 2019

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Abstract

The main objective of the paper is to enlighten themes and methodologies in various publications of the Brazilian Music Therapy Magazine (*Revista Brasileira de Musicoterapia*), the top mind periodic on the national scenario. The revision was due considering the decade (2009 to 2019), and titles, key-words and abstracts were revised individually. Methodologies, as well as main objectives, secondary objectives, themes and accessorial music therapy approaches and disciplines were indexed. To enrich the analysis, a chart was used to sort and understand relevant music therapy literature. The project summarizes publications percentages in the multiple areas of publications (mostly health at about 60%) and methodologies (at 48% against 42% of revisions, literature and theoretical studies). This may stimulate discussions on how important it is to raise research incentive towards new perspectives.

Motivation

As a freshman in music therapy I wanted to aid and participate in music therapy research and development. Having seen how the Universities are scored and categorized in the National Science and Technology Develop-

ment Council (CNPq), I wondered which areas of study and methodologies current publications focused on.

Process

To answer this question I accessed the most respected periodical on the national scene. Between 2009 to 2019, (the most current research at the time), a total of 105 articles were accessed. A table including the abstract, edition number, year of publication, authors, article title, objectives, themes, auxiliary disciplines and key-words were developed.

Findings

The relative and total numbers found, categorized and tabulated were as follows.

Methodologies

- I. 22 quali-quantitative research studies (21%).
- II. 29 case studies/reports both in group sessions or clinical (27%).
- III. 24 systematic revisions (23%).
- IV. 20 theory and bibliography studies (19%).
- V. 18 miscellaneous studies in other formats (17%).

Areas of study:

- I. 63 in health (60 %).
- II. 22 academic/epistemology (21 %).
- III. 30 social and communication (28 %).
- IV. 8 politics and human rights (7 %).
- V. 7 pedagogical/education (6 %).

Conclusion

The project summarizes percentages of multiple areas of publications, with health at about 60 %, and in terms of methodologies, a close ratio of original case studies, qualitative and quantitative at 48 %, and 42 % being revisions, literature and theoretical studies. The project may elicit discussions about the importance of research incentives aimed at new perspectives around music therapy.

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MUSIC THERAPY IN THE LIFE SPAN OF REHABILITATION OF BURNED VICTIMS

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Abstract

Rehabilitation of burn injuries requires a lengthy recovery period, ongoing treatments, and painful medical procedures. At COANIQUEM, a rehabilitation facility with a multi-disciplinary team, provides a comprehensive music therapy program to serve the needs of clients and their families in Chile and from around Latin America, since 2005. Children from birth to five years are those most affected by burns.

Introduction

With the focus on humanized care and to facilitate a holistic rehabilitation process, music therapy is part of the psychosocial team, within the Department of Rehabilitation.

Burns are often associated with pain, emotional stress trauma, prolonged hospitalization, long term rehabilitation, a degree of disfigurement, and families forced to learn a new way of life, confronting health care and daily living challenges.

Music and music therapy is provided to clients and their families during painful procedures, motivating with physical challenges, as well as emotional support and socio-educational needs. Treatment will often require multiple surgeries and years of physical rehabilitation, challenges that require extensive support from a client's familial and social network as well as from the professionals involved in their treatment. The music therapy

program provides support to the family group until treatment is completed.



Case 1. M.

Infant girl, arrives at the center at 7 months. She suffered severe burns to 40 % of her body surface, face, upper body and extremities, due to a house fire. She was hospitalized for several months with ventilation support. Music therapy was initially introduced to facilitate rehabilitation, parent-infant bonding, psychomotor stimulation and reduce fear, anxiety and pain during invasive procedures. Over the years, music has facilitated movement and use of affected limb, positive social and family interactions and creative outlet with music and dance.

Case 2. V.

Boy, 5 years old. Suffered severe burns to 30 % of his body surface, face and upper extremities. He was hospitalized for 45 days, undergoing several surgeries, also on life support for 10 days which left him weak and very scared of doctors and nurses. Music was introduced during his dressing changes; he was

in great distress, instruments and songs helped to distract and calm him down.

Music therapy sessions evolved around stories; trauma, anger and fear were transferred to a witch on a rain stick. Over the years he has undergone many surgical procedures. Music therapy continues to support him looking into issues of adolescence, emotional expression and self-image. His mother also participated in parallel music therapy sessions.

Case 3. E.

Girl, 3 years old. Severe burns to 26 % of her body surface including face, torso and upper extremities. Both mother and daughter were hospitalized. Loss of 3 family members in the house fire, including a twin sister. E does not recognize her mother after discharge.

Music was introduced at her OT visits, to reduce fear and resistance to the treatment, her attention went to the instruments. Music therapy was introduced to deal with PTSD of both mother and daughter, to support mourning of loved ones and to re-bond with E. After 3 month of regular sessions, E created songs for her siblings and father as “the birds in the sky”, she was able to accept them not being around. The mother had individual sessions where she was able to express her emotions and the great loss she

had suffered. Through improvising together with the therapist, she was able to sound out her sorrow and find meaning in her present situation.

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MUSIC THERAPY STRATEGIES FOR COMMUNITY HEALTH PROMOTION AMONG HIGH SCHOOL STUDENTS

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Introduction

We propose an approach based on concepts developed in 2018/2019 for community music therapy by a multidisciplinary team. The proposed approach was implemented by the School Health Program of the Ministry of Education of Buenos Aires. It involved high school students and faculty in public schools and was pursuant to the Law of Integral Sex Education (ESI) (Ley N° 26150, 2006).

The Program Covered

- Prevention of violent relationships.
- Myths, stereotypes and prejudice about sex in young adults and adolescents.
- Promotion of healthy relationships.

General Objectives

- Promote healthy relationships.
- Encourage reflexion about relationship matters.
- Strengthen the role of the schools in the prevention of violent relationships.
- Review myths and stereotypes that become an obstacle for sex education in schools.

Specific Objectives

- Promote feelings of belonging, strengthening, listening and acknowledging others.

- Reinforce interpersonal skills with musical experiences and group performance.
- Review popular songs that propose stereotypes and promote violence.
- Promote participation and dialog using music.
- Offer tools to identify signs of violence in a relationship.
- Strengthening the capacity to care about oneself and others.

Development of the Program

The school is a privileged environment which facilitates interpersonal relationships that do not hurt others or create hard feelings. In the controlled school environment it is easier to anticipate mistreatment and ask for help in vulnerable situations. Music is a bridge to the adolescents' world and one possible way to create dialog with adults. Music therapy at a community level revolves around performances to promote reflection. The musical production and performance constitute an optimal medium for the transmission and multiplication of actions of mutual care.

The proposal includes a workshop based on five weekly meetings. Students and teachers participate.

First Meeting: Get to know each other. Improvisation and musical games. Exchanges of performing and listening among students of different schools.

Second Meeting: Listening to songs of different musical genres. Recreating lyrics based on existing popular songs.

Third Meeting: Definition of the musical project. Selection of the songs they will perform for the community. Musical ensembles and rehearsal.

Fourth Meeting: Recording and editing in a professional study or a school study.

Fifth Meeting: Performing the created song. Participation in festivals, open radio and events about sexual education.

Results

All students liked the music therapy and indicated that it was helpful to them. They all wanted to continue participating. During the various meetings of the workshop, the number of participants increased. Teachers found the activity to be positive and requested that it was included in the annual planning. Various songs and "jingles" (musical announcements) were produced, including recreation of known songs like "Breaking Myths" (Fideleff, 2019) and "Stop it Now". The songs were broadcast on open radio and via various electronic means.

Conclusions

The experience threw light onto the use of music therapy in youth work. It was revealed as a valuable resource and tool. Music therapy facilitates exchange and dialog among young people. This was proven by increased participation and the enthusiasm shown during the workshop. Actions in schools that intend to promote community healthy behavior must include meaningful youth participation.

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AUDITORY MUSICAL VERBAL SCALE FROM ZERO TO FIVE YEARS FOR MUSIC EDUCATION AND MUSIC THERAPY PRACTICE

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Introduction

This study aims to present the process of development and further adaptation of a Music Therapy Assessment Scale – Áudio-Músico-Verbal Scale, designed by the first author and adapted to the ICF (International Classification of Functioning, Disability and Health) by both authors. We will briefly present the Scale's main features, the contexts of its use, and how we have adapted it to the ICF. We will also discuss the challenges and benefits of the adaptation process and of the current use of the aforementioned Scale.

"Auditory-Musical-Verbal" Scale and the ICF

This scale is used as a tool to identify and rate achievements in children, allowing music therapists and music educators to monitor and assess possible issues in the child's development. The Scale was developed based on the literature on the indicators that characterize the early stages of development in the areas of neurology, music education, music therapy, and speech and language therapy, along with our practical experience. A team of music therapists have been testing and applying it since 2011 in the fields of music education and music therapy in educational and rehabilitation settings. After eight years of use, we began its adaptation to the ICF, a classification launched by the World Health Organization

(WHO) and used worldwide to describe, evaluate, and measure functionality.

The current version of the Scale is adapted to the ICF-2004 in Portuguese. We have developed a semi-structured form in the Scale with categories from components of Activities and Participation linked to Environmental Factors of the ICF. The music therapist is supposed to code or rate each category on the child's performance and ability levels. The assessor links the child's performance to Environmental Factors in the categories of sound, music and/or relationships – as facilitators or barriers. For the purposes of this study, Music is a category qualified as e2509 – Sound, Not Specified – in the ICF. After that, the music therapist rates categories of Body Functions and may also make referrals for assessment or reassessment of Body Structures categories.

Discussion

The Scale design and current use contributes for more systematization of assessments and treatment plan in music therapy practice and dialogue in the interdisciplinary team. Although we have found a lack of music-based categories in the ICF, we believe the possibility of rating music not only as a facilitator, but also as a barrier may assist our field in the discussion of contraindications of the use of music and music therapy interventions in

health. The current version of this scale is restricted to music therapists as assessors, and we intend to start its validation process in the near future.

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Please contact us for the complete reference list.

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MUSIC THERAPY AND AGEING

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Introduction

Ageing is a lifelong process that takes place both universally and individually. The world population is undergoing significant changes. According to the WHO - World Health Organization (2018), between 2015 and 2050, the proportion of the population over sixty will increase from 12% to 22%.

There is a diversity in older age. There is no 'typical' older person. Some 80 year-olds have physical and mental capacities similar to many 20 year-olds. Other people experience significant declines in physical and mental capacities at much younger ages. A comprehensive public health response must address this wide range of older people's experiences and needs (WHO, 2018).

All this information justifies that the music therapist can work with elderly people in a variety of situations, considering that the music will be used by the professionals to have different results depending on the necessities of the clientele.

Objective

We intend to present and reflect on the role of Music Therapy as a complementary or integrative therapy that accompanies this phase of life, the ageing.

The Work of the Music Therapist with the Elderly People

We present the music therapist as a profes-

sional who, inserted in teams and different spaces, can act in the processes of senescence or senility. Music Therapy can contribute to actions that may involve evaluation, prevention of pathologies or health problems, health promotion, and treatment or rehabilitation.

These possibilities of work can provide interventions in communities and social institutions, in hospital settings, in hospices, in clinical contexts, and at homecare.

The music must be used by the music therapist, making the elderly people have musical experiences (Bruscia, 2016) according to their real necessities. Depending on the situation, the music therapeutic process can include, from the health promotion actions such as the approach of Therapeutic Choir (Zanini & Leão, 2006) to treatments like cognitive rehabilitation (including dementia or brain injury patients) (Magee et al, 2017), and palliative care interventions. The music therapist can look at the bio-psycho-social and spiritual perspectives of the human being contributing to the quality of life in the ageing process.

The presentation at the online congress, which was initially proposed as one pre-congress seminar, has a theoretical-reflexive approach. We propose that the participants/readers will have the opportunity to access theoretical contents, reflecting on the practice of Music Therapy with the elderly people, besides thinking in new ways of interventions, mainly looking for the healthy side of

the ageing even with the difficulties experienced.

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MUSIC AND MUSIC THERAPY IN CRISES SUPPORT INTERVENTIONS: DEVELOPING A GLOBAL NETWORK

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Introduction

As increasingly frequent traumatic events occur around the world, music therapists need to be prepared. Networking and collaborating when responding to crisis situations worldwide becomes essential and will result in more effective trauma-informed interventions.

Various settings and responses

In Chile, for earthquake and fire victims, since 2010, a method based on creative interventions was implemented to serve first the needs of front line workers and support those affected.

In Greece, since 2015, on Chios Island, in formal and informal transit refugee camps group music therapy sessions were organized to provide psychosocial support to refugee children and adolescents.

Long term services were established at Resiliency Center of Newtown, CT, USA to assist

survivors of the Sandy Hook School shooting with coping strategies, empowerment, establishing safety, and processing many aspects of the event using music psychotherapy.

In New Zealand, post Christchurch Mosque Attacks in 2019, Music Therapy New Zealand have formed the Aotearoa Crisis Intervention group with the purpose to provide coordinated support to the needs of music therapists in response to community trauma experiences.

In Colombia, a great challenge for peace processes has been Community Reintegration, with the objective to build links in a contextualized way, between participants in the Reintegration Process and their receiving communities. In this context, various successful music therapy processes have been developed.

Preparedness

Preparing to respond to a large-scale traumatic event requires first to consider one's per-

sonal and professional capacities and individual needs as being part of the community that has experienced trauma. Guidance and support for the initial music therapy responses can be provided through a world-wide network. The Global Crises Intervention Commission of the WFMT contains knowledge and resources to guide best practice. Training on Psychological First Aid accompanied by a clear understanding of trauma informed approaches to music therapy can be valuable to one's response to crisis. Guidance from first responders on the field as to when and how music therapy may assist the community is valuable as well as continuous observation of the current need of populations from a perspective of empathy.

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CONSTRUCTION AND FORMALIZATION OF KNOWLEDGE PRELIMINARY CONTRIBUTIONS FROM LATIN AMERICA

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Introduction

The formalization of professional practices through the writing of academic texts, particularly of scientific papers, is a predominant instance for the construction of disciplinary knowledge (Lopez Leyva, 2013). In Latin America, publications are scarce (Network for Science and Technology Indicators, Ibero-American & Inter-American, 2019), and the features of professional practices that are necessarily configured by their contexts, such as music therapy, are left invisible to the worldwide community (Quintanilla-Montoya, 2008). It is within this context that the following research questions have emerged: how do Latin American music therapists formalize their professional practice? What other instances of formalization other than scientific papers, do they use? What are the values that emerge among the local academic production?

Method

A multiple-choice, semi-structured survey (in Spanish and Portuguese) was created and distributed online through a Google Form to music therapy professionals from various countries in Latin America.

The survey sections included (1) Professional

information, (2) Participation in scientific/academic events in the previous five years, (3) Publications (including reasons for publishing / not publishing in the previous five years), (4) Preparation of the manuscript and advising to that end, and (5) Valued aspects within a publication.

Anonymity and confidentiality of the data were guaranteed to comply with ethical standards.

Results

The final sample was formed by 164 surveys from professionals from Argentina (63 %), Brazil (26 %), Colombia (7 %), and other countries (Mexico, Paraguay, and Uruguay, 4 %). The results revealed that 64 % of participants had not published in the previous five years.

Among the reasons for not publishing, 66 % reported lack of time, 38 % lack of familiarity with the scientific article format, 30 % carrying out several activities at the same time, 30 % lack of command of English or another foreign language, and 30 % the dedication to the work imposed by the profession.

Thirty-six percent of participants expressed having published scientific papers during the previous five years. Of these participants,

47 % published case studies, 30 % published review articles, 26 % published empirical studies, 26 % reflection papers, and 5 % chose editorial articles.

Out of those who chose the scientific article, 58 % indicate that they did so because it validates scientific knowledge, and 47 % because it offered greater visibility.

Regarding other publication formats, 57 % of professionals use Chapter-Book format, 48 % use proceedings of academic events, 40 % publish in digital media, 30 % publish in the media such as radio and magazines, 21 % publish books, and 12 % use newsletters.

Lastly, the criteria valued most by music therapists around the formats they selected were investigated. The following indicators were found: a theoretical and methodological articulation, an updated and current bibliography, and content that can be relevant to support clinical practice.

Conclusion

This research is a preliminary study around the topic of formalization of professional practice by music therapists working in the context of Latin America.

The results suggest that Latin American music

therapists formalize their practice by publishing in formats that are methodologically more flexible than the scientific article. This is intending to validate and make their knowledge visible, as well as to establish dialogues with other professionals. In contrast, these publications do not go through the peer review process which weakens the knowledge constructed in terms of validity and trustworthiness.

Lastly, the data shows that the aspects that Latin American music therapists value of the publications they read are not demands included in those formats chosen by them at the time of giving an account of their professional practice.

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THERAPEUTIC CHOIR: A MUSIC THERAPIST'S APPROACH TO WORK WITH GROUPS

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Introduction

This paper is about the concept of the Therapeutic Choir (Zanini, 2002; Zanini & Leão, 2006), that "consists of a group conducted by a music therapist, with therapeutic goals, in which the voice is used as a resource for communication, expression, satisfaction and social interaction. By singing, the participants express their subjectivity, thus letting out their inner existentiality".

The potential of the voice in daily life and in the music therapy field is not limited to singing songs but also includes sighing, crying, screaming, groaning, humming, laughing, and lamenting as effective forms of vocalization (Uhlig, 2009).

As a music therapist, implementation of the Therapeutic Choir can give voice to all sounds that construct someone and that are components of one group.

Objective

The main objective is to describe how the Therapeutic Choir concept was created and how it was included in one bachelor's degree in Music Therapy, as a mandatory curricular discipline.

Methodology

The concept of Therapeutic Choir was a result of qualitative research with elderly people, developed during a Master Degree in Music by the author/music therapist.

Data collection was carried out through such instruments as music therapeutic forms, audio recordings, final statements and the transcribed and videotaped interviews. The analysis of the data was based on the phenomenological paradigm.

Results

The cited research concluded that three essences were revealed, inferred of the researched phenomenon: "singing" is a way for self-expression and self-realization; the songs reveal the "subjectivity/intern existentiality of the being"; and, the self-confidence of a participant of the Therapeutic Choir gave him have expectations for the future. (Zanini, 2002)

In order to better comprehend the essences which emerged from the phenomenon, the basic concepts of analysis of the social psychology were used, seeking to capture the man in motion - activity, consciousness, and identity.

Conclusions

This concept of Therapeutic Choir emerged from one research study but, since has been enlarged for other areas of professional praxis by music therapists, in other research. Further, since 2012, the Therapeutic Choir became one discipline for the students of the Music Therapy Baccalaureate at UFG (Brazil).

Students have the opportunity to have this

didactic experience and make reflective discussions about this vocal approach for groups in Music Therapy, which aims to improve the quality of life, to extend the intra and interpersonal relationships, and the understanding of subjectivity and of the inner existence of each individual.

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WHITENESS AS A SOURCE OF HARM IN MUSIC THERAPY PRACTICE AND EDUCATION

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Abstract

Therapeutic professions of any type have the potential to harm through lack of self-awareness regarding difference, and a therapeutic profession using music as the therapeutic medium should be doubly aware due to music's connection to formation of individual and collective identities. As long as whiteness is not discussed, named, or defined as a possible pathological process of harm, we cannot dismantle explicit and implicit claims of whiteness as superior (DiAngelo, 2016; Hadley, 2013). Despite decades where the majority of music therapists have been women, music therapy's general therapeutic frame appears to center white men (Baines, 2013, 2018; Edwards, 2012; Hadley, 2013). Race is implicated in research, as those with institutional power have specific interests to uphold, and these interests have been historically built on the knowledge validation processes of white men that privilege eurocentrism (Hill Collins, 2014). Due to the unmarked status of whiteness and subsequent lack of self-examination in the majority of music therapy professionals, these uninvestigated Eurocentric and/or white ideals stand to cause further harm to individuals from subjugated groups within the profession and those we serve.

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MUSIC MEDICINE, MUSIC THERAPY, AND CHRONIC PAIN

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Introduction

Chronic pain persists as a significant clinical need, affecting 100 million people in the US while contributing to billions of dollars in lost wages and productivity. Black patients are less likely to seek and stay with treatment for their pain, and overall patients are seeking alternative treatments,

Music Medicine vs Music Therapy

Systematic reviews and meta-analyses indicate that music interventions (whether provided by a music therapist or not) are effective for reducing chronic pain. Most research utilizes music listening (ML) interventions in the category of music medicine rather than music therapy. Music therapy interventions may include ML as well as providing live music for receptive listening, active music-making with individuals as well as groups, and Entrainment (Dileo & Bradt, 1999).

Recent Related Neuroscience Research

In comparing ML vs. Entrainment (Hauck et al., 2013) researchers found different attentional demands between ML and Entrainment interventions. In chronic cancer pain patients, it appears that Entrainment may involve top-down processing (Hunt et al. in review).

Beyond Gate Control Theory

Current research has moved beyond Gate Control Theory regarding the mechanism of

how music experiences can block or ameliorate pain. Neuromatrix theory adds the involvement of multiple sensory inputs from a unified body-self in a person's pain experience, e.g., music, autonomic nervous system state, cognitive state, and emotional states (Melzack & Katz, 2013). Several researchers have identified additional theories in terms of top-down/bottom-up processing of pain, relating to the direction and quality of neural processing between sensory receptors and the cerebral cortex.

Research needs

A recent scoping review on research in music-based pain interventions points out that studies often lack a focus on theoretical models of cognitive mechanisms for the studied intervention. Howlin & Rooney (2002b) identified four mechanisms in the literature, of which "Meaning-Making and Enjoyment" and "Cognitive Vitality" appear to be most relevant to music for chronic pain. Research should systematically investigate these theories, also considering participant agency, music/sound features, and cultural relevance of all measures.

Potential for new interventions

Given both the clinical and research needs in this area, particularly during the COVID-19 crisis, new interventions involving telemedicine and mobile applications would permit patients to self-administer music for pain relief, and more frequently meet with music therapists and music medicine practitioners.

Self-administered ML could utilize phone or tablet apps with music streaming services to create and deliver playlists, track pain responses and medication usage, and usage patterns. Telemedicine using beat-making applications could help patients develop soundscapes that match their pain needs. Trained MTs could provide live Entrainment telemedicine sessions with such applications to develop soundscapes that patients could self-administer when needed. Using digital platforms expands the potential for researching musical, extramusical, neuronal neuronal and physiological domains relevant to chronic pain.

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PASSPORT TO EXCELLENCE: CBMT'S INTERNATIONAL OPPORTUNITIES

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Certification Board for Music Therapists, USA

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Introduction

Certification is the passport to excellence allowing employers worldwide to identify professionals' competencies. In the U.S., the Certification Board for Music Therapists (CBMT) ensures a standard of excellence for safe and competent music therapy practice and provides the basis for employment and state licensure. This paper provides a brief overview of data-based trends of the global music therapy workforce and market needs, models of expansion (from national, international, multi-national to global), and CBMT's international expansion program.

Global Certificate

For over a decade, the World Federation of Music Therapy (WFMT) has been looking into the possibility of a global certificate. An international survey conducted in collaboration with WFMT's Clinical Practice Commission (kern & Tague, 2017), revealed that 40.8% of the respondents thought a global music therapy certificate would have great value. Comments included noted that a profession with common standards of clinical practice would support professional recognition and improve global mobility. But, 24% thought that global certification would not be possible as there are too many different theoretical approaches and large cultural differences to overcome. Yet, are there any mo-

dels of international or global expansion ensuring high standards of excellence?

Models of Expansion

According to the Institute for Credentialing Excellence (ICE, 2017), there are three consecutive business options:

- Option #1 – International Expansion: This means, engaging with multiple but limited areas of the world, offering the existing credential internationally, and continuing to concentrate on the domestic market.
- Option #2 – Multi-National: This means, having a presence in multiple international markets; customize the products, while local customers have priority.
- Option #3 – Global. This means, having a true worldwide presence, customizing the products for each market, while local and domestic customer are treated equally.

CBMT's International Expansion

After attending workshops and seeking consultation with ICE representatives, the CBMT Board of Directors identified the needs and market trends of international music therapy credentialing, analyzed the demand of CBMT's credential from music therapy organizations, alternative individual applicants, and univer-

sity inquiries worldwide, and examined whether an “International Expansion” would fit the overall mission and vision of the organization. In 2018, the CBMT Board of Directors decided to implement business option #1 “to promote excellence by awarding board certification and ensure access to safe, effective music therapy services for music therapy’s and their clients everywhere” (CBMT, 2020).

CBMT’s International Opportunities

Candidates eligible for taking the MT-BC exam have successfully completed a music therapy degree from a university music therapy degree program and finished 1200 hours of clinical training and/or work experience. This needs to be supervised and evaluated by a qualified music therapist. For individuals trained in a different manner, the CBMT office staff reviews requested documentation and determines equivalency.

The CBMT Board Certification Domains are the foundation of the exam’s content. Two self-assessment exams are available for candidates who want to identify their strengths and weaknesses before taking the exam. The 3-hour test includes 150 questions and can

be taken in the English language at designated test centers around the world.

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CONFLICTING RHYTHMS: MASTERING BARRIERS OF MUSIC THERAPY WORLDWIDE

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Introduction

[Click to see video](#)



Similar to polyrhythms, the field of music therapy is not developing in a straightforward time signature. Three major barriers (i.e., governmental recognition, access, and competitive pay) and an unprecedented global pandemic need to be overcome for continued growth of the profession (Kern & Tague 2017, 2019). This paper summarizes perspectives, examples, and potential solutions from music therapy leaders residing in seven of WFMT's regions.

South Africa – Karen de Kock

The main barrier towards state recognition is the lack of public sector employment, thus access and funding for the broader South African population. Ongoing dialogue between the South African National Arts Therapies Association (SANATA) and various state departments is a priority. In addition, research, publications, social media efforts, as well as current COVID-19 debriefing services

for Frontline Workers in state institutions raises awareness of the field.

New Zealand – Daphne Rickson

As a small profession, raising awareness on a national level through social media, online therapist profiles, liaise with Allied Health Aotearoa, and getting regulated under the Health Practitioners Competence Assurance Act is a long-standing task. To improve access to services, Music Therapy New Zealand focuses on bicultural/multicultural partnerships, promotional resources and grants for regional projects. A goal is to be recognized and included on the district health board pay-scales to address inconstant payrates and appropriate compensation.

Poland – Anna Bukowska

Lack of governmental regulation is the major barrier. In response, the Polish Music Therapy Association created a certification for university graduates. Additionally, access to services is limited in hospitals, especially in neurorehabilitation. The scientific community tackles this issue by participating in global studies to build the evidence for recognition.

Argentina – Gabriel Federico

Since 2017, the profession is regulated and recognized by the government. However, this covers only people with a "disability certifi-

cate." Underpayment and delayed reimbursement continue to be a major challenge for music therapy practitioners.

Japan – Kumi Sato

As goal areas often overlap with other health-care professionals, music therapy has not yet been approved by the government. Comparison research is needed to prove effectiveness of the profession. Organizing public relations and marketing efforts could improve access to services and increased payment for qualified music therapists.

Indonesia – Kezia Putri

Strengthening the music therapy curriculum and competencies of students has top priority. Creating an association and alliances along with a better understanding of the value of "therapy" in a multicultural society is the key to growth of the profession.

United States of America – Lori Gooding

Only 13 out of 50 states recognize music therapy. Insurance companies often deny coverage for music therapy services citing lack of state recognition or insufficient evidence base. Both impact how much music thera-

pists get payed. The profession needs to ensure state recognition and that clients have improved access via coverage, which will in turn improve pay for music therapists.

Conclusion

Combining advocacy efforts worldwide and engaging in innovative practices to face the impact of COVID-19, the profession has a chance to expand and grow.

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Dr. Petra Kern and **Dr. Daniel Tague** partnered in researching the status of music therapy worldwide and are eager to find ways to grow the profession globally.

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THE USE OF MUSIC THERAPY TO FACILITATE EQUITY AND INCLUSION IN A PUBLIC-SCHOOL CLASSROOM THROUGH GOAL-BASED EXPERIENCES WITH SPECIAL NEEDS STUDENTS

Ann Petty

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Introduction

Music Therapy and Inclusion in the United States public schools focus primarily on working with students in general music and early childhood education. This paper provides examples of promoting equity and inclusion using music therapy in the general education classroom format with students with special needs by providing a definition, student examples, benefits and challenges, and future considerations.

Definition

In the USA, students with disabilities in inclusion are provided services through the Least Restrictive Environment (LRE) that is defined by the Individuals with Disabilities Education Act (IDEA). LRE is a conduit for supporting equity and inclusion for students with special needs. Music Therapy facilitates this by providing time-ordered experiences within the general education classroom.

Student Examples

Two special education students in general education were provided with music therapy interventions within the context of the classroom routine with small group instruction at the table. The student with special needs participated in a group lesson during language arts and math with three-to-four students. Communication goals were supported for both students and the classroom schedule

and curriculum were implemented with accommodations needed according to the student's disability.

A seven-year-old student in a primary (first) grade, with a visual and speech impairment was provided interventions to facilitate initiating requests and orientation to location. This was achieved through sung cues embedded within a song to initiate requests and to provide orientation to classroom materials.

Another student, six-years old, with autism and a speech impairment was provided with instruction in a kindergarten classroom with the same routine as the first student. Music therapy implemented interventions to facilitate word approximations and to answer questions from students in his group by listening for sung cues, which support peer selection during interventions such as answering questions in a story song.

Positive Outcomes and Challenges

The benefit of implementing music therapy for students with special needs in the general education classroom is that it fosters an environment in which to apply student goals and to promote progress. Music therapy provides a time-ordered structure that facilitates an awareness of strength and support.

It is recommended that the music therapist exercise flexibility and establish an "environ-

mental baseline” through familiarity with curriculum and through communication with all personnel who contribute to the progress of a student with special needs. The goals are to keep within the context of the classroom routine and to provide interventions that support the student.

Future Considerations

It is recommended that opportunities to sustain skills through the implementation of music therapy interventions in the general education classroom for students with special needs be explored. It also is recommended that in addition to supporting language arts, increased opportunities to explore music therapy interventions with math and science be considered. Research to promote efficacy when working in the general education classroom is recommended to promote positive outcomes for students with special needs supported in an equitable format.

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IDENTITY-FIRST LANGUAGE: WHAT MUSIC THERAPISTS IN THE UNITED STATES NEED TO KNOW

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Introduction

According to the most recent American Music Therapy Association (AMTA) member survey and workforce analysis (American Music Therapy Association, 2019), the intellectually disabled population, which includes Autism Spectrum Disorder, is the third highest population of individuals being served by music therapists. Treating clients with respect and dignity is of the utmost importance to music therapists, not to mention it is part of the American Music Therapy Association (AMTA) code of ethics (American Music Therapy Association, 2018). This poster outlines identity-first language, and why it is beneficial for music therapists to stay up to date with respectful language.

Person-First Language

Person-first language is defined by the APA 7th edition manual as emphasizing the person rather than the individual's diagnosis or disability (American Psychological Association, 2019). Examples include, "person with a disability," or "person with autism." Person-first language is currently the most common, and well-received, form of language surrounding disabilities. The purpose behind using person-first language is to focus on a person's humanity rather than their disability, or label (Dunn & Andrews, 2015; Grue, 2016).

Identity-First Language

The APA 7th edition manual defines identity-first language, also known as disability-first, as

when "the disability becomes the focus, which allows the individual to claim the disability and choose their identity rather than permitting others to name it or to select terms with negative implications" (American Psychological Association, 2019, p. 136). Examples include, "disabled person," or "autistic person." Many advocates of identity-first language say that person-first language advances a stigma that disability is undesirable (Dunn & Andrews, 2015; Grue, 2016), and that more effort should be put into incorporating disability into personhood (Collier, 2012, p. 935).

What does this mean for music therapists?

Labels within the culture of disability are constantly changing and evolving (American Psychological Association, 2019). As proposed by Adamek and Darrow (2018) as well as the APA 7th edition manual, it is time to ask people how they wish to be referred to in order to honor their identity.

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CHALLENGING ASSUMPTIONS ABOUT AGING, DEMENTIA, AND HOW MUSIC HELPS

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Arts in health is a growing international field that embraces many forms of art to promote health and wellbeing via the act of creation and our appreciation of it (Arts Health Network, n.d.) The arts are also considered as an element of psychosocial care with a part to play in the creation of a healthy society (Creative Heath: The Arts for Health and Well-being, 2017). Relatedly, social prescribing is the practice of referring individuals to social activities (often arts oriented), reportedly not to replace conventional therapies but to act as an adjunct, helping people in their 'recovery' through creativity and social engagement (Culture, Health & Wellbeing Alliance, 2020). I am not against the practice per se, but I have questions. Is this practice about: (a) encouraging people to better utilize what the arts have to offer? (b) trying to relieve overburdened health care systems by prescribing low cost 'social cures'? (c) an attempt to reduce overprescribing or dependence upon medication? (d) something else? As a music therapist and musician, I support the idea of people engaging in more artistic activity to promote their own health and wellbeing. Maybe more people will go to concerts, museums, etc. because medical authorities say it is healthy. To me, this inherently implies a medicalization of the arts that is in some ways antithetical to a holistic, resource-oriented approach to health and wellbeing. An organized referral system is needed, where a range of quality and accessible arts programs are recommended, not prescribed, by a person

with professional expertise in arts and health. People should have access to quality arts programs that they need (including creative arts therapies) to fulfill their potential for living well. Let's not perpetuate a false perception of the arts as an easy, inexpensive, 'magic pill' solution.

There is a growing body of research examining how music participation may contribute to older adults' health and wellbeing (e.g., Cohen, Bailey, & Nilsson, 2002). However, some research and media features on music initiatives for older adults are portraying music as a medium to combat aging (i.e., aging is like a disease) rather than promoting the idea that all older lives matter and that all older adults have a right to access music experiences that will meet their needs according to evolving circumstances as they age. Furthermore, there is a tendency toward homogenization of older adults, where intersecting issues pertaining to ethnicity, race, class, gender, sexual orientation, disability, socioeconomic status, etc. are not being considered (Hebblethwaite, Young, & Martin-Rubio, in press). Finally, there has been an explosion of public interest in music and dementia since a clip from the documentary *Alive Inside* went viral in 2012. Subsequent research and media attention about the power of music to address the behavioural and psychological symptoms (BPS) of dementia seems to have perpetuated narrow assumptions about music therapy, dementia, and how music helps. Here

is one example of many. Assumption: Dementia is a term applied to certain diseases that result in BPS that must be ‘tackled.’ Music therapy is an effective treatment/weapon. Alternative perspective: Dementia can be viewed beyond disease and understood as a shift in the way a person experiences their world (Power, 2014). BPS are not always caused by neurological deterioration but by the way in which we interact with persons living with dementia (PLWD) and our failure to accommodate their evolving ways of being in the world. In order to help PLWD, we need to try and understand what they are experiencing, how they are evolving, and understand various ways in which music/music therapy can help them to reach their full potential for living well until a cure is found.

In summary, the arts are increasingly being recognized as a health resource, but their conceptualization as a treatment is not always helpful. We need to re-think research, practices, and language, that frames music exclusively as a ‘treatment’ and portrays older adults and persons living with dementia within ‘homogenized’ and ‘problem oriented’ frameworks. This could help to ensure that these individuals will have access to the types of music experiences that they need as their life situations evolve.

Music therapists can assume roles as professional leaders within multidisciplinary arts in health models. This is especially important as music therapy and music in health practices evolve as a result of COVID-19.

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CAN MUSIC SUPPORT EMOTION REGULATION DEVELOPMENT IN PRESCHOOLERS? PRELIMINARY RESULTS FROM A PILOT STUDY

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Background and Aims

Children who do not develop adaptive emotion regulation (ER) skills during early childhood show developmental deficits in school readiness, social skills, and self-regulation (Calkins & Hill, 2007). Those in Head Start are more likely at-risk for developing poor ER skills (Cole et al., 2004). Interventions that offer opportunities to practice regulating emotional experiences may help prevent this.

Young children are easily engaged in musical experiences, which can be altered to imitate high and low arousal sensory experiences for real-time practice shifting between states. Thus, we developed the Musical Contour Regulation Facilitation (MCRF) intervention as a preventive intervention to provide in-the-moment practice of ER for preschoolers at-risk for developing maladaptive ER skills (Sena Moore & Hanson-Abromeit, 2015, 2018). To further understand the intervention, we examined it with preschoolers in a Head Start facility, focusing on delivery schedule, clinical application, and intervention adherence.

Methods

We measured parent and teacher percep-

tions of preschooler ER skills in a pretest/post-test design.

We randomly allocated six preschool classrooms to one of two conditions: three to the experimental condition (three MCRF intervention sessions/week) and three to an active control (one MCRF intervention session/week). Following the hiring and training of an interventionist, participants in both conditions completed 11 weeks of the MCRF intervention. Each intervention session lasted 20 minutes and was facilitated in small groups of 5-8 children.

Results

Following enrollment, 21 participants were in the experimental group ($M = 3.4(.51)$ yrs) and 22 in the control group ($M = 3.4(.50)$ yrs). There were no significant differences in parent and teacher perceptions of ER skills based on condition. Additionally, intervention adherence was high in both measure completion (76.3%) and child participation in intervention sessions (86.4%).

Discussion

Preliminary results from the clinical pilot study indicate a three-month implementation of the MCRF intervention may be equally effective when offered once a week as three

times a week. Furthermore, preschoolers may be more motivated to participate in sessions when offered less often.

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WHO DO WE SERVE?: CRITICAL, HUMANISTIC MUSIC THERAPY SERVICES IN FORENSIC AND MANDATED TREATMENT

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A Word about the Topic

The formulation of targeted treatment areas can vary depending on the person or entity identifying “the problem.” Within mandated treatment, client involvement in the legal system, the court’s interests, and risk management within the community add additional layers and complexity to the conceptualization and implementation of treatment goals, interventions, and the assessment of readiness for discharge.

Critical and Humanistic Music Therapy

Critical theory has been applied to several different fields including critical psychology, critical legal studies, critical musicology, and critical pedagogy. A main factor in each field of study is the focus on how sociopolitical factors impact the identified subject (i.e. student, patient, law) and shape the ideals and goals of their respective field (Fox, Prilleltensky & Austin, 2009; Parker, 2015).

Humanistic and Rogerian philosophies have been widely applied to music therapy practice, including in forensic psychiatric care. Honoring the autonomy of the client, practicing from an authentic, congruent stance, and providing boundaries with unconditional positive regard and warmth are among the “essential” (Waltz, et al., 1993) aspects of this work. Research suggests that long-term reco-

very and a reduction in recidivism can result from treatment provided from a person-centered approach (Tapp, et al., 2013).

Dilemmas in Mandated Treatment

In the United States, treatment can be mandated by the courts through several different avenues. Due to the possible competing interests and goals between the courts, the therapist, the patient, the treatment facility, and the community at large, it can be hard to truly follow critical or humanistic models of therapy (Livingston, Nijdam-Jones, & Brink, 2012). Overall, therapists in mandated treatment settings are serving the courts and are required to provide treatment for the court’s identified goals. In humanistic models, however, the patient’s goals should be at the center; and in critical models the goals of each ‘interested’ group, particularly the political nature of the courts and social expectations of the community, should be questioned and examined (Teo, 2015).

Implementation in Music Therapy Practice

The individual and shared insights during a common music experience create opportunities for differing viewpoints to be explored and processed. Music therapists can leverage the complexity and multifaceted nature of music-based experiences and interventions in order to explore socio-political expectations

that may be hindering progress through the system and to meet the many, and occasionally conflicting, expectations in their clients' recovery process.

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TRAUMA-INFORMED CARE IN FORENSIC MENTAL HEALTH MUSIC THERAPY

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A Word about the Topic

The congruence between the six guiding principles of trauma informed care (SAMHSA, 2014) and ethical music therapy practice is significant and has the potential to positively impact music therapy practice overall. This standard of practice has gained increased notoriety in varied populations served by music therapists. However, there are considerations specific to the forensic population in which further exploration would be advantageous (Annesley & Jones, 2013).

Trauma-Informed Care (TIC) in Forensics

While all may come into the facility with past trauma, throughout forensic treatment there is an increased potential for individuals to become traumatized or re-traumatized. For clients and staff, this includes: observing or use of restraints/seclusion, witnessed or experienced aggression, lasting impacts of legal charges, stigma associated with forensic mental health, feeling of devaluation of marginalized cultures (historically and currently), power differentials, and community neglect (lack of security, housing, finances, and access to food or services). Specifically for clients, this includes past trauma of jail experiences and potential future trauma of returning to jail after treatment, court proceedings, facing an accuser, commitment hearings, etc.

TIC 6 Guiding Principles in MT Sessions

For music therapists utilizing TIC in forensic practice, value lies in understanding the power of music, the musical relationship, client and shared experiences, and yourself. Specifically, one should acknowledge how these help or hinder the therapeutic process through the six guiding principles: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues (SAMHSA, 2014).

These principles align with the AMTA Scope of Practice (2015) and Code of Ethics (2019). Recognizing potential past, current, and future trauma helps inform clinical work. Ways this specifically impacts MT practice can be through honoring the principles in the musical spaces we hold for clients through spatial awareness; session containment; appropriate closure to sessions; awareness of potential harm in music (reaction to musical elements, memories and emotions evoked from music, past experiences with specific songs, etc.); respect; confidentiality and the limits therein; promoting education and use of boundaries; open dialogue; accountability; consistency; encouraging self-directed goals and expression; validating; advocacy; resilience; supervision; and self-care. Recognition of these factors, empathy, and possible mitigation of the varied risks are necessary for music ther-

apists to implement into their practice to ensure non-maleficence and TIC.

Closing

Therapists should seek to realize the prevalence of trauma, recognize symptoms, respond with the TIC guiding principles, and resist re-traumatization to better serve forensic mental health clients. For implementation of these principles in music therapy sessions, clinicians are implored to gain further understanding of TIC, utilize supervision, and engage in continuing education to recognize and mitigate risks specific to this population, particularly risks centered in music and musical experiences.

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STRUCTURE, SYMBOLISM, AND SCHIZOPHRENIA

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Schizophrenia (SZ) research has shown that this disorder is associated with a fundamental disturbance in the temporal coordination of information processing. This timing deficit is often exhibited in the rhythmic disorganization of the improvised music made by people diagnosed with SZ in inpatient psychiatric groups during the beginning of their stay. The music therapist's intentional provision and withdrawal of musical structure has parallels with the course of psychiatric treatment on the inpatient unit. The patient's ability to internalize musical structure can symbolize the patient's gaining of self sufficiency and ability to structure themselves outside of inpatient psychiatric institutions.

There is extensive research suggesting neurological timing mechanisms are affected by the functioning of dopamine (Elvevag et al., 2003), and dopamine abnormalities have been linked to the pathophysiology of SZ, suggesting that "at least some of the symptomatology associated with SZ may be a manifestation of abnormalities within the neural circuitry of internal timing mechanisms" (Brown et al., 2005). Sears et al. (2000) speculated that the difference in the SZ group's acquisition of a conditioned eyeblink response compared to a control group implies that "an associative learning abnormality of this type may produce improper connections of perceptions and associations leading to delusions and hallucinations." This research on SZ timing abnormalities resonated with my observation of musical organizational capabilities in this population on an inpatient psychiatric unit.

Analytical Music Therapy involves working with patients by making symbolic interpretations of co-created improvised music. With an acute inpatient SZ population, working on the musical level has added resonance because the patient might not be able to verbalize a logical interpretation of the music due to their cognitive disorganization. This disorganization is sometimes reflected in their music. Often, but not always, their music becomes more organized during the course of their hospital stay, sometimes in conjunction with improvement in thought organization and reduction in hallucinations and delusions, while they become stabilized on medication.

In this writer's improvisational groups on an in-patient psychiatric unit, strong musical structure was given at the outset of the group through predictable rhythmic and harmonic progressions, followed by the gradual paring down of this framework as the group progressed. Keeping the tempo steady at the group's onset provided a safe and predictable musical meeting territory. The patients were then given more and more musical space throughout the group (e.g. through call and response patterns and by allowing them to take turns as the group leader), allowing them the opportunity to internalize the given musical structure.

The research demonstrating that SZ symptoms are correlated with neurological timing abnormalities has parallels with the noted frequent improvement in a hospitalized SZ population's musical organization, particularly with regards to rhythm. This connection suggests

that AMT groups could provide a valuable assessment tool for discharge planning. Parallel process is an important component of AMT. The music therapy session is a microcosm of the overall treatment. What happens in the music therapy group has parallels with what is happening on the psychiatric unit or in the patients' lives outside the hospital. SZ patients' organizational abilities with regards to internalizing musical structure in such groups might foreshadow how much outpatient support they will need to adequately care for themselves and avoid rehospitalization.

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MUSIC THERAPISTS' PERCEPTIONS OF VOCAL INTERVENTIONS IN CANCER AND PALLIATIVE ADULTS

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Abstract

This convergent mixed methods study on singing in palliative and cancer care indicated singing preferred music and singing for relaxation were the most frequently used interventions. Typically addressed symptoms and goal areas will be presented alongside themes that emerged. Further research to examine intervention efficacy and clinical benefit will be discussed.

Background

The voice is one of the primary instruments music therapists use in work with a variety of clients including those receiving cancer and/or palliative care; and clients also use their voices in the therapeutic process. The majority of the literature verifying vocal interventions in music therapy and oncology have been concentrated on receptive interventions which seems consistent with the findings of Bradt and Dileo (2010) that receptive approaches are commonplace in end-of-life care due to physical and energy levels of clients.

A scoping review of the literature on the use of vocal interventions in cancer and palliative care settings, found mostly descriptive or case studies wherein the details of the interventions were often not included. For example, a study might note the music intervention was "live," but not provide detail about how singing or the voice was implemented as, or part of an intervention.

Purpose

Due to the lack of this level of detailed information, the purpose of this study was to assess the means by which music therapists were implementing vocal interventions in cancer and/or palliative care settings.

Research Questions

- 1) What is the frequency that music therapists use singing and vocal interventions in their work with people in palliative care and cancer care environments?
- 2) What are the goals that singing and vocal interventions are being used for in palliative care and cancer care environments?
- 3) How do music therapists use singing and vocal interventions in palliative care and cancer care environments?

Method

Participants included 80 credentialed music therapists residing in Canada or the United States who completed an online survey, with 50% of the participants also participating in an interview.

Results

The two interventions that recurred consistently were singing client-preferred music, and singing for relaxation. In cancer care the vocal interventions were included to help

clients address the following goals, to: support breathing and reminiscence and to help improve mood. In palliative care the vocal interventions were typically implemented to help clients address goals including: to increase self-expression and mood as well as to create feelings of closeness among individuals and their family members. Seven themes emerged from the participant interviews including: identity, containing the space, connection, freeing the voice within, soothing, honouring and letting go.

Conclusion

Music therapists describe vocal interventions and singing as accessible and effective in working towards client goals in a variety of domains including: emotional, social, physical,

and spiritual. Further research is needed to investigate the effectiveness of interventions, and determine characteristics that afford clinical benefit.

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IMPROVISATION: A FRAMEWORK FOR ENCOURAGING MENTAL WELLNESS

Fleur Hughes

Renfrew Education Services, Canada

This presentation will discuss how improvisation can be incorporated into community centred workshops or groups.

Improvisation can assist people in developing positive coping mechanisms, reducing stress and providing a framework based in imagination, play and creativity.

How does improvisation assist individuals to connect with others in a community-based group setting? How does the process of improvisation encourage emotional-regulation or self-expression?

The PowerPoint will include descriptions of improvisation as a cultural aspect, the therapeutic process within group work. Vignettes and case examples from the presenter's clinical work will be based on examples from a community music therapy approach.

Objectives

1. Understand terminology commonly presented in related literature for example Wellbeing, Improvisation, Emotional Intelligence (EQ) and Community or Culture Centred Music Therapy.
2. Showcase examples from music therapy literature and research on the use of improvisation within mental health settings.
3. Understand how group music therapy sessions can promote inclusion and diversity.

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CONCURRENT TRIANGULATION MIXED-METHODS INVESTIGATION ON COMMUNITY MUSIC EXPERIENCES OF CHAMBER MUSIC FOR OLDER ADULTS

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Abstract

This study examined the experience of chamber music for cognitively intact and impaired older adults in long-term care and community settings. Data were collected via surveys and observations. Results indicate that pain was reduced, and energy and mood increased at the ($p<0.01$) level. Qualitative themes and future research are discussed.

Overview

This study assessed professional chamber music concerts informed by a music therapist and a community music therapy perspective. Concerts were offered to older adults both cognitively intact, and cognitively impaired in community and various long-term care settings.

Background & Rationale

As the population of older adults continues to steadily increase there is an intensified need for a series of holistic health care services to assist persons in aging well and enhancing their physical, psychological and social wellbeing (Crimmins & Beltrán-Sánchez, 2010). Therefore it is important to develop and assess interventions to enhance care and overall quality of life for older adults. A current area of study with respect to wellness is music; as it has a variety of advantages and offers an inexpensive, non-

pharmacological, treatment. Using music from an individual's adolescent and young adult years may stimulate reminiscence and engagement in meaningful activity. Despite its potential, little research has investigated the impact of chamber music performances and interactive chamber music experiences for older adults either cognitively intact or diagnosed with dementia, and well as diagnosed with a variety of other health conditions such as Stroke, Parkinson's etc.; and thus the need for the program and evaluation of this type of engagement arose.

Method

A total of 30 concerts, which included four different chamber music performances were offered over a 6-month period to the participating facilities. Data were collected from three participant groups: performing musicians, staff at participating facilities, and older adults attending the concerts. Data were gathered via surveys of the three participant groups, pre- and post- tests of older adults, observations, and informal comments recorded by the researcher and/or musicians.

Results

From the pre- and post- tests, paired t-tests indicated that pain was reduced for the older adults, and mood and energy increased, each at the ($p<0.01$) level. Four overar-

ching themes emerged from the observation and survey data, which revealed older adults experienced: special moments with others, engagement and enjoyment; while connection and meaning were nurtured while attending the concerts. The performing musicians also reaped benefits. Further research is required to establish potential outcomes of chamber music experiences for older adults diagnosed with a variety of health issues. Additionally, further understanding as to which type(s) of chamber music experience(s) offer the most benefit is needed.

Conclusion

The statistically significant results regarding pain, energy and mood; alongside the emerging themes suggest there is considerable value to this type of intervention and speak to the importance of music in fostering connection, meaningful experiences, reminiscence, enjoyment and engagement.

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THE EFFECTS OF A SINGLE MUSIC-ASSISTED MINDFULNESS RELAXATION (MAMR) AND PSYCHOEDUCATION SESSION ON WELLBEING OF INFORMAL CAREGIVERS: A FEASIBILITY STUDY

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Background

Various health conditions, and/or aging can result in the need for care assistance. The number of Americans who need care assistance has grown over the past several decades and is expected to be about 117 million in 2020 (AARP, 2020). The number of individuals who need care will continue to rise, while a huge discrepancy in the number of those who can provide informal care continues to grow. Informal caregivers are those who assist others with medical or other personal tasks without pay. Due to the complex demands of caregiving, informal caregivers often report high levels of stress and decreases in psychosocial wellbeing, especially when compared to those who are not caregivers. Research has indicated the need for support interventions to address informal caregivers' needs, yet the unique needs of this population have posed challenges in developing appropriate and accessible resources. The purpose of this study was to investigate the effects of a single music therapy session utilizing a music-assisted relaxation intervention incorporating mindfulness and psychoeducation on psychosocial wellbeing of informal caregivers of adults with chronic health needs.

Method

Participants in the study were adults age 18

and over who provided assistance to an individual over the age of 50 for at least five hours per week, lasting at least three months. Participants were recruited through senior day facilities, local senior center, and a local Alzheimer's non-profit agency. The dependent variable was a music-assisted relaxation exercise utilizing research-supported live guitar accompaniment, guided breathing prompts, imagery, and a spoken mindfulness loving-kindness meditation. Following the music-assisted mindfulness relaxation (MAMR), a psychoeducation discussion was facilitated to educate participants about the techniques experienced and provide strategies for incorporating into daily life practices. After participants took part in the intervention, they were provided with an electronic resource of the MAMR and were instructed to use the resource in any way they saw fit in the following two-weeks. Dependent measures included a researcher-created perceived-stress scale administered pre and post intervention, and WHO (Five) Wellbeing Index (1998 version). Participants completed WHO wellbeing index pre session and two-weeks post session. Perception surveys of the intervention and of the electronic resource were also administered.

Results

A total of 39 adults met inclusion criteria, with 37 individuals completing the interven-

tion and 33 individuals completing the two-week follow up measures. Results indicated a significant difference between perceived stress scores prior to and following the MAMR intervention and a significant difference between WHO wellbeing index scores from pre intervention to two-weeks post intervention. Further analysis indicated no significant difference in WHO wellbeing scores between those who used the intervention at least two times or more and those who did not use it one time or less. Participants' perception of the intervention indicated the use of several techniques when facilitating a similar music-assisted relaxation with informal caregivers in clinical music therapy practice.

Implications

Results indicated participants' willingness to engage in learned self-care techniques, which can potentially benefit overall wellbeing. Future research should consider the use of telehealth delivery of intervention sessions in order to reach caregivers who may be isolated and unable to attend a live session like the one in this study. Future attention should also be given to the impact of recorded intervention use over time for informal

caregivers and further practices for providing electronic intervention delivery to this population.

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Notes

This study was completed in partial fulfilment of the Doctor of Philosophy degree at Florida State University.

INTERNATIONAL PERSPECTIVES ON THE INTERSECTION OF MEDICAL MIGRATION AND MUSIC THERAPY

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Abstract

This roundtable, composed of music therapists with clinical experience in diverse international medical settings, was assembled to provide contrasting perspectives on the intersection of music therapy and medical migration.

'Medical migration' or 'medical tourism' can be defined as a person or family that travels a long distance to obtain medical care that is typically of higher quality or lower cost than that which is available in their place of origin (WHO, 2010).

Due to an increasingly globalized health care market, music therapists in medical settings are frequently encountering this unique population of 'medical travellers', however the discipline has yet to define and examine the contexts and clinical implications.

During this roundtable, facilitators provide an entrance into the population informed by multidisciplinary healthcare research concerning lived experience, family system impact, geopolitical dynamics, compounding and intersectional stressors arising from social identities and medical experiences.

Panelists describe their clinical insights of multicultural music therapy with this emerging population by sharing clinical case examples, modified processes of inclusive assessment and treatment design, and mindful analysis of implicit cultural assumptions and bias.

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#WORLDMUSICTHERAPYDAY: INSPIRING THE GLOBAL MUSIC THERAPY COMMUNITY

Anita L. Swanson
Independent Scholar, USA

Angela Harrison
Retired, UK

Bronwen Landless
Shenandoah University, USA

History

World Federation of Music Therapy council members Anita Swanson and Angela Harrison created World Music Therapy Day (WMTD) as part of the 2014 strategic plan. Originally designed as a way to celebrate the profession, it quickly grew into an educational and advocacy event. The first WMTD was in July 2016. The date was set as March 1st beginning in 2018.

Global Participation

The WFMT has produced media and documentation to assist music therapists around the world in joining the celebration. In 2016, when World Music Therapy Day was celebrated at the European Music Therapy Confederation (EMTC) Conference in Vienna, the delegates sang a specially commissioned song 'Music of the World', by Dec Suddaby, of the UK. In 2017, the winning song of our contest 'Music, Musica Dubda' by Dr. Len McCarthy was sung by the delegates at the 15th World Congress of Music Therapy. For the 2018 celebration, the World Federation teamed up with Chris Brandt, at that time working with Music Heals, a charitable foundation in Canada.

A dedicated webpage was created at worldmusictherapyday.com together with promotional material in a range of languages which were also made available through WFMT social media pages. A meme contest attracted interest and many new members for the WFMT Facebook group. For March 1st in 2019 and 2020, the WMTD resources were increased, engaging more people in translations, videos and graphic design.

Numbers of people reached by
WFMT Facebook page on
WMTD - March 1st



Online photo contests excited much interest and acted as a promotional element in themselves. As an added bonus in 2020, three videos of greetings were compiled in languages from around the world. The level of participation and co-operation has been most encouraging for the future of the event.



World Music Therapy Day MARCH 1

World Music Therapy Day

النور العالمي للعلاج بالموسيقى
Երաժշտական թերապիայի համաշխարհային
Суслетны дэень музычной тэрэлж
Световен ден на музикалната терапия
世界音乐治疗日
世界音樂治療日
Svjetski dan muzikoterapije
Světový den muzikoterapie
Verdensdagen for Musikterapi
Na siga ni vakasala ni seré i vuravura
Pangdaigdigang Araw Ng Musik Terapi
Maailman musiikkiterapiapäivä
Journée mondiale de la musicothérapie
მუსიკოთერაპიის დღე
Welt Musiktherapietag
Παγκόσμια Ημέρα Μουσικοθεραπείας
'מִלְאָעֵן הַקּוֹסֶם בְּנִירְתָּה מִי'
विश्व संगीत चिकित्सा दिवस
Giornata Mondiale della Musicoterapia
世界音楽療法の日
세계음악치료의 날
Pasaulinė Muzikos Terapijos Diena
Hari Terapi Muzik Sedunia
Ziua internațională a terapiei muzicalei
Verdens musikkterapi dag
Światowy Dzień Muzykoterapii
Dia Mundial da Musicoterapia
Всемирный День Музыкальной Терапии
Día mundial de la musicoterapia
វគ្គនគរឹមាម៉ែក
Dünya Müzik Terapi Günü
Diwrnod Therapi Cerddoriaeth Byd Eang

Ideas for Celebrating

There are so many creative ways to celebrate WMTD, starting with you as an individual music therapist or music therapy student. The ways you choose to become involved can impact and engage local, national, and global communities.

As an individual, the easiest and most practical way to get involved is by posting about music therapy on social media on the first of March, using the hashtag #WorldMusicTherapyDay. Using this specific hashtag gathers all related posts into one place, making it easier to search and greatly enhancing our online presence, and thereby music therapy awareness and advocacy. Topics for posts

may include things like why you became or love to be a music therapist, infographics about music therapy, original songs promoting music therapy awareness, inviting social media followers to engage in a conversation about music therapy by posting questions for you to answer, or by providing research facts, success stories, and/or videos. You may also choose to gather your local community through community drumming events, fundraisers, presentations, or social gatherings. Garnering national or international participation could mean tagging a partner organization on social media or collaborating with other music therapists to develop materials for dissemination online. Whichever ways you choose to celebrate World Music Therapy Day, thank you!

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CONSIDERATIONS FOR ETHICAL, SUSTAINABLE, CULTURALLY CENTERED SERVICE PROJECTS & INTERNATIONAL DEVELOPMENT

Julianne Parolisi
Music Therapy Without Borders, USA

Music Therapy Without Borders

For the past decade, Music Therapy Without Borders (MTWOB) has led international volunteer service projects with the goal of supporting individuals and communities around the world through culturally responsive music therapy services, and assisting communities in creating a sustainable local program if desired. We are also dedicated to providing community-based multicultural learning experiences for music therapy students and professionals to deepen and expand their practice. As interest in global service and development grows, it is timely and essential that we discuss the implications of such work with a critical lens and from a cultural and ethical perspective. How do we engage in this work without perpetuating colonialism and racist or classist assumptions about the people with whom we are working? Is that possible? This paper offers considerations for ethical, sustainable, culturally centered international projects, developed over 10 years of implementation, feedback, and revision.

MTWOB Philosophy and Framework

Many countries around the world have a painful history of colonialism — occupation, domination, exploitation — and also of service projects with a charity-based approach and an attitude of Western Saviorism. Instead of this hierarchical relationship which can perpetuate colonialism and cause real harm,

MTWOB views international service and development work as a collaboration — a true partnership between our organization and the individuals and communities with which we are working. Distilled to its core, the MTWOB philosophy of international service and development is: “centering the people we are supporting”— centering their needs, their desires, their voices, their music, their culture. From this philosophy we developed the three core tenets of our framework: 1) a community-led approach, 2) cultural responsiveness, and 3) sustainability.

Community-Led Approach

In the same way that as a therapist, I use a Rogerian, client-led approach, as a project coordinator I also use a “client” or community-led approach. Thus all of our projects take an inside-out strategy, by asking the people in our host community what their needs are, how we can best support them, and indeed whether they even want us to come in the first place. This has been vital for building trusting and respectful partnerships, which have led to effective, successful collaborations.

Cultural Responsiveness

As therapists, it is our responsibility to get acquainted with local cultural norms no matter where we are practicing so that we can meet our clients where they are and be aware of

how we fit into that culture (or not). When engaging in intercultural work abroad, it is absolutely imperative to become familiar with — and center — the culture of the communities we are supporting. Cultural responsiveness is a lifelong journey, not something we can check off a list with finality and declare ourselves “competent.” It is a journey of humility and curiosity in our approach to other cultures, and a journey of reflexivity to unpack our own life experiences and think critically about the inherent biases that shape and color the way we see the world.

Sustainability

Does it actually provide any lasting benefit to a community if we drop in to volunteer for a week or two and then leave, feeling good about ourselves and the work we’ve done? In most cases, probably not, which is why a plan for sustainability is of vital importance. There are a number of ways to approach sustainability in international development. MTWOB uses a combination approach: Through our volunteer projects we provide demonstrations of how music therapy can benefit the community, while building awareness and understanding about the field through in-ser-

vice presentations. We amplify the work of local, trained music therapists to help them connect to job opportunities, or if there aren’t any local providers, we bring in external music therapists on a longer-term basis to help develop a sustainable program while assisting the community in getting local people trained and certified. Ultimately, true sustainability is phasing ourselves out to the point where the community is self sufficient and able to continue the work on their own.

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CHORAL CONVERSATIONS: POSITIVE CLINICAL OUTCOMES THROUGH MUSIC THERAPY AND SPEECH-LANGUAGE THERAPY COLLABORATION

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Introduction

Current neuro-imaging suggests that engaging in musical tasks activates both hemispheres of the brain (Critchley & Hensen, 2014) and that melody and rhythm may positively impact impaired regions of the left hemisphere by engaging the right hemisphere (Schlaug, 2009). In addition, it is widely accepted that music and speech are related through multiple modalities (Helm-Estabrooks, 1983; Patel et al., 2008). Research also indicates that music therapy treatment may lead to optimal outcomes for individuals with nonfluent aphasia (Kim & Tomaino, 2008).

Interprofessional education provides an opportunity for students to “learn from, with, and about each other” (WHO, 2010, p. 10). Faculty serve as role models while students expand their perspectives and problem solving abilities, and develop professional identities (Clark, 2006).

Description

This presentation discusses a collaborative treatment model and an interprofessional clinical training approach developed by music

therapy and speech-language therapy faculty at Nazareth College. Collaborative treatment and clinical training occur at the York Wellness and Rehabilitation Institute at the college. The YWRI houses clinics for speech, music, art, physical, occupational, and play therapies, as well as social work, supporting Nazareth’s focus on learning and working together across professions.

Students delivering MT-SLP co-treatments attend a joint orientation and then engage collaboratively in all aspects of the treatment process, from assessment to a collaboratively written progress note at the end of the semester. At each step of the process, faculty from each discipline model collaborative thinking, treatment, and communication while providing collaborative feedback. Self and team reflection are integral to the process. Students learn to be fully collaborative in their treatment approach while remaining within their own scopes of practice. Treatment strategies from both disciplines are incorporated, recognizing the elements of music that parallel speech and maximizing elements of music for activation and prompting production. We use personally relevant material in song selection, content of original music, and

selection of target words/phrases to heighten client engagement and response.

We present a case study of a client with conduction aphasia who demonstrated no significant progress during three years of speech -only treatment but who has made significant progress within a co-treatment model. A student clinician discusses her use of interprofessional strategies as well as client and student outcomes.

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IMAGINING THE DECOLONIZATION OF MUSIC THERAPY EDUCATION

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About This Paper

In this paper, based upon a chapter we are contributing to a text on (Post)Colonial Music Therapy by Norris, Crooke, and Hadley (in preparation), we invite participants to join us in imagining responses to the question: What does it mean to decolonize music therapy education?

Rationale

Rather than conventional, expository discourse, we decided to share this exploration in the form of an imaginative dialogue, in which we consult a mythical/fictional ancient wisdom figure who helps us elaborate upon our question, and to consider options and methods to implement change. In the music therapy literature, this type of approach has precedence in a mythical fantasy essay on qualitative research, written by Kenneth Bruscia (1996), as well as in a number of the exploratory, narrative writings of Carolyn Kenny (2006). We chose to engage with a wisdom figure that was the antithesis of patriarchal, Western-based systems of knowledge that often seem to dominate scholarly ways of knowing and understanding. By envisioning a Wise Mother, we saw a relational figure who embodies intuitive and age-old ways of knowing that are meaningful in non-

Western cultures. Engaging her in dialogue creates a space for previously silenced voices to be heard, honored, and included. While we honor the lands and histories of South Africa—the geographical and cultural center of this year's World Congress—in some of our images and choices of music accompanying the paper presentation, we intentionally did not locate Wise Mother herself in a specific culture, country, or racial/ethnic background, allowing participants to envision her in a manner that is relatable and relevant to them.

This Paper as an Invitation

We invite participants to accompany us on our journey of imagination into a very challenging question. We further invite participants to join us in envisioning how the conversation and exploration may continue, and how solutions may be conceived and implemented in music therapy education.

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COLLABORATIVE MODELS OF MUSIC AND MOVEMENT IN CLINICAL AND RESEARCH PRACTICES WITH INFANT/CAREGIVER DYADS

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Nathan Andary

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Meaningful Infant/Caregiver Attachment

Positive and prolonged interactions between a primary caregiver and an infant are critical to an infant's long-term health and social emotional well-being. Caregivers who experience high levels of stress are often faced with barriers to providing positive secure attachment for their infant. Insecure attachment runs the risk of potential longer-term negative impacts for the infant and family (Fonagy, 2018).

Benefits of Music and Movement for Infants and Caregivers

The very first experiences a caregiver has with an infant involves music with movement interactions. While the evidence of the impact that music with movement has on infant and caregiver health is emerging, benefits of music therapy strategies are well documented. Benefits include infant weight gain, healthier sucking/feeding behaviors, regulation of breathing patterns with increased oxygen saturation, increased mutual responsiveness, and lower reported caregiver stress, for examples (Edwards, 2011; Jacobsen et al., 2014; Pasiali, 2012).

In a recent randomized pilot study (Geist et al., 2020) researchers (including the authors

of this article) observed that when music and movement strategies were taught to infant caregiver dyads, the decrease in the average cortisol levels in the intervention group was statistically significant ($\chi^2(2) = 8.857$, $p = 0.012$) when compared to a control group. These positive results prompted the music and movement interventionists to take a closer look at the intervention and also their own collaboration.

Music and Movement Processes

The music and movement interventionists discovered that they operated with similar treatment processes including observation, assessment, evaluation, and implementation. The music therapist created treatment strategies based on music observations such as tempo, rhythm, dynamics, and range of the infant's movements and vocalizations. The movement interventionist created treatment strategies based on kinesthetic observations such as gesture, posture, rhythm, spatial reach, and efforts. (Insert video link)

Music and Movement Collaboration

Four Models of Music and Movement Collaboration emerged during the study. These include the Separate Dyad, Music Interventionists Led, Movement Interventionists

Led, and Integrative models. You will see an illustration of all four of the models in the following video excerpt of one of the intervention sessions from the study

Recommendations for Practitioners

When working together, either clinically or in research, the music and movement specialists must have a mutual respect for each other's training, knowledge and expertise. This respect manifests in the session by allowing for flexibility of roles (i.e. leader, co-leader, supporter), and understanding that no one person owns the process. Together they are creating the work for the benefit of the clients served.

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«IT'S IN THE MANUAL!» CREATING AN INTERVENTION MANUAL AND TRAINING PROGRAM FOR A NOVEL MUSIC INTERVENTION

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Intervention Manual Development

Intervention manual development occurs in four stages: formulation, revision, differentiation, and translation. A staged model approach to intervention manuals helps continuity and translation to clinical practice and strengthens fidelity by guiding the training and assessment of interventionist integrity during intervention implementation (Galinsky, et al., 2012).

The Musical Contour Regulation Facilitation (MCRF) is a preventive music intervention for preschoolers at-risk for developing poor emotion regulation (ER) abilities. Stage 1 manual development was completed for our feasibility study (Sena Moore & Hanson-Abromeit, 2018). Findings from Stage 1 informed Stage 2 manual revision and music therapist training for our current pilot study, examining intervention dosage, efficacy and treatment fidelity. Data analysis is ongoing; outcomes will inform further manual content and revisions.

MCRF Intervention Manual Sections

The manual has six sections. Section 1 contains background information helpful to understanding the MCRF intervention and its theoretical foundations. Section 2 has an overview of the intervention, targeted goal, population, therapeutic function of music

description (see Sena Moore & Hanson-Abromeit, 2015), and personnel. Section 3 describes MCRF procedures, including assessment and intervention implementation processes, materials, and resources. Implementation details highlight essential music characteristics and therapist strategies for effective implementation. The manual informed the fidelity assessment criteria used during training and implementation of the MCRF intervention in the pilot study. Section 4 identifies the fidelity processes of the current study, which will evolve with each stage of manual development. Section 5 is a comprehensive reference list and Section 6 contains supplemental materials (e.g. study measures and fidelity assessment criteria).

Interventionist Training

A board-certified music therapist (MT-BC) was trained for the pilot study. The manual guided a 2-day didactic training and subsequent experiential practice sessions. Didactic training included manual overview, instruction on intervention and study procedures, modeling and coached practice of the intervention, and a tour of the study site. Experiential practice included a mock session with older children and a population-based practice at a location affiliated with the study site. Intervention integrity was monitored with the fidelity assessment criteria during the experiential training sessions. We conducted inter-

ventionist fidelity checks in 18 sessions during the 11-week intervention study period.

Conclusion

We will continue to follow a staged approach to manual development as we study the MCRF intervention through a phased research agenda. As we explore the efficacy of this intervention, we will also explore its differentiation in other clinical contexts and with related populations.

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NEW DIRECTIONS IN MUSIC THERAPY FOR DEMENTIA

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Introduction

This Roundtable gathers experts in music therapy for people with dementia, and explores new directions in several countries i.e., Israel, Canada, Spain, and the USA. These clinicians and researchers come together here to present and discuss contemporary issues in the care of people with dementia, as well as to demonstrate music therapy interventions with their caregivers. Dementia involves impairment in memory, cognition, behavior, and the ability to perform activities of daily living. The burden associated with this condition involves social, emotional, medical, psychological, behavioral, and financial domains.

The World Health Organization reports that approximately 50 million people worldwide experience dementia, with 10 million new cases are expected annually. Dementia is one of the major causes of disability and dependency among older people worldwide, and has significant impact on family life, as well as society. The experts at the table have contributed to a growing evidence base that

supports the use of music therapy in dementia care.

Special Topics

Dr. Hanser discusses recent discoveries in neurology that demonstrate the areas of the brain that are primarily responsible for preserved musical memories, and how these are independent of areas largely affected by degenerative diseases, like Alzheimer's disease.

Dr. Brotos presents an overview of the use of clinical music therapy with people who have dementia and their family caregivers. Dr. Dassa speaks about communication through music and its effects on people with dementia and their spouses, both in nursing home settings and at home.

Dr. Ray offers perspectives on depression and dementia, and how music therapy interventions address this co-morbidity.

Dr. Clements-Cortés discusses end-of-life issues for people with dementia.

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UNDERSTANDING TRANSGENERATIONAL TRAUMA AND GRIEF THROUGH DIGITALLY REMIXING MUSIC OF THE HOLOCAUST

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Transgenerational Trauma

Transgenerational trauma is a theory asserting that traumatic experiences, including grief and loss, can be transferred from the initial generation of survivors to subsequent generations via complex post-traumatic stress disorder mechanisms. This applies to persecutory circumstances and genocidal events, which leave their mark and continue to resonate actively within the consciousness of descendants. (Danieli, 1998; Dekel & Goldblatt, 2008)

Transgenerational Trauma and the Holocaust

The Holocaust of the early/mid 20th Century, while nearly 100 years in the past, continues to echo actively not only in the memories of living survivors, but – in various ways – the experience of descendants of Holocaust victims. The fear, anxiety, pain, and trauma – in addition to the hope and resilience of spirit – embodied within the experience of living through the Holocaust, has left its mark in various ways, within the consciousness of the generations that followed those of the victims. (Bar-On, 1995; Hass, 1996; Solomon, 1998; Wardi, 1992).

Music and the Holocaust

There exists a considerable body of musical work composed by people who were victims

of the Holocaust. Many of these works embody the experiences (on various levels) of people who were imprisoned and who either survived, or – in numerous cases – were eventually put to death. (Freeman, 2016).

The Role of Digital Remixing

By exploring these musical works of the Holocaust through the utilization of digital technologies and the technique of remixing (Viega & Baker, 2017), expressive themes embedded within the music can be uncovered, as unheard voices of the composers “speaking” through the remixed sounds. In turn, these expressions can impart knowledge about the nature of how Holocaust grief and trauma can transcend generations for persons who experienced the Holocaust, with larger implications for how clients with whom we work in music therapy experience transgenerational Trauma and Grief.

The Present Paper

This paper consists of current discoveries by the authors that have resulted from engaging together in an arts-based research study on the trans-generational experiences embodied within archival musical works from the Holocaust. The findings integrate concepts from the Jungian, Humanistic, and Transpersonal literature (Brewster, 2017, 2019; Jung, 2009).

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RIPPLE EFFECT ACROSS BORDERS: THE USE OF LIFE PERFORMANCE TO FOSTER PERSONAL GROWTH AND EMPOWER COMMUNITIES

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Introduction

Gary Ansdell (2013) proposes the question, “Are we on the brink of a ‘field-shift’, one that would re-orientate each of the separate players into a more shared territory and direction for the future?” (p. 6). Gaining an understanding on South Africa’s community music therapy (CoMT) perspective, Christine Gallagher, M.A., MT-BC, LPC brought her experience to the United States, collaborating with Philadelphia alternative hip hop artist, Kuf Knotz, to create a CoMT project known as Higher Grounds. The duo built the project with a similar vision, wanting to create positive music driven by a strong message that is all-inclusive and diverse in nature. Their mission is to strengthen community resources and provide a safe space for expression through motivational, classical hip hop to communities in which expression of the arts is limited. For the past two years, they have traveled the country, offering live performances and creative arts workshops for varying ages and populations, using the power of music, clinical training, and performance to foster personal growth.

Discussion

Knotz and Gallagher have integrated the ripple effect concept into their work. Influenced

by Stige's (2004) dimensions of practice in CoMT, they seek to work in communities of interest to communities of localities (p.104). When working in communities of interest such as psychiatric facilities, nursing homes, meditation centers, community centers, and schools, workshops and performances focus on individual and group processes, followed by an extension out to others in the participant's life (Wood, Verney, & Atkinson, 2004, p. 61). A concluding performance of created expression aims to connect the individual with those of the wider community which may include staff, family, friends and/or community members. When working in a community of a locality, they have found that the ripple effect is inverted. The aim of workshops and performances for health conscious festivals, neighborhood events, and media broadcasting sessions aim to engage the community as a whole, aiming to create a space for individuals and groups within the community to come to their own actualizations based on the projected experience.

Conclusion

Two outcomes, as a result of developing this program, include the importance of collaborating with established organizations to assist in building rapport to create the largest ripple possible during a short amount of time and

establishing a limited liability company for entertainment-based work as well as a fiscally sponsored project for community music therapy work to help with differentiation. Their goal for the future is to increase the longevity of the impact in the communities they work in, increasing sustainable change.

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PUBLISHING TO ADVANCE AND INFORM THE PROFESSION: WHAT CAN YOU PUBLISH?

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Introduction

Publications are one of the ways for professionals to develop, share, and advance knowledge. There are many different types of publications that support the development and advancement of music therapy as a profession. The editorial board of *Music Therapy Today* is dedicated to supporting students, clinicians, faculty and researchers in understanding the different types of manuscripts considered for publication. A student or clinician may think they don't have anything to contribute for publication, however, it is important to challenge this misconception and recognize there are different types of publications that can be published. These publications help to increase the diversity of literature, and engage young professionals in building literature.

Music Therapy Today is an international platform that recognizes music therapy is represented, explored and reviewed in a wide array of publication formats. These formats

are designed to support the dissemination of information beyond the standard research study, to meet the globally diverse practice of the profession.

Different types of manuscripts for publication

There are many types of manuscripts published in peer-reviewed journals. Position statements may result from a group of people or a body of research as a statement of recommendations related to considering the entirety of a particular issue, supported by a clear rationale incorporating logic and evidence. Curriculum reports publish evidence and reflection about pedagogical teaching practices and student learning, usually when there is some change proposed or having been undertaken, in the context of music therapy education. Clinical Case Reports chronicles a client(s)' progress in music therapy. They usually focus on a particular therapeutic approach, or demonstration the application of theory to clinical practice.

Conference reports are a manuscript written by a conference attendee that highlights what was discussed at the conference, key speakers, and new information shared, in order to give people who were not present at the conference a comprehensive idea of what transpired at the event. Interviews focus on an individual who is noteworthy or exemplary in some way and relevant to the focus or topic of an issue or the journal. The interview is conducted and then the manuscript is written based on the interviewee's responses. Congress proceedings share leading research and developments prior to being published in a peer reviewed journal. They allow researchers to explain their research in a less formal way, present new concepts and techniques in the field which are not fully developed, and provide an opportunity to connect research, researchers, and research teams conducting research on a similar topic.

Service project reports share the story of projects that initiate music therapy or use music or music therapy to address a need in a community, group, or setting. Service projects may or may not involve a formalized research approach, but always involve reflexivity through consideration of how the project came about, who it served, who collaborated, how it was carried out, if it was effective, and subsequent outcomes and lessons learned. These reports are of value because they stimulate thought about similar projects that might be carried out in other communities. Research reports share the process and outcomes of completed research projects that expand our knowledge and understanding of music therapy practice, education and tra-

ning, and the profession. They include an abstract, related literature that situates the study, a complete description of the methodology, results and discussion, and a reference page. Book Reviews are a form of literary criticism in which the text is analyzed in terms of content, style, & merit. The contribution of the text to the music therapy literature is also discussed. Online Resources provide a method to get information sources online from various angles. It provides digital editions in different subject areas across disciplines. However, online resources give not only the most acclaimed scholarly and reference works, as well as academic and research journals to include non-academic information. Therefore, it is important to carefully examine, evaluate and vet online resources.

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MUSIC THERAPY FOR HEALING AND PEACE IN A CORRECTIONAL PSYCHIATRIC PROGRAM

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Introduction

In the field of Music Therapy, there has been a lack of educational resources concerning interventions designed for a correctional psychiatric setting. The presenter would like to share the knowledge and experience she has gained while working as a full-time music therapist and running an American Music Therapy Association approved music therapy internship site in the California State Prison System.

Two Trends in California Prison System

Many of California's communities have experienced a growing influx of formerly-incarcerated residents as a result of the court order to alleviate overcrowding in California's state prisons. Prior to the release of these inmates, it is the mission of correctional staff to prepare these individuals to successfully reintegrate into their communities by providing them with education and rehabilitative therapeutic treatments. However, a problematic shortage of access to mental health treatments in these facilities persists today. Music Therapists in the Psychiatric Inpatient Program have been striving to provide comprehensive care as a member of the interdisciplinary clinical team.

Cultural Backgrounds of the Psychiatric Correctional Population

A theoretical model of "Cultural Influences on Identity" by Whitehead-Pleaux & Tan (2017) is applied to describe this specific population.

This frame views a person's identity is influenced by nine cultural areas, such as heritage, religion, and disability. These areas are discussed in relation to their music experiences. The official publication by the correctional department provides objective data to aid participants in understanding the population. The impact of the types of crimes committed by the inmates should be taken into consideration as influences on their identities and should, therefore, shape their treatment processes. The challenges to working in this field and the essential therapeutic skills needed will be reviewed and discussed.

Music Therapy and Restorative Justice

Many impactful music therapy groups are provided in the presenter's psychiatric inpatient program by highly skilled music therapists. Discussions will include topics such as the use of drum circle groups, as a method to allow the inmates opportunities to create safe spaces. Lastly, a Victim Offender Education Group will be introduced, based on the presenter's experience, so as to explore her experience as a music therapist in the frame of Restorative Justice.

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COMMUNITY MUSIC THERAPY IN ACTION: COLLABORATIONS OF A UNIVERSITY AND COMMUNITY-BASED GROUPS

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Abstract

Community Music Therapy (CoMT) is an emerging and evolving model for an activist, social justice oriented music therapy practice that builds intentional relationships within the community. Maryville University has developed several meaningful collaborations with community-based groups that have empowered participants, facilitated the development of students' skills and developed their understanding of advocacy in action, and formed partnerships that have raised public awareness of participants' strengths and abilities. Affiliations with Angel Band Project, Life Compositions, St. Louis Arc, and the St. Louis Symphony have brought greater recognition of the practice and power of music therapy, and given a voice to people marginalized in society. Presenters will give an overview of each project, inclusive of audio and video excerpts, and frame the work within the CoMT model.

Creative Music Making (CMM) is a service-learning project conducted by Maryville University, the St. Louis Symphony, and St. Louis Arc, a non-profit agency that serves people

with intellectual and developmental disabilities. Participants from all three organizations rehearse and perform together during a three-day program, culminating in a performance at Powell Symphony Hall. <https://www.youtube.com/embed/ARvDJraLnFE>

The “One Voice” project was a partnership of the Maryville University music therapy program and the Angel Band Project, a non-profit organization that provides music therapy programs for the survivors of sexual abuse and violence. This live music performance brought together survivors of sexual and domestic abuse and St. Louis choral groups and musicians. Survivors and professionals in the field of sexual violence prevention, crisis counseling and music therapy were video-recorded speaking and singing, which was shown during the concert.

Compositions for Life is an innovative music therapy program that helps middle school students successfully cope with the unique set of challenges that accompany a life lived in conditions associated with urban trauma. Each middle school student is paired with a music therapy student/mentor to facilitate

the songwriting experience. The semester of work culminates in each student and mentor recording one of their compositions at a professional recording studio.

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TRAINING PARENTS IN MULTIMODAL NEUROLOGICAL ENHANCEMENT: A SURVEY OF NICU MUSIC THERAPISTS

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Background

Neonatal Intensive Care Unit Music Therapists (NICU-MTs) may train parents of preterm infants in the use of the Multimodal Neurological Enhancement (MNE) protocol. These trainings can provide opportunities for meaningful interactions that positively benefit both parents and infants. However, little data exists on training parents in MNE. Therefore, the purpose of this study was to investigate and gain information regarding music therapists' clinical practices and trends in the training of parents of preterm infants in MNE.

Method

The participants in this study were board-certified music therapists who have completed the National Institute for Infant & Child Medical Music Therapy training, earned the designation NICU-MT, and worked professionally in the NICU within the last 5 years. Participants were recruited from the Institute's registry, available for public viewing online. The dependent measure was a descriptive online survey created via Qualtrics, an online survey system, by the primary investigator. Some questions were adapted from extant research literature regarding surveys of NICU music therapists (Gooding & Trainor, 2018). All responses were anonymous. Of the 254 emails sent by the researcher, 218 were successfully delivered to recipients. Thirty-four individuals consented to participate in the survey, a response rate of 15.59 %. However,

only 28 participants met inclusion criteria. A total of 28 surveys ($N = 28$) were included in data analysis.

Results

Eighteen (64 %) participants indicated that they provided parents with training in MNE. Eighty-eight percent of music therapists who provided parent trainings in MNE reported using educational materials or resources during trainings, of which handouts about the protocol and directions were the most common resource provided.

All music therapists who reported providing parent trainings perceived that parents benefited from the training and from providing MNE to their infant themselves. The most commonly selected perceived parent benefits were additional opportunities for parent/infant bonding, followed by opportunities to feel "in control" of their NICU experience.

Twenty-two (78.57 %) of participants indicated that they had experienced barriers in providing parents with trainings in MNE. These barriers were broken down by perceived barriers relating to the music therapist or institution, perceived barriers relating to parents, and perceived parent barriers in providing MNE themselves. The most frequently selected barrier related to the music therapist/institution was high patient census. Several "other" responses were related to institutional policies that prevented NICU-MTs from

implementing the protocol. The most commonly selected perceived parent barrier was that parents have concerns regarding their personal singing ability. This was also the most commonly selected perceived barrier in parents implementing MNE themselves following training.

Implications

Results indicated that NICU music therapists provide parents trainings in MNE as they perceive parents to benefit in a variety of ways. However, music therapists also perceived barriers at the institutional and individual level in providing parent trainings in MNE. In order to promote the use of MNE in the NICU, music therapists must continue to conduct and produce quality research that addresses parent and infant outcomes. Despite barriers, music therapists must continue to be advocates for both infants and parents. Music therapists should also encourage parents to interact musically with their child in a meaningful and appropriate way.

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Notes

This study was completed in fulfilment of a Master's degree at Florida State University.

INTEGRATING CULTURE-SPECIFIC MUSICAL INSTRUMENTS FROM TRINIDAD AND TOBAGO IN MUSIC THERAPY PRACTICE

Shiann Melville

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Music therapists around the world are likely to treat clients from varying cultural backgrounds. In music therapy practice, it is important that music therapy professionals have an understanding of the musical concepts from other cultures, not only so that they can incorporate these concepts in sessions with clients but so that they can be able to utilize these instruments in a culturally appropriate manner (Moreno, 1988).

The Venezuelan Cuatro

The twin island Trinidad and Tobago is located northeast of Venezuela. In the 19th century, Venezuelan migrants moved to Trinidad to work on the cocoa plantations (Trinidad and Tobago National Library and Information System Authority, 2018). They brought along their music to the island. Parang music and the four-string instrument, the cuatro, was brought by the migrants.

The cuatro is a four stringed instrument played in parang music. Though it resembles its cousin the ukulele, they are tuned differently. The cuatro's standard tuning is A, D, F#, B, while the ukulele's tuning is G, C, E, A. The cuatro is one of the primary instruments in parang music (Trinidad and Tobago National Library and Information System Authority, 2018).

Box Bass

The Box Bass is an indigenous instrument of Trinidad and Tobago. It is the instrument that

provides the bass accompaniment in parang music. It consists of a wooden base, which is usually square or rectangular, with a hole in the center. A detachable pole with nylon string is attached to one corner of the box. The movement of the pole and the playing of the string creates an acoustic bass sound (Trinidad and Tobago National Library and Information System Authority, 2018).

Tambrin drums

The tambrin drum is an indigenous instrument of Trinidad and Tobago. Created in Tobago, it is a type of frame drum which is made from goat skin and a tree root called the wild cassava. The drums are tuned and get their unique sound after they are heated over a fire. Though similar to mainstream frame drums used in music therapy practice, the tambrin is played only by hand and not with mallets (Arnold, 2014).

The Steelpan & Instruments of the Engine Room

The steelpan is the national instrument of Trinidad and Tobago and is said to be the only acoustic musical instrument of the 20th century (Rossing, 2006). Almost by accident, this instrument was created by descendants of African slaves living and working in Trinidad. The pans were originally made from discarded oil drums which were accessible around the island, as Trinidad and Tobago is an oil producing country (Waithe & Worrel, 2003).

The Engine Room

The engine room consists of percussion instruments of the rhythm section of a steelband or steelpans orchestra. The iron is similar to the brake drum of a car and is an instrument played in the engine room (Johnson & Gay, 1998). The scratcher is an instrument created in Trinidad and Tobago and is very similar to the guiro and played in the same way.

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GLOBALLY APPEALING RHYTHMS OF CALYPSO & STEELPAN – INSPIRATION FROM TRINIDAD & TOBAGO

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Adequate scientific documentation relating to the use of steelpan and calypso for music therapy interventions has not been readily available for music therapists, which the author seeks to change with the support and assistance of interested colleagues. Calypso music has enticing syncopated rhythms and intriguing harmonies that can easily engage the diverse populations served by music therapists. The steelpan has properties and attributes unlike many of the instruments used by the author for therapy, making it a more effective tool than most instruments previously favored for music therapy sessions. The traditional rote memory style of teaching steelpan has also been conducive to designing effective therapeutic interventions.

The therapeutic value of an instrument that inclusively has melodic, harmonic and percussive capabilities is immeasurable. The instrument's design offers itself to client success on first attempt, because the harmonic partials brought out of each well-tuned note brings richness and beauty with the single strike on a note. The pan speaks to the heart of individuals in a special way, because it also vibrates and produces tones resembling the human voice. The author has not used another instrument that can effectively "sing" for a client, so for a non-vocalist it adds a new dimension to their capabilities in producing and creating music. This has also been true for non-musicians too, making it more valid and appealing for clients who have never had a voice in so-called modern society.

Steelpans (steel drums) were born out of innovative, yet poverty-stricken, panyards of Trinidad & Tobago. The instrument was associated with crime and delinquency in its early years but was elevated to the national instrument of T&T in 1992. Pans have provided an opportunity to use instruments that are both melodic and percussive, have harmonization capabilities and capture the interest of clients in a variety of ways. A wide range of populations have been drawn to the pleasing sound of steelpans, making them an effective catalyst for powerful music therapy interventions. The therapeutic value of steelpan became evident in the workshop through sharing how the instruments are built and tuned, and how adaptations can be made to these versatile instruments. Video clips of a small group with adapted pans and of large steelbands from around the world strengthened understanding of steelpan's therapeutic value as a global entity.

Calypso music was the original style used with steelpans but with A440 chromatic tuning they blend well with other instruments to play any musical style. It is also typical to use music of another genre and put it into calypso style, including R&B, pop, spiritual and classical music. An extempo chord progression, an improvisational style of calypso, was introduced to inspire its use as a form of self-expression for clients. Additionally, rhythms of the engine room in a steelband and a Tobago folk song were introduced via

participatory video to make the session more interactive for viewers.

The workshop presentation for the 16th World Congress was originally designed for a different international audience to hear about the intrinsic therapeutic value of the steelpan. The steelpan fraternity has a global membership, so a similar workshop was first done for that audience in 2012 (Port of Spain, Trinidad). A year later the workshop was redesigned to present at a conference in Trinidad concerning arts for persons with disabilities, and then it was redesigned again for music therapists at multiple annual AMTA conferences. The interactive workshop sought to provide participants with opportunities to sing and play the steelpans and percussion, and demonstrated intervention possibilities for music therapists. The online version of the workshop had limitations, but still intended to give music therapists practical ideas for using steelpan and calypso in music therapy interventions.

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Phase II Pan Groove - More Love - National Panorama Finals 2013 - 1st Place: <https://www.youtube.com/watch?v=zWurWvgqycA>

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Jean Rabee uses steelpan for community music therapy in Michigan, USA, teaches about music therapy at The University of the West Indies, Trinidad, and plays with internationally recognized Phase II Pan Groove for various events and competitions (1995-2020).

GIVING A VOICE TO TRAUMA THROUGH VOCAL PSYCHOTHERAPY

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Common to all traumatic experiences is the rupture to the integrity of the self and the feelings of confusion, helplessness and terror this rupture evokes. When this injury occurs before a coherent ego and its defenses have been adequately formed, the intense effects are too overwhelming to be metabolized and processed normally, thus the devastating effects on the traumatized person's body, mind and spirit (Herman, 2015; Levine, 2010; Van der Kolk, 2014).

Background

Vocal Psychotherapy, developed by Dr. Diane Austin, is the first model of voice-based music psychotherapy. The definition of vocal psychotherapy is the use of breath, sounds, vocal improvisation, songs and dialogue within a client therapist relationship to promote intrapsychic and interpersonal growth and change. Singing is intimately related to our psychological and emotional responses. In working with clients who have developmental trauma, we have found Vocal Psychotherapy to be effective.

Core Methods of Vocal Psychotherapy

Austin's Vocal Holding method involves the intentional use of two chords in combination with the therapist's voice, to create a consis-

tent and stable musical environment. The steady, consistent harmonic underpinning, the rhythmic grounding and the therapist's singing can create a reparative experience for clients who never had a reliable and consistent relationship with their caregivers.

Austin's *Free Associative Singing* is the term used to describe a method that can be implemented when words enter the vocal holding process. Clients are encouraged to sing whatever comes into their minds, allowing unconscious images, memories and associated feelings to surface. The therapist makes active verbal and musical interventions, contributing to the musical stream of consciousness. The therapist also sings in the first person, acting as the client's double, a concept taken from psychodrama. This creates momentum through the music and the lyrics that will propel the improvisation and therapeutic process forward.

Vocal Psychotherapy and Trauma

Vocal Psychotherapy can be used to promote a therapeutic regression in which young or injured parts of the self can be accessed and worked with. These parts of the self that have been dissociated and suspended in time due to traumatic occurrences can then be contacted, related to and integrated through singing.

Developmental arrests can be repaired, and a more complete sense of self can be attained.

The transference and countertransference play a critical part in the healing process and become more complex due to the intimate nature of singing and the active role the therapist plays in these methods. It is important for the therapist to learn to titrate the client's process. For example, in Free Associative Singing, if the therapist feels the client is going too deeply into material before they are resourced, the therapist can intervene through verbal singing to help bring the client back to the present moment and avoid risking re-traumatization.

Conclusion

Singing in one's authentic voice provides an embodied experience of the feelings that were split off for so long. Singing is empowering, as it allows us to feel the life force flowing through our bodies. Singing can provide clients an opportunity to express the inexpressible, to give a voice to all the parts that long to be heard and join them in a song of integration. Finding one's voice is finding one's self.

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INTEGRATING INTERPROFESSIONAL EDUCATION INTO MUSIC THERAPY TRAINING THROUGH PSYCHIATRIC PATIENT SIMULATIONS

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Background

Within clinical settings, patient interactions allow little opportunity for self-reflection, peer feedback, and interprofessional education (IPE) (Newton, Johnston, Landless, Collins, Anderson, & Leonard, 2018). Simulation experiences provide a space to integrate these meaningful learning activities (Felton & Wright, 2017). Although Music Therapists (MTs) and Psychiatric Mental Health Nurse Practitioners (PMHNPs) work together in practice, the literature does not include IPE simulations that teach students how to develop the required interprofessional practice (IPP) skills (Meadows, Schempp, & Landless, 2019). Here, the authors briefly describe the process, challenges and benefits of developing an IPE Psychiatric Simulation for MT, PMHNP, and theatre students over a three-year period (2016-18).

Methods

A team of nursing, music therapy, and theatre faculty at Shenandoah University developed an IPE psychiatric simulation experience to focus on student learning outcomes including interprofessional collaboration and communication, patient-centered care, and, for theatre students, enhanced development of listening and story-telling skills. Simulations

occurred in nursing simulation suites, and took on different forms depending on a variety of logistics such as the combination and number of students, space and time availability, and the academic schedule and calendar.

Each simulation included MT and PMHNP students collaboratively assessing and/or treating a simulation patient (SP) while peers and supervising faculty observed.

In each experience, theatre students acted as SPs to demonstrate a variety of case-based mental health diagnoses. Small and large-group debriefing was used to support and enhance the simulation learning process.

Preliminary pre- and post-survey quantitative and qualitative data were collected and analyzed for the Spring and Fall of 2018.

Results (abbreviated)

The Spring (n=26) and Fall (n=15) 2018 pre- and post- survey results showed trends where students self-reported an improved understanding in roles/responsibilities of the other health professional, and improved confidence in a) their ability to communicate with patients and/or families and other professionals, b) their clinical decision-making

skills, and c) an ability to assess a real patient and recognize changes.

Themes that emerged from the large-group debriefing after the Spring 2018 simulation included challenges and benefits of collaboration, connectedness, the importance of being human together and of listening and silence, improved confidence and trust in self and other health professionals, and an improved awareness of specific clinical skills.

Discussion

Based on student self-reports and faculty observations, this IPE Psychiatric Simulation showed to be a valuable and valued learning experience. The experience was developed over time and through multiple iterations despite logistical challenges, additional faculty time expenditure, and initial student resistance. This led the faculty team to determine that an “ideal” simulation experience includes at least 1) cross-education for students, 2) implementation consistent with planning and preparation, 3) focused small-group observations with immediate debriefing, 4) integration of pre- and post-survey completion, and 5) ongoing evaluation and adaptation.

Conclusion

IPE Psychiatric Simulation improves awareness of the roles of other disciplines, improves confidence, and highlights the importance of

teamwork, trust, connectedness, and specific clinical skills relevant to both professions. Future use of a formal quantitative tool will allow for additional data to support the qualitative findings and raw data trends.

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COLOR OF US: THE ABCs OF EARLY CHILDHOOD MUSIC THERAPY WORLDWIDE

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Introduction

In this paper early childhood music therapists from WFMT's eight regions summarize demographics, practices, and current trends in their countries.

South Africa – Hermi Viljoen

Out of 46 practicing music therapists, 47.5 % provide early childhood music therapy interventions mainly in private practice or special needs preschool settings. Music therapists use a Creative Music Therapy approach that allows clients to contribute songs and dances from the early cultures in sessions. Since COVID-19, the South African Health Board has placed ethical codes and regulations in place so that music therapists can provide sessions online.

Australia – Josh Birch

A broader awareness of music therapy as an evidence-based intervention plus the National Disabilities Insurance Scheme has led to increased service provision. Individual and group sessions are child-led and family-centered, held in homes, clinical or preschool settings. Music therapists utilize familiar songs, instrumental play, movement activities, improvisation, and technology to support individualized goals. Service delivery needs to be re-evaluated given the increased demand with only about 600 registered music therapists practicing nationwide.

Kuwait – Kristal Foster

Only two music therapists are in Kuwait. They provide early childhood music therapy services in pediatric developmental clinics and private practice. Kuwaitis are recognizing the benefits of music therapy for supporting young children's development; more need to study music therapy to meet the future demands.

Austria – Hannah Riedl

About 25 % of 430 music therapists are working with young children in outpatient clinics, private practice, and hospitals. The profession is strongly influenced by various psychotherapeutic approaches using improvisation, musical games, familiar or improvised songs, role play, and receptive techniques to reach clients' goals in individual, group, and family sessions. An international symposium on "Music Therapy with Families" will take place in fall 2021.

Argentina – Gabriel Federico

Since the passage of the law of professional practice, children with disabilities are covered by the Ministry of Health's medical plan, which includes music therapy services. Working in interdisciplinary teams, private practice, therapeutic centers, hospitals and communities, music therapists increasingly see premature infants and children with autism spectrum disorder. Adjusting to COVID-19

pandemic restrictions, remote interventions have evolved.

Thailand – Dena Register

Establishing community partnerships through the Mahidol University's Master of Music Therapy program led to increased early childhood music therapy services. Various organizations for young children offer individual and group music therapy sessions with a focus on developmental and musical goals. Using technology and apps accessible to music therapists and families has expanded service delivery during the COVID-19 pandemic.

Japan – Kumi Sato

Given the demographics of Japan, more music therapists work with older adults than with young children. While following the therapeutic process and implementing various musical activities to address client's individual needs, music therapists are rarely part of the educational support team. Music therapists now should focus on children's independent

functioning (Jiritsu Katsudo) under the special education guidelines.

United States of America – Petra Kern

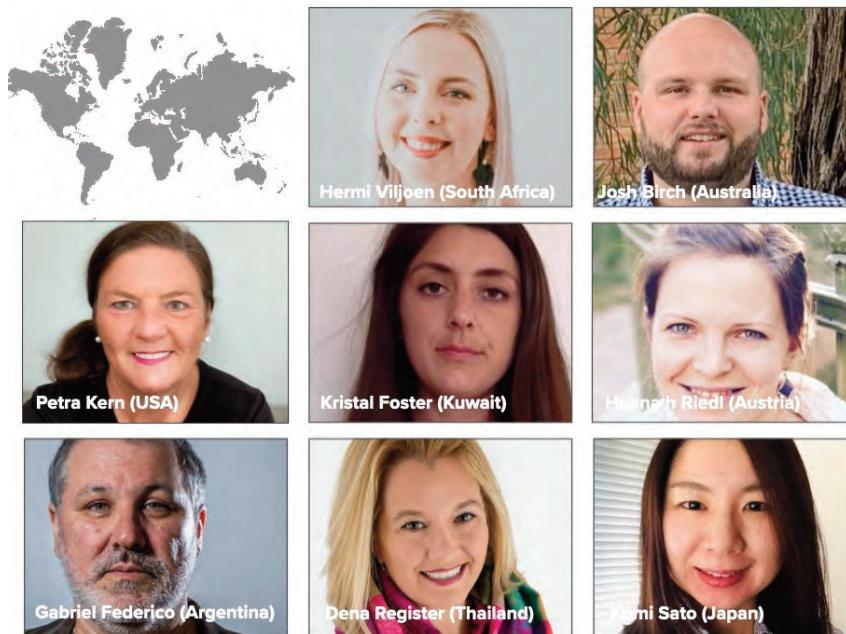
Out of 8,505 certified music therapists about 12 % work with young children and their families. Using assessment data, music therapists develop an intervention plan under the IDEA Part A or B. Based on the child's abilities and developmental needs, music therapists provide direct, coaching, or consultative services and apply evidence-based strategies in family and inclusive practices. Triggered through the COVID-19 crisis, early childhood music therapists re-invented their services to keep young clients and families safe.

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THREE ESSENTIALS: #ECMT AND #ASD

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Introduction

Autism spectrum disorder (ASD) is currently the most served population in music therapy practice worldwide. Staying informed is essential for legal and professional advocacy, and providing effective music therapy services to young children with ASD and their families. This paper provides a brief update on latest research-based knowledge, evidence-based practices, and trends.

Prevalence, Causes, Diagnostic Features

Newly released data from March 2020 suggests that about 1 in 54 children in the USA are identified with ASD. This is again an increase in the prevalence rate. ASD is still four times more common among boys than in girls (CDC, 2020). Re-confirmed by the World Health Organization in November 2019, about 1 in 160 persons worldwide are diagnosed with ASD, that is about 0.3% of all global disabilities (WHO, 2019). Over the years, there have been many theories about the causes of ASD. Yet, the exact causes are still unknown. Currently, ASD is commonly understood as a neurodevelopmental disorder triggered by environmental factors that interact with genes which then impact neurobiological factors that lead to typical behaviors seen in individuals with ASD. The term "spectrum" refers to a wide range of features, abilities, and levels of impairment. Since the release of the DSM-5™ in 2013, there are two defining characteristics of ASD: 1) deficits in social communication and social interactions

and 2) restrictive behaviors and interests that are present in all people with ASD across their lifespans (APA, 2013).

Intervention Options

In April 2020, the National Clearinghouse on Autism Evidence and Practice (Steinbrenner et al., 2020) released a report identifying 28 focused intervention practices that support children with ASD in being more independent, focus on specific learning goals, and build on strengths. Music-mediated intervention (including music therapy) is one of the five new evidence-based practices. In previous literature reviews, music therapy was rated as "emerging practice" suggesting that there was not enough evidence to be fully confident that the intervention was effective. Being recognized as an evinced-based practice is critical for practitioners working in schools/private practice as it will validate their services and lead to reimbursement.

Trends in Services

Comprehensive assessment data is essential for individualized intervention planning. Currently, there are few known validated music therapy assessment tools for young children with ASD. Monitoring future developments reported by professional entities such as the "International Music Therapy Assessment Consortium" is advisable. Given the evidence, behavioral interventions continue to be among those most frequently applied by music therapists. Principles of Applied Beha-

avior Analyses (i.e., reinforcement and generalization) and antecedent-based interventions (i.e., prompting, task analysis, schedules, social narratives, and video modeling) are often embedded in music therapy practice. In fact, musical adoptions of a Social Story™ are quite common; yet pairing the music-enhanced story with video modeling is a newer development that may have great potential for emerging telehealth services. Understanding the evolving neurological differences of those with ASD builds the foundation of the more recently researched neurodevelopmental approach to music therapy. It allows practitioners to use music engagement to facilitate neuroplasticity. Finally, family practice (i.e., family-centered, capacity-building, and collaboration) continues to gain momentum and might possibly become the main service delivery model during and beyond the COVID-19 crisis (Kern & Humpal, 2019).

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Dr. Petra Kern is a consultant, global educator, researcher, and former President of WFMT. She is known for her work with young children of all abilities and award-winning research related to ASD.

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BREAKING DOWN COMMUNICATION BARRIERS WITH AAC

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Introduction

Many people are unable to use natural speech in an effective way to live independently. In fact, in the United States alone, about 4 million people require additional means to communicate (Beukelman & Mirenda, 2013). Individuals need supports to supplement or replace speech, thus being Augmentative and Alternative Communication (AAC).

Types of AAC

There are two main categories of AAC: unaided and aided. Unaided AAC does not require anything in addition to the individual. Examples of unaided AAC are facial expressions, gestures, and sign language. Aided AAC is the use of an additional object for communication. Examples range in complexity from picture cards to speech generating devices and computers.

AAC within Music Therapy

If an individual requires an AAC system, the system needs to be present and functional during music therapy sessions since it is the individual's sole or essential means of communication. Music therapists can model and prompt for use of the system within the session (Gadberry, 2012). AAC may be utilized within typical communication interchanges as well as within musical experiences (Gadberry, 2011). Repetitive song phrases may be pro-

grammed into the system to allow the client to participate in singing. Musical tension can be capitalized upon to prompt communication by the AAC user.

Communicative Competence

As music therapists, we work toward as much client independence as possible. Communication is a significant contributor in level of independence. Greater independence is possible when one has communicative competence, which is the ability to receive and express communication with familiar and unfamiliar communication partners. Music therapists can encourage communicative competence by presuming capability of the client, prompting the client to communicate, waiting expectantly for a communicative attempt, and reinforcing it when it occurs.

Conclusion

Music therapists can incorporate and encourage communication via alternate means. Utilizing AAC systems within music therapy can help the individual gain communicative competence.

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- About the Author**
- Anita L. Swanson**, Ph.D., MT-BC has worked with a wide variety of clinical populations, yet focused on two main collectives who frequently require AAC: individuals with autism spectrum disorders and persons who survived a stroke.
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MEDICAL ASSISTANCE IN DYING: CHALLENGES, CONSIDERATIONS AND IMPLICATIONS FOR MUSIC THERAPISTS

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Abstract

Medical Assistance in Dying (MAiD) involves voluntary euthanasia and physician-assisted suicide: procedures that are available to individuals internationally. As music therapists are increasingly being integrated into palliative care teams, patients may request to have music therapy as part of their MAiD procedure. This presentation (part of the spotlight speaker session on ethical challenges in music therapy), explores the scope of music therapy practice with respect to MAiD, ethical issues and future directions.

Overview

Internationally, palliative care perspectives and practices are evolving as it includes Medical Assistance in Dying (MAiD). As an innovative and holistic medical approach, music therapy is continually gaining recognition as an official treatment for individuals who are dying (Clements-Cortés, 2013). While not a conventional procedure where music therapists are called for their services, they may be asked to be a part of a patient's MAiD procedure. At present, there are no guidelines and little literature for music therapists to help inform their work in this area.

What is Medical Assistance in Dying?

Medical Assistance in Dying (MAiD) allows individuals with terminal and grievous physical or psychological suffering to end their life using pathological means in the

company of healthcare professionals, such as physicians, nurses, and pharmacists (Farnanara, 2017).

Role of Music Therapists in MAiD

According to Black (2017) "music can play a role at any point in a person's experience of illness, and can equally be offered at any point during MAiD, including during the assessment period, as well as the actual time of intervention, depending on the person's preferences and wishes (para. 4)".

Individuals may process emotional and mental states through music psychotherapy, and further use music to create opportunities for discussion on meaningful topics for the patient.

Ethical Implications

Ethical implications arise for prospective patients, medical and healthcare professionals, and the broader community. For patients, issues can surround wait time for the procedure as well as the safeguards. While the safeguards are vitally important to ensure a person is of sound mind and consents to the procedure, those same safeguards pose ethical issues. For example, in Canada there is a 10 day waiting period from the written request until the procedure. In this wait time a patient's cognition may decline, making them unable to provide their consent at the time of the procedure.

An example of an ethical issue for medical

professionals that could arise is if the two doctors who assess the patient for MAiD eligibility disagree on the treatment. For the community at large, ethical challenges can enter into family and kin's desire to be present during MAiD procedures, faith based healthcare facilities and the clinicians' personal faith beliefs (Impact Ethics, 2016).

Future Directions & Conclusion

While there is limited literature and research evidence to support music therapy in MAiD, music therapy in palliative care practices demonstrates its strong capacity to support MAiD procedures. A set of clinical guidelines which are being worked on at present by a dedicated Special Interest Group prompted by the International Association for Music and Medicine will help establish best practices and a platform for future research.

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WEST VIRGINIA COMMUNITY EDUCATIONAL OUTREACH SERVICE INTERNATIONAL STUDENT TOURS

Parintorn Pankaew

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My name is Pim, Parintorn Pankaew. Currently, I am a junior student majoring in music therapy at the University of Georgia. I was born in a small beach town on the gulf of Thailand, Huahin. I have played piano since I was young and knew that I wanted to be a musician. Soon after, I attended music high school, presently known as Young Artist Music Program International Music Boarding School, as a piano performance major. During high school, I met a music therapy professor from West Virginia University and observed her presentation. That was when I knew I wanted to mix my knowledge of music and science to help people.

I first attended West Virginia University for 2 years. Then, I transferred to the University of Georgia. When I was at West Virginia University, I was a recipient of West Virginia Community Educational Outreach Service scholarship. In return for the scholarship, I had to travel around West Virginia and present about my country, my education, and my major. I was nervous at first because I had to present to over 500 people around West Virginia in English. I also felt unprepared musically because I would have to sing and play guitar, which are not my primary instruments. I looked at the bright side. It would help me get out of my comfort zone.

Not surprisingly, many people didn't know about music therapy. Some of them almost didn't believe that music therapy is a thing.

It was always interesting to see how people reacted when they heard about music therapy, such as how music impacts our brain. If an opportunity was given, I would play piano. Sometimes, I brought my guitar along and I played a couple songs and presented short interventions, so people would have a better understanding of music therapy. Although most of my audiences don't have any particular problem or disease, music therapy was still effective to get their attention. However, some people knew about music therapy. It was truly pleasant to hear that they knew about music therapy, someone they knew were in the music therapy program, and how music therapy could have positive effects on them or people around them. One girl from the 4-H camp came up to me after the presentation. She said that she also played music and now she wanted to study music therapy. I was so thrilled to hear that. It also made me realize that music therapy is one of the jobs that make a difference in people's lives, and that is the most rewarding career. I really learned a lot from this opportunity. Giving presentations and sharing the knowledge of music therapy were truly the push I needed to succeed in my education.

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INTERDISCIPLINARY CLINICAL EDUCATION

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Introduction

Interprofessional healthcare teams are formed to improve patient care and increase collaboration among team members. Without exposure to interdisciplinary learning opportunities, it may be difficult for new professionals to work on an interprofessional healthcare team. Thus, music therapy and physical therapy professors at a United States university initiated collaborative clinical training opportunities for their students.

Process

Teams of two physical therapy students and one music therapy student were created to co-treat individuals with neurologic diagnoses (Parkinson's Disease, stroke, etc.) for one hour per week for 13 weeks. Each team received supervision and feedback from both music therapy and physical therapy professors. The professors indicated the following desired outcomes of the interprofessional learning experience: (a) students identify and assume each provider's role and responsibilities, (b) effective communication among team members, (c) teamwork—equal team membership and contributions to the treat-

ment process, (d) demonstration of effective interprofessional treatment, and (e) increased knowledge of other discipline.

Assessment

Students completed the Readiness for Interprofessional Learning Scale (RIPLS) prior to the co-treatment process and again once the process was complete. Students were also asked for verbal and written feedback regarding their experiences.

Conclusion

Results of the RIPLS and samples of student feedback will be shared in the presentation. The pre-and post-test results of the RIPLS as well as student reflections and group discussions support interprofessional collaboration as a potential course model in both music therapy and physical therapy education.

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EXAMINING THE ACCESSIBILITY OF MUSIC THERAPY IN RURAL AREAS: A GLOBAL PERSPECTIVE

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Background

Through a critical review of the literature, it has been found that the accessibility of music therapy in rural areas is a topic that has been largely unexamined on a global scale. Through researching the literature, multiple approaches have emerged that have the potential for being effective for increasing accessibility. The approaches that will be discussed to increase accessibility of music therapy are Community music therapy, Resource-oriented music therapy, home-based music therapy, and telehealth.

Barriers for Service Delivery

When researching music therapy in rural areas, it was found that music therapists were the only music therapists in their geographic region (Kenmore, 2018). Music therapists in rural areas also had a large scope of practice that included working with different populations in varied settings (Kenmore, 2018). This has the potential for music therapists to be working outside of their competence area, and could lead to an increased risk of burnout (Kenmore, 2018). Working in rural areas could also mean that there is increased travel time to meet clients in the region (Kenmore, 2018). Additionally, it was found that there was limited supervision and peer support, which could contribute to professional isolation.

Cultural Considerations

Cultural considerations specific to rural areas

must be kept in mind, with the acknowledgment that the culture of rural areas throughout the world will vary. Therefore, music therapists working in rural areas should familiarize themselves with the culture specific to their area. Generally speaking, music therapists must be prepared to take on not only the therapist role, but also the advocate and educator role in rural areas, as it is likely that music therapy will not be as well known.

Strategies for Improving Accessibility

Through researching the literature, multiple approaches have emerged that have the potential for increasing accessibility. Community music therapy is one of these, as it encompasses collaboration and involves members of a community. The use of participatory decision-making, and including participants and those who are going to be directly affected by music therapy in the process of developing music therapy programs in rural areas is also important to consider for the longevity and sustainability of music therapy in rural areas (Bolger, 2015). In conjunction with Community music therapy, Resource-Oriented music therapy has the potential to be effective in rural areas through working with community members and using the strengths that already exist within these rural areas. Using this as a basis, it is more likely that music therapy will be embedded into the community and will serve clients in a way that fits their needs (Rolvjord, 2004). Another type of music therapy that has the potential for improving access in rural areas is home-based music

therapy, as it can reduce the barriers centred around transportation. Through this approach, music therapy is able to be provided more consistently and has the potential to reduce stress for clients (Schmid & Ostermann, 2010). Due to the COVID-19 pandemic, many music therapists have transitioned to practicing via telehealth. This has many implications for services in rural areas. Reliable internet and technology, especially for those living in rural areas, is a continuous barrier; however, telehealth music therapy shows promise for addressing accessibility gaps in rural areas.

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EVIDENCE-BASED MUSIC THERAPY TREATMENT TO ELEVATE MOOD DURING ACUTE STROKE CARE

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Post Stroke Depression

A third of stroke survivors experience post-stroke depression (PSD) (Hackett, Yapa, Parag, & Anderson, 2005; Towfighi et al., 2017). Higher levels of depression and depressive symptoms are associated with the less efficient use of rehabilitation services and poor functional outcomes, just to name a few (Towfighi et al., 2017). One study found that 40.9% of stroke survivors had PSD within the first 7-10 days increasing the likelihood of disability in the first year (Willey et al., 2010)

Music Therapy, Mood, and Rehabilitation

Mood related outcomes, including depression, are often examined by music therapy studies in neurologic rehabilitation settings. Review authors have discussed the variety of interventions and approaches music therapists use when targeting mood following acquired brain injury thus making generalization of findings difficult (Magee, Clark, Tamplin, & Bradt, 2017). However, results are promising across the rehabilitation timeline with research including that early music therapy intervention can significantly improve mood during acute hospitalization following stroke.

Evidence for Music Therapy During Acute Stroke Care

Rushing (2019) investigated the use of active music therapy treatment (AMT) to elevate

mood for adults hospitalized following a first-time acute ischemic stroke. Findings demonstrated that a single treatment session of AMT could significantly improve mood as measured by a faces scale ($p = 0.002$). Participants were enrolled within two weeks of stroke onset. They were a mean age of 68 with limited differences in gender and stroke location. Stroke severity presented as mild to moderate for this cohort. AMT treatment lasted an average of 31 minutes and was designed to elicit and encouraged active engagement from participants. For example, playing instruments, singing, improvising, and or moving to music.

Further investigation was conducted to explore the clinical decision-making (CDM) process involved in mood elevation. Qualitative self-study was used to identify components of CDM and to understand what determines the clinician's course of action. It was found that CDM involved the facilitated progression through a four-stage treatment process (rapport building, ongoing assessment, treatment implementation, and termination); monitoring and influencing participant levels of arousal, affect, salience, and engagement (AASE); and selecting music-based and therapy-based techniques to facilitate the most desirable changes in AASE and thus, elevate mood.

The research presented by Rushing (2019) builds upon the current body of music therapy evidence addressing psychosocial needs of

stroke survivors. Specifically, it provides evidence to the benefits of music therapy intervention at the earliest stage of stroke recovery. Further research is needed to understand long-term effects.

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ESSENCE TO WELL-BEING: REVISITING UNPLEASANT EMOTIONS THROUGH IMPROVISATION IN ANALYTICAL MUSIC THERAPY TRAINING

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More and more, the need of various, more accessible forms of music therapy training has increased globally (Kim, 2019) due to the frequent use of technology and the needs of diverse clients in music therapy. Analytical Music Therapy (AMT) is an advanced clinical training in the study of music psychotherapy, techniques and strategies, the conduct of actual music therapy, case studies, individual and group supervision, as well as self-exploration by receiving Analytical Music Therapy sessions (Eschen, 2002; Priestley, 1994; Scheiby, 2017). The ultimate goal is to train the integration of musical, verbal, relational, aesthetic, intellectual, emotional, psychological, and spiritual being as a therapist. Trainees can start training while matriculated in a Master's program in music therapy. Flexible delivery methods are applied such as face-to-face and online instruction, and instruction is provided in multiple languages, if possible.

Over the years, I have witnessed the power of referential improvisation to get into our unconscious and be a tool for examining our hidden emotions or traumas. A referential improvisation can be closely related to the material we are thinking about (or not yet explored) and help us link the improvisation to the material we need to work on. Silence, music, movement, and words into improvisation are all utilized in the AMT sessions and assure us that it is okay for us to sit in silence if needed at times.

AMT training changes trainees' views about music, regarding how powerful improvisation can be in getting to their unconscious and bringing it to the surface. This experience helps clients increase their insights, freedoms, creativity, and expressiveness. Dr. Kenneth Aigen believes Mary Priestley, the creator of the AMT approach, was very concerned that the attempt to play pre-composed music in a certain style and make it sound good is detrimental because these thoughts can distract us from the emotion (personal communication, February, 2020). The referential improvisation can tap the unconscious and release one's feelings due to psychic dynamics. As Dr. Inge Pedersen said of Mary Priestley, "She was always working with it, with the deep dynamic parts of the psyche coming out in music. And I think this was more important for her than how the music actually sounds." (Pedersen, personal communication, December 2019). Sometimes in sessions with Priestley, the music took over and you felt like the music was the lead. And then it was music as therapy. But it was not the aim of it.

Trainees benefit from the training and engage in authentic work on their own issues that are important to them, before beginning their practice as music therapists. As Inge Pedersen described, "Improvisation, the way of using music as a symbol for the unconscious and her fantastic descriptions of transference and countertransference and her many, many good descriptions of techniques. You can only

use it if you have a comprehensive self-experiential training so you can't just use it functionally" (Pedersen, personal communication, December, 2019). The depth of training depends on the trainees' willingness and openness to the process.

The referential improvisation focuses on increasing music therapists' awareness of transference and countertransference and the ability to manage their own stress (Kim, 2019). For this reason, the training is effective in training music therapists whose verbal and musical expressions are inadequate or those who are seeking to transform their internal strengths into creative energy. Finally, music therapists who wish to continue to grow as a person, as well as a professional, are ideal candidates for AMT training. During the training, the AMT trainees continually grow by increasing self-awareness, nurturing their inner child, and freeing their creative energy, while managing cultural-related countertransference and maintaining their psychohygiene and well-being.

"In the AMT training model, there was an honesty that we're all vulnerable. We all get it wrong; we all make assumptions; we all can be really helpful for another person. That insight can come from very different places; that we can deepen relationships with one another as

students and as teachers and have a better understanding of ourselves as human beings through this model. As long as we don't try and turn it into some dogma or that we're better than anything else, there's got to be some humility in this" (Colleen Purdon, personal communication, January, 2020). Mary Priestley teaches us humility, the ability to innovate methods, and a passion for music.

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MUSIC THERAPY IN CUT-TIME: THE CHALLENGES OF PROVIDING CARE IN ACUTE INPATIENT BEHAVIORAL HEALTH

Yvonne M. Glass

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There are significant and compounding difficulties for those needing to access mental health services in the United States. The first barrier is the inadequate number of physicians to provide treatment, which becomes even more pronounced in rural areas. The result is often that individuals become non-compliant with treatment and run out of medications. In addition, many of the chronically mentally ill have very limited social support and many are homeless with little care and poor resources to address their physical health. At the time of admission to inpatient care, most are actively psychotic, suicidal, and often self-medicating with drugs and alcohol to manage their symptoms.

Behavioral health providers are considered 'acute crisis stabilization' facilities with an average patient length of stay of five to seven days. Traditional psychotherapy models are not as effective in brief hospitalizations, and interventionists including music therapists are tasked with providing groups that are therapeutically relevant and helpful in an abbreviated, finite period.

In lieu of traditional psychotherapy, the treatment mall model is used by many providers where groups are designed with a strong psycho-educational component to address acute needs of patients. Individuals are assigned to therapy sessions by like diagnosis within thought, mood, anxiety/post-traumatic stress, and chemical dependency disorders,

with sessions covering such topics as coping, discharge planning, self-esteem, grounding, healthy communication, and mindfulness as the primary focus.

Many music therapy techniques lend work within this model extremely well. Using such interventions as drumming, lyric analysis, songwriting, and music assisted relaxation can easily be paired to clinical topics to help patients learn effective ways to manage their symptoms and after being discharged from the hospital.

For the successful implementation of such a model, the interdisciplinary treatment team must effectively communicate both the needs and progress of patients so they are placed in groups that are most beneficial to their care. In addition, the use of a trauma-informed care model is also imperative in order to avoid triggering or contraindicated interventions. The practice of therapists using the AIDET model—announce start of group, introducing self to group, describing what will happen in group, estimating the length of the group, and thanking members of group—is also embraced within this model to decrease anxiety of patients after being made aware of what to expect during group sessions.

The 30-day recidivism rate for mood disordered individuals is 15 %; for thought disordered individuals the rate increases to 22.4 %. In this challenging system, music therapists

are able to have a meaningful impact on the health and wellness of those seeking treatment for mental illness in the United States.

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THE EFFECTS OF A MUSIC THERAPY-BASED STRESS MANAGEMENT ON THE PERCEIVED STRESS OF INMATES WITH MENTAL ILLNESS

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Introduction

Incarceration is one of the most stressful life experiences (Holmes-Rahe, 1967). Innovative treatments are needed to help inmates with mental illness better manage stress. Research suggests the efficacy of music therapy in helping inmates decrease their depression and anxiety (Gold et al, 2014), improve their anger management skills (Hakvoort et al, 2013), and improve their executive function (Segall, 2016).

This study compared the efficacy of music therapy versus talk-based therapy in reducing the stress of inmates with mental illness. It also considered which stress management techniques inmates perceived to be most helpful.

Methods

Participants in this study were males between the ages of 23 and 61 years old. Participants were receiving mental health treatment on a Diversionary Treatment Unit (DTU) at an adult male prison in northwest Florida at the time this study took place. All participants signed consent forms and had at least a 5th grade reading level. The most prevalent participant diagnoses included schizophrenia and mood disorders.

Participants were randomly assigned to either the control (psychoeducational talk ther-

apy) or experimental (psychoeducational music therapy) condition. All participants attended a one-hour group session once weekly for four weeks. Each of the four sessions highlighted a specific stress management technique-identifying stressors, relaxation techniques, using humor to deal with stress, and positive self-talk, respectively.

Prior to beginning the first session, participants completed Cohen's Perceived Stress Scale (PSS) to assess their stress levels. After each group, participants completed the Session Helpfulness Survey, which was created by the primary investigator. Participants indicated on this survey whether they perceived the session they had engaged in to be not helpful, somewhat helpful, or very helpful. At the end of the fourth session, participants completed the PSS again and indicated what techniques they perceived most helpful overall on an exit survey created by the primary investigator.

Results

Fourteen participants completed the study. According to a two-way ANOVA test, there was a significant decrease in stress for both treatment conditions; however, there was no significant difference between the two groups.

According to a Friedman test, there was no significant difference within the control or experimental condition with regards to how

helpful patients viewed each session to be. Eighty-five percent of responses collected in the music therapy condition indicated that participants viewed sessions as very helpful compared to fifty-one percent of responses in the control condition.

Discussion

In this study, music therapy and talk-based therapy were equally effective in reducing stress of inmates with mental illness. However, music therapy was perceived to be more helpful. Limitations of this study included a small sample size and acquiescence bias. Future research should utilize a more intensive curriculum over a period of months versus weeks.

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MUSIC THERAPY, SERIOUS MENTAL ILLNESS AND ADJUDICATIVE COMPETENCY RESTORATION

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Adjudicative Competency

Adjudicative competency, also called competency to stand trial or fitness to plead, refers to a defendant's ability to understand and participate in the adjudicative process. In *Dusky v. United States*, the Supreme Court outlined this as "sufficient present ability to consult with his attorney with a reasonable degree of rational understanding and a rational as well as factual understanding of proceedings against him" (1960, 362 U.S. 402).

Serious Mental Illness and Incompetence

Though the presence of a serious mental illness, such as schizophrenia, is not enough to warrant competency evaluation and treatment, symptoms of serious mental illness often cause significant impairments in a person's abilities related to the Dusky prongs (i.e. rationality, communication skills, reality orientation, ability to retain factual information, etc.). For some defendants, amelioration of symptoms is enough to meet the court's expectation for competence. For many others, symptom reduction is the tip of the iceberg.

What Treatment Exists?

The ambiguous nature of Dusky has resulted in many scholarly attempts to precisely define and evaluate adjudicative competence, but the same effort has not been put forth in conceptualizing and testing treatment for com-

petency restoration (Zapf & Roesch, 2011). Interventions cited in the literature include medication, flashcards, interactive CD-ROMs, movies or television shows, games, mock trial roleplays, lectures, group discussion and educational worksheets (see Warren, et al., 2009; Johnson & Candilis, 2015). These interventions have been largely untested, and reporting on their development, use and dosage is rare in the literature.

The Role of Music in Restoration

Music therapy can be utilized in restoration, as described by Sammons (2014). As part of this author's final project towards her MMT, she developed an intervention manual for restoration work with adults with serious mental illness. These music-based interventions target various competency-related domains and subdomains – as defined by Zapf and Roesch (2009) – and have been used by this author for several years in the restoration services she provides. They focus on skills related to each of the Dusky prongs, as well as other issues that are often seen in restoration, such as inappropriate courtroom behavior, impairments in emotional regulation and co-occurring trauma history or substance abuse. The author also presents an assessment process based upon Stredny, Torres and Wolber's (2009) parallel assessment model that helps translate the unique and nuanced engagements clients have with music into competence-specific language. This process

aims to keep music prominent in documentation.

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BALINESE GENDÉR WAYANG GAMELAN AND ITS POTENTIAL FOR CLINICAL IMPROVISATION

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Introduction

The Gendér Wayang (pronounced gən-dər wa-yang) gamelan is one of the most ancient forms of Balinese gamelan ensemble. This study investigates the potential use of Balinese Gendér Wayang gamelan music for clinical improvisation in music therapy. The objectives of this study were to understand the cultural aspect of Gendér Wayang pracér Wayang's musical features for clinical applications.

Gender Wayang Gamelan

The word Gamelan means orchestra and it is an essential part of Hindu-Balinese religious ceremonies. Traditional gamelan playing requires musicians to memorize all their pieces by ear. Gendér Wayang gamelan is used to accompany Balinese shadow puppet performance and Balinese rituals (Squance, 2007). The resonators of Gendér Wayang are made of bamboo and the keys are made of bronze or brass. Gendér Wayang consists of two sets of five tone keys (a rough approximation of the tuning is DEGAB) that are played with two rounded wooden mallets. Every Gendér Wayang is tuned slightly differently because a perfect unison is considered lifeless in Balinese musical culture. Gendér Wayang is performed by one or two pairs of players. One of the players will play the Sangsих part and the other will play the Polos part.

Clinical Improvisation

In The Architecture of Aesthetic Music Ther-

apy, Lee (2003) explained the importance of understanding musical and clinical elements equally in music therapy work. Musical analysis in music therapy can help us understand human interaction and human potentials. This work examined some of the typical Gendér Wayang musical features. Understanding these features will reveal the element of interaction between players. Presenting the musical features of Gendér Wayang will hopefully provide a new musical resource for Clinical Improvisation.

Pentatonic

There are only 10 keys on a Gendér Wayang, and it consists of 2 sets of pentatonic scales (D-E-G-A-B). There are many melodic combinations, and rhythmic patterns that can be generated or improvised from this simple pentatonic scale.

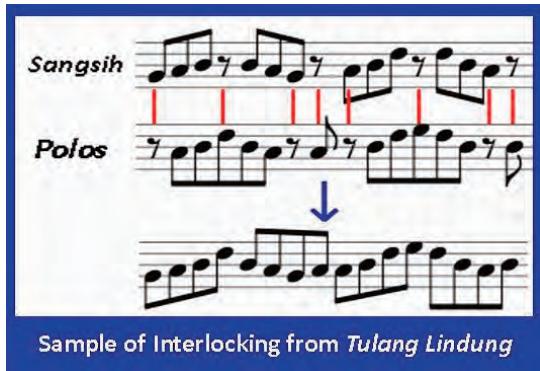
Ostinato

Most of Gendér Wayang pieces were composed on repetitions of patterns or ostinato. The ostinato contributes to the sense of steadiness and focus as the piece is played. Ostinato is helpful as the pieces are practiced by hearing and not the use of musical notation. This way, it is easier for the performers to remember the piece, because they would be remembering patterns.

Interlocking Melody Lines

The Sangsих and Polos part have different ostinato patterns. However, when played toge-

ther the two parts sound like a single, continuous melody line or, in other words, the melody lines are interlocked with one another. This feature creates the sense of timelessness expected in a Gendér Wayang performance; two voices that sound like one, yet still identifiable as two separate players.



Closing

Gendér Wayang pieces are meter-less and yet there is still a recognizable structure. There is a sense of unity yet every indivi-

dual's voice is heard. Gendér Wayang's musical features are adaptable for Western clinical methods. Exploring musical features from different styles of music will enrich our clinical resource as a music therapist. While adopting traditional features of a certain culture for modern practice is meant to preserve culture, we also need to understand the history, values, norms, and the conventional way of practice to respect the culture. This work was the first step into revealing the full potential of Balinese gamelan for clinical work.

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SYNERGY OF MUSIC AND ART THERAPY FOR PEACE, HEALING, RESILIENCY AND RECOVERY OF COMMUNITIES AFFECTED BY CALAMITIES, PANDEMIC AND ARMED CONFLICT

Dulce Blanca T. Punzalan

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Asosasyon ng Musikong Pilipino / Filipino Society of Composers, Authors and Publishers, Inc.
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In these unique music and art therapy activities, the participants experience interactive mural paintings, poetry, singing, dancing, songwriting, bamboo instrument-making, and ensemble playing utilizing Philippine, Asian, African, Middle Eastern, European, North and South American wind, string and percussion instruments.

For the past 11 years, calamity areas, evacuation centers, schools, hospitals and war zones have been our venues, while victims and survivors of disasters, pandemics and armed conflicts have been our key participants. In partnership with the public and private sectors, civil society, NGOs, academia, healthcare practitioners and people's organizations, we have conducted hundreds of music workshops, local and international performances, outreach programs, coastal clean-ups, mangrove planting, house and farm building, medical and dental missions, benefit concerts, webinars, art and music festivals, multimedia activities (TV, radio, print, social media) and 700+ mural painting sessions in urban and rural neighborhoods, in corporate or social events and conferences across 16 countries. We provide the musical instruments, workshop modules, painting materials and overall

sketches. People from all walks of life, from different faiths, ages and diverse cultures experience hope, joy, love, harmony, peaceful co-existence, positive engagement, collaboration and convergence through the healing power of music and the creation of big artworks. These endeavors have resulted in the healing, resiliency and recovery of urban and rural communities including marginalized sectors (refugees, indigenous peoples, farmers, fisher-folk, indigent youth, women, persons with disabilities and senior citizens) affected by calamities such as typhoons, fires, earthquakes, volcanic eruptions, pandemic (COVID-19) and armed conflict. Among the positive outcomes are: (a) trauma healing of victims and survivors; (b) enhancement and improvement of their health and wellness (occupational, emotional, intellectual, physical, social, spiritual); (c) poverty alleviation through livelihood generation; (d) inclusive growth; (e) gender equality; (f) social justice; (g) cultural heritage preservation; and (h) climate change mitigation and adaptation. As stated by Ken Chapman PhD, "Those who choose to live in peace must help their neighbors to live in peace. Those who choose to live well must help others to live well, for the value of a life is measured by the lives it touches. And those

who choose to be happy, must help others to find happiness. For the welfare of each is bound with the welfare of all."

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GETTING INTO THE GROOVE WITH A SOCIAL THINKING® MINDSET FOR AUTISM

Solinda Garcia-Bautista
St. Paul University Manila, Philippines

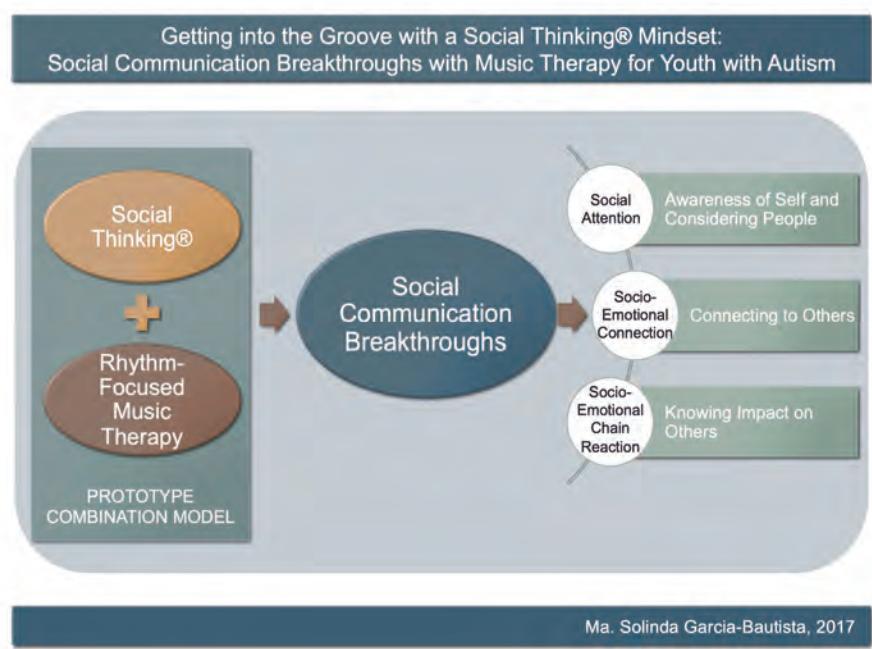
Objective

To address social communication challenges of youth with autism that could otherwise lead to social isolation, and emotional and behavioral issues, a rhythm-based music therapy prototype was developed using Michelle Garcia Winner's Social Thinking® perspective. This approach emphasizes social thinking abilities rather than behavior change treatment, tapping rhythmic interventions' power of repetition, modular structure, flexibility, and attraction for social engagement.

Method

Eleven rhythm-based music therapy activi-

ties based on ten kinds of rhythmic techniques were mapped to the "Four Steps of Communication" model of the Social Thinking® framework. These were implemented through a learn-practice-reinforce style of social skills learning. A primarily qualitative, mixed-methods, exploratory and reflexive research used assessment frameworks for social skills development in group music therapy, and for Social Thinking®. Eighteen intervention sessions were provided to a nonprobability sample of eight youth with verbal capabilities, average to high-average intelligence levels and lower-end severity social communications, from two Greater Manila schools in the Philippines.



Results

Data pointed to positive changes in:

- social behaviors, from parallel or reciprocal to cooperative;
- engagement, from passive or receptive to collaborative; and
- social thinking skills, from emerging awareness to solid understanding.

Through the application of music therapy and non-music-therapy techniques to unsustained attention, long turns, bumping, grabbing and rowdiness, participants exhibited prolonged attention and increasing group awareness, alongside other outcomes of creativity, humor, musicality and leadership. Reflections on outcomes led to eighteen refinements to the protocol design and program setup guidelines.

Conclusion

The resultant blueprint can be used by music therapists and expanded with additional Social Thinking® dimensions and client populations, to provide solutions addressing social isolation, emotional, and behavioral challenges of those living with autism.

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CULTURAL OPPRESSION AFTER DECOLONISATION: THE EMPOWERING EFFECTS OF A SIMPLE MUSIC THERAPY SPACE ON OPPRESSED INDIVIDUALS AND GROUPS IN INDIA

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MMUS Music Therapy and B.Social Work

Introduction to paper

Music therapy is an act of humanitarianism, and aims to awaken the human who has been dehumanized. Even Ruud (2010) is a pioneer and spokesperson for the humanistic perspective in music therapy and has created a perspective through which my experience of working in the field leads me to advocate music therapy as a strong force in fighting oppression of many sorts.

Cultural Oppression

Patriarchy and inequality in gender in India specifically, comes from a history of deeply rooted social norms that began as the caste system dating back to the 1500's (Farék et al., 2017). Patriarchy is at the core of the cast construct. The trauma and discrimination that many women in modern India face today, have historically engraved footprints of multiple emotional and physical harm within individuals. Currently, internal cultural colonial rule manifests in patriarchy, cast systems and gender inequality to mention only a few. Gender inequality causes an unequal balance of power and leads to domestic violence. (Nanda, 2013).

Music Therapy and oppression

With Ruud's (2010) humanistic perspective on the therapy situation, and through exploring the five principles he suggests, this paper

takes you on a journey of the effectiveness of music therapy in this context. It is the role of the therapist to facilitate the continued interrogation of the notion of social inequality, revealing how the personal is political, and how the patient's liberation and empowerment is related to and depends upon that of others. In the words of Richard Brouillette; "The therapist should continually question oppression and inequality". Ruud (2010) suggests the following five principles for humanistic therapy: care for the individual and respect for human dignity, empathy, critical aspects, self-determination, symbols, metaphors, and meanings. I am suggesting a sixth principle of agency, exploring how the oppressed becomes liberated, as an agent of liberation. Kruger and Stige et al. stated that music-making is emphasized not only as affording belonging, but also as a possibility to have a voice in the broader social and cultural contexts (Stige et al., 2010). If we relate our professional practices to theories that neglect sociocultural contexts, we are promoting the idea that therapy is a privileged "non-context" for context-free learning (Lave, 1996). The space where effective and enfranchised Music Therapy takes place, begins with the music therapist approaching the client with a strength based, humanistic, and unconditional accepting perspective and frame of mind.

We look at some real life examples of how clients found strength within themselves through various music therapy techniques,

and the healing effect of a space where safety, the individual, their context and their liberation is priority. "Music might in fact create a vital starting point for meaningful being, co-being, as well as, doings and co-doings in the community" (Nebelung, 2018). The humanizing healing and empowerment that music therapy affords in India, and many other countries where dehumanizing oppression has been a long endured suffering, is of great value to the individual and the community.

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KNOWLEDGE OF AND NEED FOR MUSIC THERAPY: PERSPECTIVES OF HEALTH PROFESSIONALS AND SPECIAL EDUCATORS IN DUMAGUETE CITY

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Introduction

Music Therapy is a growing profession and practice internationally and nationally. Its effects have been established, encompassing physical, emotional, cognitive, and social skill improvement (American Music Therapy Association, 2016). In the Philippines, music therapy has just begun. St. Paul Manila, which is located in the nation's capital is the first to establish a music therapy program in the country as well as create a Music Therapy Center. The center is a facility which caters to differently challenged children, adolescents, and adults (Mojado, 2014). Because of its prime location, there are more opportunities for people to know about and recognize the need for music therapy compared to the Central and Southern Philippines. Given the universally recognized effects of music in pediatrics and special education, the researcher saw a need to undertake this present study in Dumaguete City. Being a local area, people's knowledge of and need for music therapy, needed to be examined.

It has been seen that in these two chosen settings (medical and educational), the need for music therapy services was determined. Doctors and nurses face different patients every day that need improvement cognitively, physically, emotionally, socially and behaviorally. Those challenges are not just faced by these professionals, but by special education teachers as well. These facts then drew the

researcher to pursue this study to fill in some gaps.

Much evidenced based research about music therapy have already been published. One study has shown that physicians must provide access to therapies that are likely to improve the child's quality of life — this includes music therapy. Together with other therapies, music therapy can alleviate pain and other symptoms (Committee on Bioethics and Committee on Hospital Care, 2000). Not only is music therapy useful in the medical setting, but it provides exceptional benefits in the educational setting as well. According to the American Music Therapy Association (2016), "in special education and settings serving persons with special needs, music therapists utilize music as an educational related service to promote learning and skill acquisition".

Purpose of the study

This study then attempted to explore these settings by recruiting 46 health professionals (doctors and nurses) employed by three major hospitals and 25 special education teachers from three basic education schools in the city to fill out self-administered questionnaires. Their answers were compared to determine whether there was a significant difference between the health professionals and the special education teachers in terms of their level of knowledge about music therapy, their level of knowledge about the

signs and symptoms of patients and students who may need music therapy, and their felt need to provide music therapy services to their patients and students. In addition, the results were also analyzed to determine whether there is a significant relationship between the two groups' level of knowledge about music therapy and their felt need to prescribe it. The results of this study provide baseline data, which helped in establishing a music therapy degree in Silliman University College of Performing and Visual Arts.

Results and conclusion

There are no significant differences in the level of knowledge about music therapy, level of knowledge about the signs and symptoms that imply the need for music therapy and felt need to provide music therapy services to their patients and students among health professionals and special education teachers.

In conclusion, these professionals know the basics of what music therapy is.

Currently, the music therapy program at Silliman University has 9 enrolled students, and 3 incoming freshmen from different parts of the country and of the world.

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DEVELOPING MUSIC TECHNOLOGY FOR EMOTION REGULATION AND MOTOR REHABILITATION

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Abstract

Medical technology (MedTech) involving music is increasingly being developed for various clinical and non-clinical contexts to support health and well-being. This paper focuses on two recent systems that allow users to steer their own wellness and recovery: a BCI system for emotion self-regulation in listeners (Ehrlich, Agres, Guan, & Cheng, 2019), and a motion-capture game for motor rehabilitation (Agres & Herremans, 2017).

Developing New Technologies for Health

The inclusion of technology in the practice of music therapy has garnered significant interest in recent years (Magee, 2014). In line with this trend, bespoke music-based MedTech systems are being developed for several complementary contexts: assisting music therapists and health professionals in their practice (e.g., for delivering music, recording patient data); assisting clinical populations directly (e.g., providing patients with new musical capabilities, experiences, and self-expression); enabling patients to maintain a trajectory of healing between therapy sessions (e.g., tele-rehab systems); as a tool for preventive medicine (e.g., to motivate physical activity); and to support general well-being outside of clinical contexts (e.g., music recommendation systems to promote mental health). This paper focuses on two recent applications that empower the patient to support their own recovery, with or without the assistance of a healthcare professional. The first is a Brain-Computer Interface (BCI) that uses neurofeedback and automatic music ge-

neration for emotion regulation, and the second is a motion-capture Serious Game for motor rehabilitation and strengthening.

The BCI system, described in Ehrlich et al. (2019), uses neurofeedback and music to teach the listener how to mediate their own emotions. An automatic music generation system creates affective music in real-time that is based on the listener's brain state, as measured via encephalography (EEG), and the BCI algorithm is calibrated for every user. The generated music adapts to the listener's EEG activity in real-time, and is capable of creating a range of affective music from low-arousal and moderately low-valence (e.g., calm or melancholy) to high-arousal & high-valence (e.g., happy). For musical examples, please consult Ehrlich, et al. (2019). While using the system, the listener's task is to try to change the music to sound more happy/joyful, or more calm/relaxed. To accomplish the task, the listener attempts to change her emotional state in order to guide the music generation system, so that the music gradually becomes more happy, or more relaxed. The affective music also serves to influence the emotion state of the listener. Therefore, the generated music acts both as a sonification of the listener's emotional state, and influences the listener's emotional state. The system has been successfully tested on healthy adults, and future work aims to validate the system with patients suffering from depression or anxiety.

The Serious Game described in Agres and Herremans (2017) uses motion capture and ga-

mification to motivate users to complete their prescribed physical therapy exercises, increase range of motion in affected limbs, and engage in a regimen of physical strengthening. The user's task is to move as illustrated on the screen to the beat of the music. The system offers a solution for tele-rehab and remote tracking of the patient's progress, with individual kinematic scores and visualizations (e.g., of displacement, velocity, etc) stored across sessions. The game is tailored for stroke patients, but is also appropriate as a tool for preventive medicine for the elderly. It is part of a suite of Serious Games developed by the author and colleagues to support motor function and overall wellness (Agres, Lui, & Herremans, 2019; Beveridge, Cano, & Agres, 2018).

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CONDUCTING MUSIC THERAPY OUTCOME STUDY FOR CHILDREN WITH AUTISM SPECTRUM DISORDER THROUGH INTEGRATION OF CHILD NEUROIMAGING AND NEUROPSYCHOLOGY

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There are high needs for a well-designed clinical outcome study that investigates benefits of improvisational music therapy (IMT) for young children with Autism Spectrum Disorder (ASD), especially after the publication of the TIME-A results with the Journal of American Medical Association (JAMA) in 2017 and the up-dated Cochrane review in 2014.

The primary aim of this three-year ongoing project is to explore a possible relationship between behavioural and neurological changes in young children with ASD aged between 18 to 72 months through biological markers such as child neuroimaging and neuropsychological measures to determine a year IMT effects (total 48 sessions), comparing IMT with standard care (SC) and SC without IMT. As this is an exploratory study, we are mindful about social motivational aspects of IMT between the child and the therapist. Therefore it would be worth investigating any changes in the highly speculated mirror neuron area including an orbitofrontal-striatum-amgydala circuit that is known to correspond to affect sharing behaviour, empathy and social motivation.

As the project has not been completed yet, a part of the interim report will be presented, and then I will introduce the first child who completed a year project and his mother's feedback from an in-depth interview I

had conducted. Session videos will be presented to show areas of which the IMT is effective at helping the child with ASD. Good, bad and ugly aspects of the real-world research and painstaking work of interdisciplinary research will be presented and discussed. Ethics approval was obtained (H-1805-045-945) from the IRB Seoul National University College of Medicine (SNUCM SNUH) Seoul National University Hospital.

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DOSAGE EFFECT OF INDIVIDUAL MUSIC THERAPY ON WHOLE-PERSON CARE IN ADULT INPATIENT REHABILITATION

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Introduction

Every year, more than 350,000 patients are admitted into inpatient rehabilitation facilities in the U.S. (Medicare Payment Advisory Commission, 2019). Successful rehabilitation programs are those that adopt a whole-person approach, one that incorporates all facets of physical, mental, and social health (Ogun-dunmade et al., 2016). Music therapy, since its inception, treats the whole person by addressing a wide spectrum of person-centered needs through music (Abrams, 2015). The music therapy meta-approach to rehabilitation combines restorative, compensatory, and psycho-social-emotional approaches to promote whole-person care (Daveson, 2008). For instance, extemporaneous musicking between patients and therapists enhance physical, cognitive, emotional, and social engagement, while simultaneously addressing rehabilitation goals of perceptual-motor integration (Guerrero et al., 2014). Therefore, music therapy has the potential to enhance whole person care in inpatient rehabilitation.

Despite the expanding research base, there is much variability in the literature regarding the duration (i.e., length of music therapy sessions), intensity (i.e., number of sessions), and presentation of music therapy (i.e., individual, group, or co-treatment with other therapists). The purpose of this study was to investigate the dosage effect of individual music therapy on whole-person care (physical well-being and psychological well-being).

Method

Sixty patients were recruited from an inpatient rehabilitation unit and were randomized to one of three conditions: (1) one 30-minute group music therapy session per week and standard care; (2) one group music therapy session per week, one 30-minute individual music therapy session per week, and standard care; and (3) one group music therapy session per week, three 30-minute individual music therapy sessions per week, and standard care. Neurologic music therapy interventions were utilized.

Results

Regarding physical well-being, results showed that patients who received more music therapy experienced great improvements. Regarding psychological well-being, patients who only received group music therapy and patients who received group and one individual music therapy session experienced improvements. Patients who received group and three individual music therapy sessions did not experience any improvement in psychological well-being.

Discussion

Overall, the results indicate that there is a dosage effect of music therapy on physical well-being but not on psychological well-being. Physical well-being was achieved to a greater extent, whereas psychological well-

being improved marginally or remained the same. The results lend support to the music therapy meta-approach to rehabilitation (Daveson, 2008). Several limitations include lack of a true control group, small sample size, and medical diagnoses were not controlled.

As the music therapy evidence base grows, healthcare providers are becoming more aware of the potential of music therapy to enhance whole-person care in adult inpatient rehabilitation. It appears that individual music therapy had a greater impact on physical well-being whereas group music therapy had a greater influence on psychological well-being.

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THE EFFECTS OF SONG-FOCUSED GROUP MUSIC THERAPY ON THE EMOTIONAL LABOR AND BURNOUT OF CAREGIVERS

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Abstract

This study determined the effects of a song-focused group music therapy program on the emotional labor and burnout of caregivers. Results showed significant improvements and significant changes in emotional labor and burnout scores. This indicates that song-based group music therapy intervention can be an effective way to alleviate emotional labor and burnout of caregivers.

Objective

The purpose of this study was to investigate the effects of a song-focused group music therapy program on the emotional labor and burnout of caregivers.

Method

The study involved 21 caregivers using the caregiver support center located in Seoul. Subjects were randomly assigned to an experimental group ($n = 11$) and control group ($n = 10$). The experimental group received song-based music therapy programs (80 minutes each), once a week, for 18 weeks. In addition, the verbal responses of the subjects, based on song data, as related to the program themes were also analysed. Pre- and post-tests were conducted to determine the effect of song-focused group music therapy programs on emotional labor and burnout scores. The collected

data compared the post-group scores through the Mann-Whitney U test and the pre- and post-score scores within the group through the Wilcoxon signed-rank test.

Results

The total score of emotional labor in the experimental group decreased from 3.67 pre-test to 2.54 post-test, and showed a significant difference in all the sub-factors of emotional labor ($p < .01$). The total score of emotional labor in the control group decreased from 3.55 pre-test to 2.80 post-test, with no statistically significant difference ($p > .01$). The total score of burn-out in the experimental group decreased from 6.69 pre-test to 5.29 post-test, and showed a significant difference in all sub-factors of burnout ($p < .001$). The total score of burnout in the control group decreased from 6.68 pre-test to 3.85 post-test, but there was no statistically significant difference ($p > .001$).

Conclusions

Results suggest that song-based group music therapy can be an effective intervention tool to relieve emotional labor and burnout of caregivers.

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YOUNG & GREAT MUSIC HEALING PROJECT FOR JUVENILE OFFENDERS

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Need for the study

The rate of Korean juvenile crimes increased in recent decades, as has the severity of the delinquent behaviors including serious crimes such as assault, robbery and rape (Noh, Lee, Jang, 2018). There has been growing public sentiment requesting harsher sentences for minors, however punishing minors aggressively has failed to prevent future crimes. Therefore, focus has been placed on the education and re-direction to successful reintegration into society and prevention of further crimes (Lee, 2015). Factors associated with juvenile delinquency include: negative encounters with parents, developing close relationships with other delinquent youth, school adjustment problems, and struggling with performance anxiety or conflicts in schools (Yang & Song, 2012). Teenagers often lack the experience of mutual respect and acceptance from their caretakers, which explains their low self-esteem, negative self-image, and inability to control impulses or emotions, and difficulty managing challenging situations (Lahey, Moffitt, & Caspi, 2003). Hence, there is a strong need for developing and facilitating redirection programs incorporating these factors, and we developed and facilitated a music therapy program for juvenile delinquents in South Korea (Kim, Chong & Yun, 2015; Yun & Chong, 2019).

Project Development and Implementation

The “Young & Great Music Healing Project” is a 6 year-long music therapy program for adolescents who are on Suspension of Prosecution or Probation in six different cities in South Korea. In order to address the emotional and behavioral issues of the adolescents, the authors developed a 4-stage song psychotherapy protocol to address the following goals: to process and release negative emotions; to redirect aggressive behaviors and tendencies; to promote ability to control impulses; leading to prevention of future crimes. The protocol focuses on the strength and hidden potential of the participants by facilitating creative and successful music making processes in order to promote active and self-motivated participation. The program provided the teenagers multiple chances to select songs, instruments and activities to work on; to express their energy and feelings through rhythm, melody and lyric creation; and to acknowledge and express their repressed thoughts and feelings.

Method

To investigate the efficacy of the program, adolescents who were on suspension of prosecution or probation between the ages of 15 and 19 were provided with 60 to 70-minute

group song psychotherapy sessions for 15 weeks. Before and after the treatment period, data were collected using participants' self-report type questionnaires on 'self-concept,' 'stress coping strategies,' and 'resilience.'

Outcome

The study results showed that the project brought statistically significant improvement in all three psychometric data. When analyzed, the participants' recidivism rate provided by the prosecutor's office following their probation period, was significantly lower than the national data. Participants' verbal expressions from the individual interviews, indicated participants were able to experience various levels of participation, decision making and social communication. Moreover, they were able to discover various inner resources through the process of making songs and expressing their unique and creative side, which contribute to a successful re-integration into the society and prevention of future crimes.

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PHENOMENOLOGICAL STUDY ON THE EXPERIENCE OF STUDENT MUSIC THERAPIST AND THEIR USE OF MUSIC INTERVENTION IN SELF CARE

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Abstract

This study explored the self-care experience within music intervention for student music therapists with Moustakas' phenomenological approach. The results of this study were analyzed into three categories: 'physical care', 'psychological care', and 'importance of music experience'. This study suggests the importance of practical content in a preventive self-care music program as a preliminary process for student music therapists to address physical and psychological burnout.

Objective

The purpose of this study is to understand and explore the self-care experience of music therapy students in music intervention.

Method

The participants in this study were five music therapy students who participated in the music program for self-care. For data collection, we asked participants to fill out questionnaires on their experiences and conducted in-depth interviews. Data analysis was done by a semantic analysis of Moustakas' phenomenological approach. In order to secure the reliability and validity of the study, the study was conducted according to

the four criteria of 'truth value, application, consistency, neutrality'.

Results

The result revealed 77 sub-themes, 10 essential themes, 3 categories. The 3 categories are 'physical care', 'psychological care', and 'importance of music experience'. In the category of physical care, 3 themes such as 'concentrating on my body', 'difference and change of conscious practice', and 'improving of vocal health' were derived. In the category of psychological care, 4 themes such as 'time to concentrate on me', 'coexistence of rebuke and poison', 'cushion in mind', and 'new insight and pleasure' were derived. In the category of the meaning of musical experience, 3 themes such as 'structured music intervention', 'inner motivation', 'learning and recovery time' were derived.

Conclusions

The results of this study show that the student music therapist achieves self-care and resilience according to the stages of self-search, reflection, recovery, and growth. This suggests the actual content of a self-care music program to prevent physical and psychological exhaustion of prospective music therapists. This study can be used as basic data for future de-

development of more effective and appropriate self-care programs.

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THE EFFECTS OF KEYBOARD-PLAYING REHABILITATION PROGRAM ON HAND COORDINATION AND DEPRESSION FOR A PATIENT WITH FINGER MICRO-REPLANTATION

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Purpose

The purpose of this study is to examine the effectiveness of the keyboard-playing rehabilitation program on hand coordination and the mental well-being of a patient, after amputated finger micro-replantation.

Method

The study was conducted on a 65-year old male patient who had the 4th finger on his left hand cut off in an industrial accident. The single case study was carried out over six weeks. The patient received therapy in 50 minute sessions twice a week for a total of 12 sessions. The keyboard-playing rehabilitation program consisted of 'PSE-based hand coordination training', 'black keyboard improvisation', and 'TIMP-based Arirang numerical score' in order to improve the hand coordination and reduce the depression. Box & Block Test and MIDI Program were used to measure the change of hand coordination, CES-D was used to measure the change of depression, and session content analysis was added to trace the change of both variables.

Results

As a result, when it comes to the finger amputation micro-replantation patient, a posi-

tive result was shown regarding the coordination ability of the injured hand in the pre-post 'Box & Block Test' evaluation, and in the measurement of 'percussing skill value through MIDI program'. The result was drawn that the percussing skill value of the injured hand was improved. In 'CES-D' evaluation, the result that the depression declined when the pre-post comparison was carried out was drawn and it was confirmed through the content analysis that the hand coordination and the depression of the subject changed positively depending on each category.

Conclusions

This study may be significant, suggesting the keyboard-playing rehabilitation program could be an effective therapeutic treatment on hand coordination and mental well-being for a patient following amputated finger micro-replantation.

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THE GROUP PROCESS OF MEANING CONSTRUCTION BY MUSICAL NARRATIVE: COMMUNICATIVE PRACTICE FOR YOUNG OFFENDERS

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Problems

It is difficult and sometimes impossible for young offenders to talk about their troubled pasts as they tend to distance themselves from their past actions. The dissociation may be the result of traumatic experiences. The aspects associated with personally meaningful music can connect one's dissociative experiences more freely with wider perspectives. Therefore, Musical Narrative – the method in which a group of clients listen and talk about the songs with their personal meanings and significance – can connect the client's association more, as it helps to link to personal bonds and core values of the individual (Matsumoto 2005).

Method

In this presentation, we discuss a case with a group of four offenders in prison aged from 21 to 25, with criminal history of robbery re-

sulting in bodily injury, theft, and fraud etc. They are diagnosed with depression, borderline personality disorder, dissociative identity disorder. Ten 90-minute group therapy sessions were held biweekly. The first 3 sessions functioned as an introduction; getting to know each other by playing the drums. After these introductory sessions, we shifted the focus to the narrative through music associated with personal meaning.

We examined the verbal and nonverbal data such as emotional expressions, "silence", "gesture", and "onomatopoeia" etc. from session videos. We conducted both qualitative and quantitative analysis. The former method was an analysis of semiotic activity, while the latter method was a content analysis using KH coder (Higuchi 2004), which is a free software for text mining and analysis. Co-occurrence network analysis in KH coder was used for exploring the relationships between each word and code. We conducted statistical analyses

Table1 : Coding Rule Tazuke's Coding rule & Our original code

Code(Tazuke,2015)	words	Original Code	words
Family	family/mother/father/etc.	Emotional Expression	laugh/silence/pose/sing/nod/gesture...
Attribute	man/woman/high school/student/jail/classification home/etc.		Onomatopoeia and Reduplication
Personality	personality/honest/negative/positive/awkwardness/etc.		Exclamation
Activity	study/music/prison/reading/industry/exercise/band/music therapy/etc.		Song
Ability	effort/concentrate/value/assurance/bare/exaltation/		Title and Lyrics
Interpersonal relation:REL	friend/ relationship/others/support/trust/etc.		
Life	life/ time/sleep/eat/etc.		
Positive Expression	good/like/important/sympathy/happy/etc.		Artist
Negative Expression	bad/dislike/trauma/tough		MikitoP/YUI/Baba Shunei/Komuro Tetsuya
Denial Word	not		

to examine the co-occurrence of words and codes to explore the therapeutic changes in these sessions. We based our code on Tazuke's (2015) coding rule titled the Self-concept Scale, which was based on the Kuhn & McPartland's scale (1954) (table 1). We also added our own codes for "emotional expression" and "musical expression" including non-verbal behaviors. From the participants' body language, we composed texts and added to the data.

Process & Results

The use of Musical Narrative as a catalyst, combined with the polyphonic group dynamics enabled the group to rapidly reach a breakthrough moment of accepting. For instance, in session 5, a member introduced a song about suicide and began talking about the suicide attempts of him and his mother. It heavily impacted the group and resulted in the members to spontaneously talking about the personal relationship of their family and friends. Finally, this discussion ended with the topic of one's existence. The results of the

analysis indicated that the clients gradually expressed more feelings and gained a deepened awareness of their pasts. Co-occurrence network analysis implicated the common relationship of the Cords in the group discussions. "Musical expression" usually was used in conjunction with "emotional expression" and "inter- personal relationship" in these sessions (figure 1).

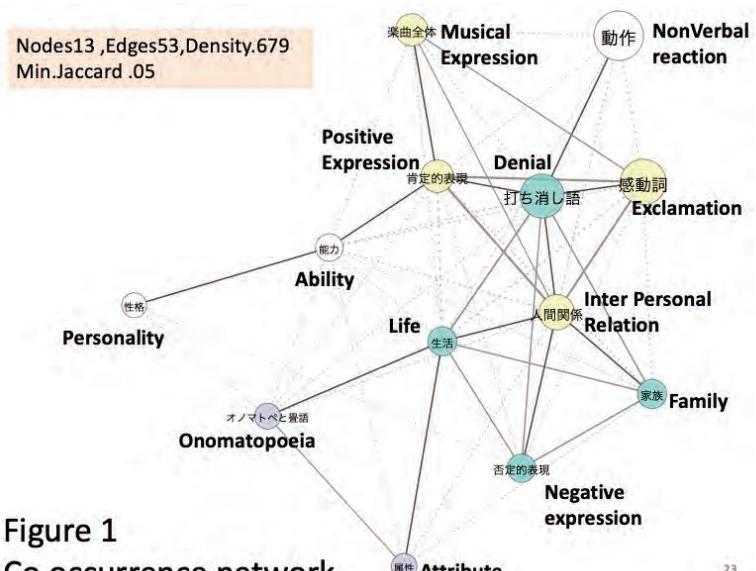


Figure 1
Co occurrence network

Discussion

We conclude that co-experiencing their meaningful music facilitated to explore their past while the music functioned to personify their past. Polyphonic emotional resonance was generated in the group by the embodiment of the narrative with alternative viewpoints.

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THE EFFECTS OF MELODIC PERCUSSION PLAYING GROUP PROGRAM ON TEAM COHESION AND TEAM EFFICACY OF YOUTH SOCCER PLAYERS

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Abstract

This study determined the effects of music intervention using melody percussion on the team cohesion and team efficacy of youth soccer players. Results comparing pre- and post-tests showed significant change in team cohesion and team efficacy. This indicates that music intervention using melody percussion could be effective for the team cohesion and team efficacy of youth soccer players.

Purpose

The purpose of this study is to find out whether melodic percussion-playing group program affects the team cohesion and team efficacy of youth soccer players.

Method

For the study, 57 youth soccer players in the metropolitan area were recruited through a convenient sampling method. The experimental group applied music intervention using melody percussion to improve team cohesion and team efficacy. Instead of additional activity, the control group took a break. In order to identify the effectiveness of music intervention using melody percussion, participants conducted a test using the team

cohesion and team efficacy scales before and after the program. The collected data was compared and analyzed using t-test.

Results

First, the experimental group showed a statistically higher posttest score on the team cohesion measure than the control group ($p < .05$). The experimental group showed a significant change from pretest to posttest on the team cohesion measure ($p < .05$). Second, the experimental group showed a statistically higher posttest score on the team efficacy measure than the control group ($p < .05$). The experimental group showed a significant change from pretest to posttest on the team efficacy measure ($p < .05$).

Conclusions

These results of this study suggest that music intervention using melody percussion is an effective intervention tool to improve organizational cohesion and organizational efficacy of youth soccer players.

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COMMUNITY MUSIC THERAPY AND INDIVIDUAL IDENTITY

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Abstract

When conducting Community Music Therapy in such a collective culture as Japanese, how to keep the balance between group conformity and individuality is always a matter of concern. To create a better environment, to strengthen the artistic point of view, and to place participants of the Reciprocal type of character, as mediators or co-therapists, may be effective.

Introduction

Japanese culture is a collective culture in which people are less assertive than in other cultures, and in which there is a tendency towards group conformity. We have conducted Community Music Therapy for older adults for 12 years, with this tendency appearing and individuals seeming to be held in self-restraint, and forming several inner groups. To create a better community, cultural considerations are needed.

Background: Japanese Culture

It is said that Japan is a society with strong cultural homogeneity in which the proportion of tacit knowledge is high – a high context society as Edward Hall suggested. In such cultures conformity sometimes tends to work in a negative way. People tend to think of themselves not as an independent individual, but as dependent on the group they belong to and feel restrained from saying their true feelings. In such a community people tend to think it is unsafe to say something different

from others and that it is better to follow other people even though they don't really agree. Japanese culture is often connected to Confucianism which puts particular emphasis on the importance of the family and social harmony, and an individual is thought of as being closely interwoven with these wider groups. The more specific characteristics of Japanese culture consist of a kind of ambiguity. We call it 'atmosphere', or 'air' and to 'read an atmosphere' is the core of human relationships.

Type of participants

We found 3 types of relationship among the participants: 1. Reciprocal, 2. Dependent, 3. Independent. The Reciprocal type is seen among people who are self-directed but open to others. This helps people to be social. The Dependent type is produced by hierarchy, which sometimes leads to in-grouping and causes exclusion. The Independent type is characterized by keeping a distance from other participants. It causes no problems but no real friendships.

Loopholes to release stress

Japanese people found several loopholes to release stress caused by group conformity. The love and respect for nature and its expression is one of them. Sensitivity to nature is highly respected in Japan, as is shown in a lot of Japanese art. Traditional Japanese art is often concerned with nature, and this is an example of a rare territory for Japanese to freely open their feelings. This is not only in

the case of 'high art' but also the case of 'amateur art', sometimes at low, public level. Japanese people may have been keeping the balance between the individual and the group via the aesthetic experience of nature.

Eiko Ikegami, a sociologist, pointed out that there were several aesthetic traditions practiced in groups during the Edo Era, partly for their own sake, but also to find space for self-expression in the increasingly rigid and tightly controlled Tokugawa political system. She also focused on tacit modes of communication, which became important in such groups. She notes: 'Tacit modes of knowledge and communication are built on the understanding that the most precious and valuable knowledge is hidden beyond reasoned logical investigation or linguistic articulation.'

Conclusion

To improve the status of Japanese Community Music Therapy, two points could be suggested: 1) to strengthen the artistic point of view; 2) collaboration with people of the Reciprocal type, placing them as mediators or co-therapists. The first point doesn't mean to

elevate the artistic level but to share beauty in everyday life and to turn our focus to hidden beauty. The second point will be effective in preventing exclusion.

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INTRODUCING MUSIC SCORE CONVERSION APPLICATION: FROM MUSIC NOTES TO NUMBERS

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Introduction

In mental health, music activities such as singing and playing are familiar activities. However, participants' proficiency (skills) often varies depending on their musical experiences. Working with people with schizophrenia, it is important to focus on experiences that can enhance self-confidence and satisfaction. Therefore, music activities should be successful experiences for participants to easily participate without any music knowledge. In order to overcome this problem, we created a Musical Score Conversion Application (MSCA) that could translate music notes to numbers as a joint research. We introduce this musical score with the music activity for people with mental illness in the community.

Methods

Musical score process includes replacing note names with numbers as shown below. 1. Convert music note (white key) from C to B as '1' to '7', music note (black key) C♯ to B♭ as '8' to '12'. 2. For a music chord that consists of several music notes, convert each note into

numbers; for example chord 'C' consisting of C, E and G as '1 3 5'. For measures, devide a measure by beats and put numbers in the required box.

Also, Musical Score Conversion Application (MSCA) is shown below. This application is that an inputed chord is converted into numbers that are easy to edit for output. 1. When you press the note name button, the chord is replaced by numbers, then converted data appears onto the text file. 2. Text file functions consist of character code conversion, text rearrangement, and CSV output.

A tone chime ensemble activity using this score was used for people with mental illness living in the community. They requested the songs and played the chords with tone chimes according to the score.

Results

People with mental illness were able to play even for the first time, and did well with a little practice. This was a great opportunity to sing with live accompaniment and they were satisfied. 'Such a simple activity surprisingly

gives me a good tension and refreshment both mentally and psychology.'

Conclusion

It is said that people with schizophrenia have cognitive impairment such as attention and working memory (Harvey & Sharma, 2002). At first, I used a musical score that used the note name, but it did not seem to work for people who are new to music. Since numbers are used in our daily lives and are familiar, it is thought that working memory worked well and enabled the task to be well performed. In addition, the score divided by each beat could be used as a visual clue for playing.

In the result, MSCA could be used for people with mental disorders without experiencing a failure. MSCA creates a totally new music score that consists of numbers instead of music notes. MSCA also helps people to easily understand the music score and experience musical ensembles as an enjoyable social activity.

Acknowledgment

We would like to thank the people with mental illness who participated in the music acti-

vities using this score, the staff of the center, and all the music therapists who taught us variously.

Notice

We distribute this application (Mac ver., or Win ver.) for free. If you wish, please email the first author.

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INTERNATIONAL SERVICE-LEARNING AND INTERCULTURAL COMPETENCE IN MUSIC THERAPY: PRELIMINARY SURVEY FINDINGS

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Introduction

As the U.S. rapidly diversifies in terms of ethnic and cultural backgrounds, higher education institutions have looked to international service-learning (ISL) as an opportunity to develop individual's intercultural competence and prepare learners for a global workplace (Hammersley, 2013). In recent years, there has been anecdotal evidence of music therapists and music therapy students engaging in ISL as ISL programs have been showcased during the American Music Therapy Association (AMTA) national conference in concurrent sessions. This study aims to explore the extent to which U.S.-trained music therapists are engaging in ISL and its potential impact on intercultural competence.

ISL can be conceptualized as the intersection of three educational domains: service-learning, study abroad, and international education. ISL is defined as a structured academic experience in another country where participants participate in organized service activities, learn from direct cross-cultural interactions with others, and reflect on the experience (Bringle & Hatcher, 2011).

Intercultural competence is a complex construct. Despite the extant literature on intercultural competence, a uniform definition of what it means to be interculturally compe-

tent does not exist (Deardorff, 2011). Nevertheless, scholars have identified at least three core components underlying intercultural competence: attitudes, knowledge, and skills (Deardorff, 2011).

Method

Data were collected through an online survey, which consisted of checklists, Likert scales, open-ended questions, and one standardized self-report measure, the Assessment of Intercultural Competence (AIC; Fantini & Tirmizi, 2006). We recruited music therapists who are board certified through the Certification Board for Music Therapists.

Results

Results indicated that respondents who participated in ISL had statistically significant higher levels of intercultural competence (specifically in attitude and skill domains but not knowledge) compared to respondents who did not. No differences were found in culture-related music therapy competence between those who did and those who did not participate in ISL.

Discussion

This study confirms anecdotal evidence that student and professional music therapists are engaging in ISL all over the world. Results sug-

gest that direct experience of interacting with individuals from other cultures within another country is important in facilitating attitude and skill development, but not so in attaining knowledge. While there might be benefits in intercultural competence, results from this study also suggest that it does not necessarily translate into music therapy professional practice. We would be remiss not to address the ethical complexities of engaging in ISLs and urge music therapists to reflect on the ethical implications of why and how they are participating in ISL.

Finally, future investigations could include qualitative inquiries into the attainment of intercultural competence, compare local and international service-learning on intercultural competence, and examine the factors that mediate and moderate intercultural competence in music therapy. Moreover, future researchers may want to consider models of intercultural competence situations from an international, non-Western lens.

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MUSIC IN MOVEMENT: EXAMINING THE RELATIONSHIP BETWEEN MUSICAL FORM AND THE AIMS OF COMMUNITY MUSIC THERAPY

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Introduction: Two questions

The idea of "Music in Movement" was inspired by the French gardener Gilles Clément's "Garden in Movement." It is derived from two questions in my practice. First, "Are the forms of music in the field of education and welfare considered appropriate for diverse participants?" and second, "Is music that changes its form according to the scene properly described by the word 'improvisation'?"

Music in Movement

To solve these questions, I wondered whether we should consider music in the field of education and welfare in terms of whether it is "dynamic" or "static," depending on the context, and describe what we consider to be "dynamic" music as "music in movement." For example, a notated score can be said to be static if it is played the same way in all situations, but it is dynamic if the performer changes the performance according to the situation. Or even jazz or folk music, which can be considered to be improvised music, may be static if it never transcends its style or form, but dynamic in the sense that it can be interpreted and performed in a variety of ways. Also, it can be thought that considering music activities dynamically allows us to develop aesthetic strategies to "move" the current context.

A thought from Social Aesthetics

Two discussions are referred to in order to

ponder the interrelationship between the context and musical forms. In her study of improvisational music, G. Born has analyzed the social mediation of music from four planes. In explaining the fourth plane, she states that "music engenders certain kinds of socialities, yet it also refracts or transforms existing social formations." This discussion, which she calls Social Aesthetics, can also be helpful in thinking about what Music in Movement should be. For example, when considering musical activities for social inclusion, this idea suggests that the aesthetic aspects of the music is what makes it possible to achieve that aim. In other words, thinking about the aesthetic aspect of music in a dynamic way allows for the development of contextualized activities, while also "moving" the context.

The potential of aesthetic strategies

Some cases that "move" the current context from the perspective of aesthetic strategy have been discussed. For example, E. Lewis analyzed the way AACM expanded and formed into multi-layers the views that had been imposed on black music and described this as "aesthetic thickening." Another argument is made by M. Tanaka, who examined how people with disabilities relate to artists, critics and helpers when trying to work in the arts realm. She suggests that there exist certain kinds of conflicts at the "contact surface," and it is in this conflict that there is the possibility of aesthetics that shake up the system.

She described this kind of aesthetics as “aesthetics working on ‘boundaries’ of the framework of ‘knowledge.’”

Two case studies:

The Otoasobi Project, Otoasobi Kobo

By examining two projects, three strategies have been discovered; these being publicity, performances created in collaboration with artists who work beyond the boundaries of various art fields, and organizational management. First, flyer design and words carefully selected for the publicity activities of The Otoasobi Project are introduced. Second, a performance titled “Baseball,” created in collaboration with a guest artist T. Umeda, which asks audiences what disability is and what music is to their senses, is introduced in the following video.

[Click to see video](#)

Third, experiments regarding organizational management made in Otoasobi Kobo are introduced. These include softly combining members yet welcoming others, with lots of dialogue about the meaning of their own activities, referring to the various social pro-

blems they feel strongly about. The performance includes various formats, such as movement, drama, or ping-pong as the following video shows.

[Click to see video](#)

Conclusion

In community music therapy, it is important to think about musical content in order to confront social issues, and such music can be described as “music in movement.”

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