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For this special issue, authors have prepared their own manuscripts attending to content, grammar, language fluency, and formatting. Any errors may be discussed with the authors.

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17th World Congress of Music Therapy Vancouver, July 2023

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GATHERING TOGETHER WITH OUR GLOBAL COMMUNITY



Anita L. Swanson, PhD, MT-BC
President of the World Federation of Music Therapy

Since our last World Congress of Music Therapy, all of us have been in a state of change. Our environments, work and study venues, health protocols, economic systems and much more have fluctuated dramatically. After such drastic events (and as change and unknown continues), we wanted a special place to gather for a reunion since we were last in each other's presence at the 2017 World Congress of Music Therapy (WCMT) in Japan. Yes, we definitely valued our 2020 virtual WCMT with our South African hosts. They pivoted quickly when the pandemic hit and provided much for us in a very uncertain time. We are very grateful for their dedication, resourcefulness, and ingenuity as they provided a memorable online learning and gathering experience. Now we look forward to meeting together face to face for the first time in six years. It indeed will be a celebration of our community for us to gather in one location and share with our colleagues.

For those who are unable to travel at this time, we hope you can access the remote offerings and join in the spirit of worldwide kinship.

Music therapists: reflecting, connecting, and innovating in the global community is indeed an accurate representation of our gathering in Vancouver. Music therapy is growing, developing, and changing throughout the world. Several countries are looking at dismantling oppressive systemic practices (reflecting), others seek to set up professional associations (connecting), and others are attempting to bring music therapy training to their country (innovating).

A process that involves reflecting, connecting, and innovating is governmental recognition and regulation, of which several countries are working toward. This term, we saw successful campaigns resulting in regu-

lation in Cyprus and Panamá. More connections happened as music therapists organized. For instance, music therapists in Puerto Rico assembled their first professional music therapy association; as did Peru, and several states in Brazil. We celebrate the persistence and dedication of the music therapists who made these developments possible.

Having a global community to lean on and draw information and resources from is helpful as music therapists gather the necessary documentation to move legislation and organization forward. Not only does the World Federation of Music Therapy (WFMT) field questions on such topics, and connect music therapists to share information, the WFMT connects with local organizations and resources to help disseminate information and create alliances. Recently, the WFMT partnered with the European Music Therapy Confederation (EMTC) on a webinar discussing regulation in Europe. It featured mu-

sic therapists from Romania, Iceland, and Cyprus. It was incredibly interesting to learn about the music therapists working and overcoming challenges in each of the various stages of development within their respective countries. The path to governmental recognition in Cyprus was thoroughly detailed, which benefited many others who are seeking such status.

Sharing information and experiences is valuable no matter where your country is in development or where you are in your professional career. Whether you are attending the congress in person, virtually, or simply reading these proceedings, I hope you see the extent of the global music therapy community. We are stronger together. Connect, learn, share, serve; your contribution to our profession is valuable. Lessons learned, research, resources, and camaraderie can help others in their journey. We look forward to collaborating with you in person and online.

SAYING «YES» TO WCMT2023



Pamela Lansbergen, MTA

*President of the World Federation of Music Therapy Manager of Operations /
Gestionnaire des opérations. Canadian Association of Music Therapists /
l'Association canadienne des musicothérapeutes, Canada*

It has been an honour, privilege and intense learning experience to serve as Congress Organizer for the 17th World Congress of Music Therapy. This is the first time WCMT will take place in Canada and we are thrilled to hold it in Vancouver, British Columbia, where the population is diverse and the landscape is stunning. I encourage you to visit <https://www.wcmt2023.org/destination-information/> to learn more about the city where we will gather.

As I reflect on all the steps that have been taken to bring this congress to fruition: all the weighty discussions, all the decisions, all the care and thought and effort, I'm amazed and incredibly proud of everyone who played a role. I could fill PAGES if I were to name everyone involved. I'm looking forward to thanking most in-person at the congress and catching up with the rest online.

When the opportunity to host the WCMT2023 congress came up, CAMT was in a time of transition, having brought on our first Executive Director less than a year before. We were working hard to become more efficient and deliver our members the best services possible. We were also reaching out to strengthen our connections with like-minded organizations. Our academic journal (CJMT) was evolving in new ways, most notably - becoming open access, and our numbers of Certified Music Therapists (MTA) were continuing to grow. And it was nearing the end of the first year of the COVID-19 pandemic.

With the new vision and energy from the aforementioned transition, it was easy to say 'yes'. Yes, Canada will host the World Congress. Yes, we will celebrate the first post-pandemic congress. Yes, we will invite the music therapists of the world to our country

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to enter into important discussions, knowledge-sharing and collegial support in the pursuit of raising the profile of our important profession everywhere. Yes, we want to contribute.

Over the past two years, the music therapy landscape, and the landscape of hosting events, has changed drastically and we have done our best to keep up with the changes, as much as our resources allow. The WCMT2023 Planning Committee, in consultation with the WFMT Council, the CAMT Board of Directors and the CAMT Equity, Diversity and Inclusion (EDI) Committee have diligently listened to input, revisited decisions and worked through tough discussions to ensure the event we create is as equitable and accessible as possible.

Meanwhile, the company we are working with, International Conference Services (ICS), provided us with expert guidance from the

hospitality industry and our International Scientific Committee built a packed program after reviewing over 500 proposals. A few new presentation formats will be introduced as well as offering both remote and in-person options for accessing content.

The theme for the congress: *Reflecting, Connecting and Innovating in a Global Community*, was designed to resonate with music therapists everywhere and inspire engaging presentations that will help us to all learn and grow. You can find out more about what the theme means to us at <https://www.wcmt2023.org/wcmt-2023-theme-terms-of-reference/>.

We offer you this Congress Proceedings as a tool to help delegates prepare for the congress, perusing what presentations will be available, and also as a historic record of the event to look back on for years to come. We hope it gets you as excited for the event as we are!

THE GOOD PROFESSION



Hayley Francis Cann
CAMT President, Canada/Bermuda

Welcome to Canada

Canada (Kanata) is colloquially known for its maple syrup, ice hockey, wild moose, igloos, poutine, picturesque views, extreme cold, and politeness. Although music therapy is not yet at the top of that list, the polite nature of our people seemingly makes Canada a hospitable choice to hold the 17th World Congress of Music Therapy.

We are thrilled to welcome music therapists around the world to beautiful Vancouver, British Columbia – widely revered as the «Hollywood of the North». The appeal of this location is one that will offer visitors a «good» taste of the Canadian experience. Coincidentally, television shows with titles beginning in «Good» have become a trend among mainstream media. The Good Place;

The Good Wife; The Good Lawyer; The Good Doctor; et cetera. Most of these shows, however, remind us that the journey toward «goodness» is not a linear one. This is a beautiful reflection of the cycle seen in our therapy spaces and of the profession at large. Our journey toward establishing music therapy as «The Good Profession» is also not a linear one. It is a story of necessity, connection, adaptability, and resilience.

Like many places around the world, Canada is rich in Indigenous culture and home to many surviving First Nations, Inuit, and Metis communities. European settlement in the early 17th century and ongoing immigration has inspired diversity in traditions that have become part of Canadian culture. The musical history of this nation is just as diverse and ever evolving.

The development of music therapy in Canada

Therapeutic uses of music have existed in native cultures and traditions which has developed into the music therapy profession we know and love today. We celebrate the hard work and dedication of the music therapists that helped to develop the music therapy profession in Canada:

- In January 1849, The Report of the Commissioners, Beauport Asylum (Québec), describes the earliest recorded instance of music therapy in Canada.
- Alfred Rosé initiated one of the first music therapy pilot projects (1952-1961) at Westminster Hospital in London, Ontario.
- In the early 1950s, three prominent music therapy positions were established in Ontario and Québec: Norma Sharpe at St Thomas Psychiatric Hospital in Union, ON; Fran Herman at Bloorview Hospital in Toronto, ON; and Thérèse Pageau at Hôpital St-Jean-de-Dieu in Montréal, QC.
- In August 1974, Norma Sharpe (and six additional music therapists) organized a conference at St Thomas Psychiatric Hospital leading to the founding of the Canadian Music Therapy Association. In 1976 the name was changed to the Canadian Association for Music Therapy (CAMT), which became incorporated in 1977.
- The first music therapy training program in Canada was founded at Capilano Col-

lege, North Vancouver, in 1976 by Nancy McMaster and Carolyn Kenny.

- Following the inaugural program at Capilano, other music therapy programs were introduced in Canada; formerly at the University of Québec in 1985 (co-ordinated by Connie Isenberg-Grzeda), at Wilfrid Laurier University in 1986 (directed by Rosemary Fischer), formerly at the University of Windsor in 1990 (directed by Sammi Liebman), at Acadia University in 2000 (directed by Paul Lauzon), at the Canadian Mennonite University in 2005 (directed by Jim Wiebe), at Concordia University in 2010 (directed by Dr. Sandi Curtis), and at the University of Toronto in 2019 (directed by Dr. Corene Hurt-Thaut).

Ode to Music Therapy

Hosting the 17th World Congress of Music Therapy is an ode to the aforementioned pioneers. It is a promise of continued growth, advocacy and ongoing advancement of the profession in Canada and around the world.

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LETTER FROM THE EDITOR OF MUSIC THERAPY TODAY



Joyce Jing Yee Yip
University of Toronto, Canada

On behalf of the 2023 World Congress of Music Therapy (WCMT) Planning Committee, World Federation of Music Therapy (WFMT) Council, and Canadian Association of Music Therapists (CAMT), it is my pleasure to introduce the special edition of *Music Therapy Today (MTT)*. With consideration of the WCMT theme, *Music Therapists: Reflecting, Connecting and Innovating in the Global Community*, music therapists are encouraged to engage in personal introspection of their individual impact to the discipline, as well as collaborations with colleagues in music therapy and other professions at the global level. This includes our connections during the COVID-19 pandemic, systemic changes, revamping traditions of music therapy, and the role of technology and platforms. The 2023 WCMT will be hosted in hybrid form, both in-person and online, to emphasize the importance of technology for connection and knowledge.

This edition highlights the conference proceedings from the 17th WCMT in Vancouver, Canada, contributed by educators, clinicians, and researchers in music therapy and related fields across 17 countries in 8 regions of the world. Presenters were invited to submit proposals based on the WCMT theme such as a paper, ePoster, workshop, roundtable, world café, fireside chat, and pecha kucha – featuring large group discussions, an interview moderator, and a synchronized illustration of various speakers, in which I hope you find enjoyment in reading. In addition, the edition will have a peer-reviewed article, where authors, Dr. Katrina McFerran, Ms. Vivian Chan, Dr. Daniel Tague, Dr. Krzysztof Stachyra, and Dr. Melissa Mercadal-Brotos, offer a comprehensive review of classifying contemporary global practices in music therapy. If you are interested in submitting your work to *Music Therapy Today*, please contact editor@wfmt.info

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The 17th WCMT would not be possible without the time and dedication of passionate members and volunteers.

Lead by the Scientific Committee Chair, Dr. Petra Kern, the WCMT Scientific Committee has graciously organized the conference submissions of the 17th WCMT. Thank you to the following committee members: Dr. Amy Clements-Cortés, Annabelle Brault, Baishali Mukherjee, Bhuvaneswari Ramesh, Charles-Antoine Thibeault, Dr. Claudia Zanini, Dr. Debbie Carroll, Dr. Giorgos Tsiris, Dr. Elizabeth Mitchell, Dr. Eri Haneishi, Dr. Grace Thompson, Dr. Hyejin So, Dr. Jebali Rihab, Jen Glover, Karyn Stuart-Röhm, Kate Farquharson, Kerry Devlin, Dr. Kevin Kirkland, Kezia Putri, Dr. Krzysztof Stachyra, Lee-Anne Dowsett, Dr. Melanie Voigt, Méliane Laurier-Cromp, Dr. Melissa Mercadal-Brottons, Dr. Nai-Wen Chang, and Dr. Soyoung Moon.

The WFMT Publications Committee have also been working diligently behind the scenes to support the development of education programs, clinical practice, and research of

WFMT using multi-media mediums like podcasts and video recordings. These are also available at the WFMT website for your exploration: <https://wfmt.info/>. I would like to thank the following members of this committee, who has graciously offered their time in peer-review of the conference proceedings. These members are Juan Pedro Zambonini, Eun Sil Suh, Gustavo Schulz Gattino, Jenita Caren Rajakumari, Julieta Rodriguez, Nsamu Moonga, Rosemyriam Cunha, Samuel Gracida, Meng-Shan Lee, and Cindybet Perez Martinez.

Finally, I would like to express my sincerest gratitude to each of the contributing authors that have supported this edition with incoming knowledge and practices of music therapy related to reflection, connection, and innovation. Your time sharing your practices and knowledge in music therapy have made this edition possible.

I hope that this collection will stimulate fruitful discussion about the landscape of music therapy, offering insight and applications to your professional practice.

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I HEAL, YOU HEAL, WE HEAL: INTEGRATING UBUNTU IN MUSIC THERAPY FOR HEALTHCARE IN SOUTH AFRICA

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Introduction

"Ubuntu is similar to an 'unbroken circle' where everything is connected in harmony and in the 'interpersonal network of life' (Shuttle, 1995 in Chisale, 2018).

A recent study conducted on the status of mental health in South Africa revealed that South Africans suffer higher rates of probable depression and anxiety compared to other countries, with only one quarter of these receiving treatment (Craig et al., 2022).

"Socio-demographic factors i.e., household resources and education were, major contributing factors, whereas Adverse Childhood Experiences (ACE's), were shown to be a much greater risk factor for depression and anxiety in later life" (Craig et al., 2022).

Music Therapy as HEALth care Profession in South Africa

Music Therapy celebrates 24 years as a registered Healthcare Profession this year. The majority of Music Therapists in South Africa work in Private Practice, NGO Settings, Special Needs Schools and Private Psychiatric Hospitals. There are currently no Public Sector posts in public hospitals or public schools. Advocacy Public Sector posts are ongoing. Although the efficacy of Music Therapy has been researched and peer reviewed in Journal articles on the affordances of Music Therapy in a public Psychiatric Hospital (Lotter, C & van Staden, W, 2022), lack of government

funding is consistently posed as the main barrier to achieving this goal.

Private HEALth care: Campaign towards the inclusion of Music Therapy as a scheme benefit for Public Sector Employees

Music Therapists in Private Practice and those offering sessions in private psychiatric hospitals claim from member's Medical Savings which necessitates short-term, often stand-alone, interventions to stay cost-effective. According to the latest statistics by Statista (2018), only 16.4% of South Africans are on a private medical scheme. Private medical schemes are, therefore, only for the privileged few, although a large percentage of the privileged few are public servants: -school teachers, hospital nursing staff, and police force members. These sectors are noted for lower income, higher work demands and longer work hours, culminating in increased levels of health problems. Medical scheme membership for these sectors is limited to basic, 'entry level' coverage, which excludes funding for Music Therapy. The Presenter has been driving a campaign towards Music Therapy/Arts Therapies as a scheme of inclusion for public servants. To strengthen the case, the first study on the effects of Music Therapy on Mental Health Users in a Private Psychiatric Hospital, was conducted in collaboration with the University of Pretoria.

NGO/Community/Public HEALthcare: UBUNTU

To address the high demand for Mental

Healthcare within the NGO/Community/ Public sector, Music Therapists and student interns are providing interventions to clients who do not have access to private **healthcare** or who are patients in under-resourced, over-subscribed public mental healthcare hospitals. Within these communities of long-term care facilities, public psychiatric hospitals, residential communities and public schools, the focus is on the inclusion of clients, care workers, teachers, parents, and the extended family. Lack of funding remains a challenge in these sectors which necessitates the implementation of short-term interventions involving all community members towards strengthening the individual as well as their community.

Conclusion

To address the current and future **HEALTH** care needs of the majority of South Africans in the different sectors of Public, Private, NGO and Community, Music Therapy needs to include all the community stakeholders, be cost- effective and offer short-term interventions in order to make it accessible for all.

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SINGING THE SAME SONG: A SURVEY OF MUSIC THERAPY CONTEXTS IN AFRICA

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Abstract

This eposter presents the results of a survey study that located and collected descriptions of therapeutic music practices across the African continent. Respondents described their practices, contexts of work, and professional identity in diverse ways. A strong interest was expressed among participants for opportunities to connect and collaborate.

Introduction

Professionals within the field of music therapy may encounter therapeutic music practices that are formed outside of the typical parameters of their discipline. These practices exist within diverse cultural contexts. Acknowledging these practices and aiming to understand them is ethically important, yet too few studies exist that facilitate this. In particular, very few studies have been conducted that aim to amplify the voices of therapeutic music practitioners or provide an informative platform where their work, values, practices, philosophies, and interests are available for music therapists to observe and engage with.

Method

This presentation exhibits the results of an exploratory survey study that located and collected descriptions of therapeutic music practices across the African continent. Individuals included in this study identified themselves as music therapists, music therapy

students, musicians who framed their work as “therapeutic,” and practitioners who framed (part or all of) their practice as “music therapy” or “therapeutic music.”

Results

Twenty-two participants from 11 African countries responded to an electronic survey, describing their professional identities, the contexts of their practices, and the intended purposes of their work. Results indicated that practitioners of a similar professional identity and context of work tended to use similar wording and phrases in their descriptions. A strong interest was expressed among participants in opportunities to connect and collaborate.

Conclusion

These results suggest ideas within an African context, but its implications may apply wherever music therapists may find themselves stepping into a different therapeutic musical space and being presented with the opportunity to immerse and learn within it.

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MUSIC, MUSIC THERAPY, AND PEACEBUILDING IN SUDAN

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Background

Sudan is a country which has experienced numerous conflicts over the past decades. After the current Sudanese Revolution in 2019, a music education project has begun, which is led by a former member of the student association at The College of Music and Drama, Sudan University of Science and Technology, to aim for the advocacy, availability, accessibility, and sustainability of music education for public school children. Moreover, another former member of the student association is leading a Sudanese music research project which aims for peace building by collecting various tribal and regional music across the country of Sudan and performing the music for the public. A board-certified music therapist from Japan has been co-leading those projects while applying a Community Music Therapy (CoMT) perspective. Despite the delay of the projects, due to the military coup in October 2021 as well as the political and economic crises in Sudan, those projects are ongoing while receiving funds from Japanese organizations.

Objective

This study investigates the roles and involvement of a music therapist in the ongoing music projects in Sudan from a CoMT and cross-cultural perspective.

Methods

Semi-structured, face-to-face interviews with the project leaders have been conducted fol-

lowing a qualitative design, combining constructivist grounded theory and ethnographical approaches. Data from the interviews are compared to personal memo notes of the researcher.

Current Findings

Although this study has not been completed yet, it is found that some clinical knowledge and skills are vital: such as disabilities, mental health, therapeutic frameworks; self-awareness, self-reflection, and self-care; in addition to professional ethics, which include confidentiality, privacy, and boundaries. In addition, some other skills, such as advocacy, presentation, networking, fundraising, and (co-) leadership, are essential for the music therapist in order to co-lead the projects. Due to the needs and goals of each project, the music therapist plays various roles such as a musician, facilitator, and collaborator, which were also commonly reported in most CoMT studies. Due to the contrast of backgrounds between the project members and the music therapist, developing the music therapist's cultural humility is also essential.

Discussion

Because the severity and phase of political and/or economic crisis vary in each country or area in conflict, in addition to various needs and goals of the community that music therapists work in, with, and/or within, a music therapist's roles and involvement would need to be constantly negotiated. With the expertise and uniqueness of professional

music therapists, they could contribute to the field of peacebuilding and conflict resolution while applying multiple perspectives which include, but are not limited to, a CoMT and cross-cultural perspective.

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THE EFFICACY OF BONNY METHOD OF GUIDED IMAGERY AND MUSIC OF BURNOUT

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Introduction

The healthcare professional environment is among the most stressful occupations therefore, medical and Paramedical staffs have higher rates of burnout. It has been proven the effectiveness of Guided Imagery and Music (GIM) on psychiatry, and for this reason, we suggested it as a solution to burnout in the Razi Hospital in Tunisia. This study aims to determine the effect of GIM on burnout at Razi Hospital, Tunisia.

Methodology and Materials

This is a multi-stage research that includes three main stages:

Phase 1

We have distributed the Maslach burnout inventory test to identify the sick and exclude the healthy, a self-questionnaire and a questionnaire before session of "GIM" about music (back round of patients). At the end of each treatment session, we distributed the assessment "GIM" forms.

Phase 2

We relied on individual sessions with an av-

erage of two sessions for each recorded session. We relied on the Guided Images and Music "GIM", the procedure technique: the prelude, the induction, the music travel, the return and the postlude. We relied on soft music that differed according to the patient, and when the music was playing, the patient described his feelings, and we recorded the concepts that will help the patient in treatment, and sometimes we directed him. We also relied on papers and pens. Once the music ends, the patient draws his feelings.

Phase 3

An evaluative study related to the "GIM" sessions done before and after the treatment. It tests the process of the whole treatment. This descriptive cross-sectional study over a period in January 2021 took place in the psychiatric departments of the Razi hospital. (At service "A" IbneSina). The target population is 9 medical and 21 paramedical staff.

In all statistical tests, the significance of level was set at $p=0.05$.

Results

General data

Out of a total of 40 people, thirty people have

burnout according to the test MBI. There were also no statistically significant differences between sexes in coping with burnout. We found a statistically significant association between job satisfaction, burnout in psychiatric environment, and characteristics of work. We did not find a statistically significant association between the measure of burnout and the socio-demographic aspect except gender.

Analysis by discipline: Efficacy of Guided Imagery and Music (GIM)

Before intervention of "GIM" session, the Type 1 of Burnout Emotion Exhaustion was 19 of medical and paramedical who had a Moderate Emotional Exhaustion and 1 person who had Low Emotional Exhaustion as well as 10 persons who had High Emotional Exhaustion. After intervention, we have 17 of the staff who had low emotional exhaustion and 13 had Moderate burnout. While the Type 2 of Burnout: Depersonalization was 10 among staff who had moderate, 1 of the staff had low and 19 persons had high Burnout. After the intervention, 18 of the staff had low and 12 of them had moderate Burnout. Also, we regard change in the type 3 of Burnout: Reduced Personal Accomplishment we had 9 persons were moderate, 3 low and 18 of them were high Burnout. After intervention, 8 of the staff had moderate and 22 of them had low Burnout.

Discussion

The sessions of "GIM" that are assessed in our study allowed a significant improvement in perceived burnout as the perceived burnout "Emotional Exhaustion" Scale average score decreased $22, 67 \pm 10, 07$ to 9.00. The average score of "Depersonalizations" decreased significantly $11, 90 \pm 5, 530$ to 3.500 and the mean score of "Personal Achievement" was decreased 34.07 ± 10.37

to 10.07. Our results are similar to those found in the literature (2) where Medical and paramedical personnel during treatment reported Burnout. And There is a statistically significant connection between Burnout and the effect of "GIM" $p= 0.005$. But the continuation of the effectiveness of "GIM" over a week after each session is weak and varies from person to person.

Conclusion

This alternative therapy will be usable to help treat Burnout, which may contribute to solving many problems in hospitals.

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ACTIONS AND REFLECTIONS OF THE EDUCATION AND CERTIFICATION COMMISSION OF THE WORLD FEDERATION OF MUSIC THERAPY

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Abstract

The Education and Certification Commission (ECC) from the World Federation of Music Therapy (WFMT) encourages cross-cultural discussions and considerations on educational and certification standards across the globe. The current ECC commission has music

therapy educators from six different regions (Australia/New Zealand, Europe, Latin America and the Caribbean, North America, Southeast Asia, and the Western Pacific). Our tasks during our term of office have included:

- Writing guidelines for music therapy education programmes.

- Updating the digital registry of music therapy training programmes across the globe.
- Compiling a Global Music Therapy Training Program contact list.
- Creating an online education resources library and a members-only area on the WFMT website.
- Creating video interviews on music therapy education, training, and certification around the world.
- Presenting at the Latin American Congress of Music Therapy - CLAM.
- Presenting online for World Music Therapy Day 2021.

In our monthly meetings, we strive to move the music therapy profession forward in the 21st century by engaging with a range of voices from different educational and cultural backgrounds. We have found these meetings an invaluable reflective space to engage with the global community and look towards being part of systemic change and innovation in our community.

This presentation offers the commission the opportunity to share its work and philosophy with each member offering their perspective from their own area's cultural position. As awareness and attitudes of honoring diversity, equity and inclusion is a topic that is gaining vital importance to the development of music therapy education and practice, this session seeks to explore the different perspectives held around this topic in different parts of the world and the role of the ECC in supporting this goal. Following these presentations, the discussion will be opened up to the audience to engage in a reflective discussion that will inform the direction of the next Commission.

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Ms. Vivian Chan, MMT, MT-BC, MTA, FAMI, is a music therapist, educator, and internship

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Dr. Kana Okazaki-Sakaue, DA, MT-BC, NRMT, ARAM, is a Japanese music therapist trained both in the UK and US. She currently teaches music therapy at Kobe University and also serves as the training director of the Japanese NRMT training program.

Dr. Jin Lee has served as research professor at Chung-Ang University, Korea. As the newly appointed academic director, he will teach and coordinate the international graduate Music Therapy program at Chulalongkorn University in Bangkok, Thailand.

Mr. Juan P. Zambonini is a clinician and researcher from Argentina and Mexico, working at the Children's Hospital of Philadelphia and completing his doctoral studies at Temple University in the USA.

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DEALING WITH AUDITORY SENSORY ISSUES WITH MUSIC ANIMATION IN CHILDREN WITH ASD

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Abstract

A program “Living with Music” was developed hoping to help children with autistic spectrum disorder (ASD) deal with auditory sensory issues. The program involved showing ASD children some self-composed music animations with added real-life sounds that tend to create discomfort in them. Evaluation took place based on feedback from their parents who have also participated in the program.

Introduction

It is known that it is common among children with ASD with sensory issues, including auditory input that ASD children experience on daily lives that could cause over-stimulation/reaction or frustration in them (Danesh et al., 2021; Robertson & Simmons, 2015). Yet there is currently no widely known treatment for increasing tolerance to the overstimulating source of sound. The author has worked with children with ASD for over 10 years and she noticed their interest in music and motion media. Therefore, A program named “Living with Music” was developed in mid 2019 to investigate the effectiveness of music animation involving sounds that could appear in daily lives, such as wall drilling sound, thunder sound, hair dryer sound, etc., on helping children with ASD to increase tolerance to the sound that they find overstimulating and discomforting.

Method

Parents of ASD were invited to complete sur-

vey about sound that their children are sensitive to or which causes frustrations in them. Five music and animation clips were created based on the topics suggested by the parents from the surveys. Sound in reality, such as the sound of hair dryer, was added into the music animation. The created music animation clips were shown to 20 ASD children participants as part of their daily routine for one month. Their parents were then invited to fill in survey in regards to the effectiveness of the music animation on their children’s perception of the auditory information that has been affecting them.

Results

Results showed that not only the music animation helps with the increased tolerance in particular types of sounds, but also with parents feedback suggesting that children with ASD also learns about social concepts and self care concepts through the music animations.

Discussion

It has been shown that the inclusion of the sound that ASD children are sensitive to into music animations could be a way to reduce the overly stimulated reactions in them. However, although some positive outcomes have been observed, the small sample size in the project might not be truly representing the effectiveness of the program. Thus, further investigations could be conducted with a bigger sample size.

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ESTABLISHING MUSIC THERAPY THROUGH PREVAILING CULTURAL AND SOCIETAL CHALLENGES AMIDST COVID-19 PANDEMIC

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Abstract

Music varies from nation to nation. How music is utilized is an important consideration in the music therapy process. This presentation describes the music therapy practice situated in Indonesia, a society consisting of people from hundreds of ethnic groups with diverse cultural backgrounds spreading among its thousands of islands.

Indonesia

Indonesia is one of the most populous countries in Southeast Asia with more than 270 million people living across its 17,508 islands. There are over 800 languages spoken within the people in the country. Indonesia is home to hundreds of forms of music. Music plays an important role in the nation's art and culture, making this art form very closely related to the lives of Indonesians.

Music Therapy Indonesia

In 2007, Universitas Pelita Harapan introduced its Sarjana Seni (equivalent to Bachelors of Arts) in Music Therapy program. Since then, there are 35 graduates and currently, 20 students are enrolled in the program. However, as of 2021, there are less than 10 individuals actively practicing as a music therapist in Indonesia. Currently, practicing music therapists are centered in Jakarta and its neighboring cities. The National Association of Music Therapy is currently being developed.

Medical Music Therapy in Indonesia

By 2017, Indonesia's only Medical Music Therapy program was re-established as a professional service at Siloam Hospital, providing care to patients from children to elderly with diverse clinical diagnosis.

There were challenges to maintain the program during the first few years, ranging from skepticism from other healthcare providers, introducing the new service to insurance companies, and many more. By the third to fifth year of re-establishing the medical music therapy program, there was a high demand of patients referred to music therapy services; however, the hospital was not able to hire another music therapist due to low availability in human resources. The hardship to maintain the program was also heightened when the country's economic situation was impacted by the COVID-19 pandemic.

Today, the music therapy program is still active. This was achieved through consistent network building among healthcare professionals who regularly presented about the field of music therapy to reach a larger market, collaborations with various specialists, and branding. There was strong support from outside of the music therapy sessions. However, the most essential contributing factor to sustaining the program occurred during the session, where rapport was established. This highlights the knowledge of the Indonesian musical identity to successful client rapport.

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THE INFLUENCE OF GENDHING GAMBIR SAWIT ON THE ANXIETY OF INDONESIAN STUDENTS

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Abstract

This experimental study showed that there were significant differences in the State-Trait Anxiety Inventory (STAI) score between the experimental (30 Indonesian students who listened to Gendhing Gambir Sawit) and control group (30 Indonesian students who listened to none). The results indicated that Gendhing Gambir Sawit tended to reduce the level of anxiety of Indonesian students.

Introduction

In 2020, an initial survey of 24 students at the Faculty of Psychology, University of Surabaya showed that 29.2% of them experienced anxiety, 62.5% sometimes experienced anxiety, and 8.3% did not experience anxiety. 70.8% of students felt that their anxiety interfered with their daily activities.

Listening to Gendhing Gambir Sawit (*Javanese traditional music*) can reduce anxiety. This music contains spiritual elements that can heal individuals (Handayani & Swazey, 2019; Prasadiyanto, personal communication, March 12, 2021).

This study investigated the influence of listening to Gendhing Gambir Sawit on the anxiety of 60 students of the Faculty of Psychology, University of Surabaya, Indonesia.

Materials and Method

The design of this experimental study was a non-equivalent control group design method. The pre and post-test anxiety was measured by The State-Trait Anxiety Inventory (STAI). 60 students aged 18 to 24 years, currently experiencing anxiety and not receiving any treatment related to it were divided into two groups: the experimental group (30 Ss) listened to Gendhing Gambir Sawit at least 3 times a week while the control group (30 Ss) did not. This online study used Media Line, Google forms, and Google Drive. After listening to Gendhing Gambir Sawit, the students completed the Google Self-observation form, the duration of listening to Gendhing Gambir Sawit, the feelings before, during, and after listening to Gendhing Gambir Sawit.

Results

The results showed that there was no significant difference between the post-test of the experimental group and the control group in both state-anxiety and trait-anxiety. However, there was a very significant difference between the pre-test and post-test scores in the experimental group while there was no significant difference between the pre-test and post-test in the control group.

Summary

The results showed that listening to Gendhing Gambir Sawit can reduce the anxiety of the students of the Faculty of Psychology, University of Surabaya. Javanese gamelan music (Gendhing Gambir Sawit) can affect listeners' feelings (Santoso, 2018).

Listening to Gendhing Gambir Sawit emerged imagination and distracted the anxiety. Therefore, individuals feel calmer when listening to Gendhing Gambir Sawit. In addition, Gendhing Gambir Sawit can also encourage students to think more clearly and improve their mood. This is because there is a transition in the student's awareness that aids them in falling asleep, and afterward the students feel refreshed and clear again (Lumbini Trihasto, personal communication, March 12, 2021).

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JOINT ACTION ROUTINE WITH MUSIC FOR CHILD WITH AUTISM SPECTRUM DISORDERS

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Introduction

The purpose of this study was to investigate the effectiveness of joint action routine with music in helping children with Autism spectrum disorder (ASD) acquire situational language use.

Methods

Participant

The child had an expressive language, but mostly in one-word sentences. However, although he was capable of verbal expression, he was not always able to communicate his intentions with others.

Configuration

Individual music therapy was conducted by two music therapists in the Japanese Music Therapy Association, once a week for about 30 minutes, 22 times in all.

Cooking game

A cooking game (joint action routine with music) was conducted. In the cooking game, yakisoba noodles were made. Ingredients for the dish were made from construction paper and yarn. Paddle drum was used as a frying pan.

Measurements

After each session, information about the child's daily life was collected from the parent. Using "Level of assistance in expression" (Nakamura, 2008), we analyzed how much assistance was needed to express the mand repertoire (Table 1).

Table 1. Level of assistance in expression

Level 1	spontaneous	No assistance.
Level 2	delay	No assistance (wait a few seconds).
Level 3	allude	"what should you say?" (Vague expression) "uh-huh" (response)
Level 4	model	"Cabbage, please." (model)
Level 5	vision	Participant read the text in their notebooks.
Level 6	No expression	

Results

The cooking game was conducted 14 times in all sessions. As a result, the mand repertoire has changed. (Figure 1). The horizontal axis shows the number of the cooking game. The vertical axis shows the number of expressions of the mand repertoire. Since there were five ingredients in the cooking game, the maximum value is 5.

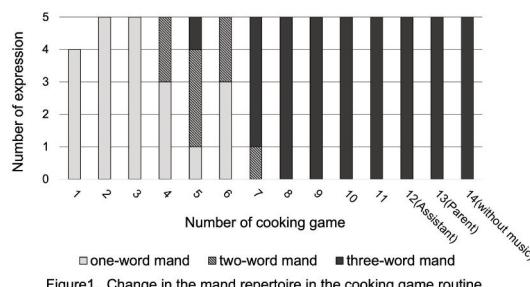


Figure 1. Change in the mand repertoire in the cooking game routine

The child's expression of the mand repertoire went from a one-word sentence (e.g. Give) to a two-word sentences (e.g. Give me). Finally, it became a three-word sentences (e.g. Give me cabbage). To promote interpersonal generalization, a cooking game was conducted with an assistant in the 12th and with the parent in the 13th. The 14th cooking game was conducted without

music, whereby the child expressed the mand repertoire (Figure 1).

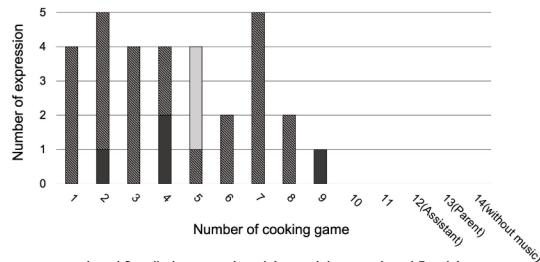


Figure2. Change in "level of assistance in expression" in the mand repertoire

The need for assistance decreased as the cooking game continued. After the 10th cooking game, the mand repertoire of three-word sentences was expressed without assistance (Figure 2). In a meeting with the parent, it was reported that the child was saying the mand repertoire at home.

Discussion

Two factors were considered that prompted the mand repertoire of the child.

Intervention using songs

In the cooking game, a song with short phrases was used. This made the interactions in the cooking game more memorable, and also made it easier for the child to understand what and when to say it.

Changes of the parent in daily life

Parent was involved in a way at home that made the child say the mand repertoire.

The result was consistent instruction both at home and in the session room.

Conclusion

Joint action routine with music promoted changes in the mand repertoire of the child. However, the intervention was not controlled at home, and effectiveness of the intervention was difficult to validate. Further the rigor of the study is needed.

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WHAT ARE THE MEASURES AND OUTCOMES USED IN MUSIC THERAPY FOR DEMENTIA?

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Aim

Research on music therapy for dementia has taken various measures, consolidating the evidence slowly. Examining the outcomes and the measures for a literature review can be useful to guide future research

Materials & methods

The following words were used to search the Cochrane Database of Systematic Reviews (CDSR) for studies registered on or before September 1, 2020: "dementia," "music," and "therapy." The inclusion criteria were: (1) articles reporting results of studies about music therapy, music intervention, or music stimulation; (2) articles written in English; and (3) articles primarily discussing dementia. Articles that did not meet those criteria were excluded. The items and scales examined in each article were extracted and classified according to Dodd et al.'s (2018) outcome taxonomy. All authors participated in excluding articles, extracting items, examining scales, and assigning to Dodd's classifi-

cation. In cases of discrepancies, decisions were made by consensus. The following methods were used for analysis: identifying the items examined by each research article, categorizing per Dodd et al.'s (2018) criteria, identifying the applicable and not applicable outcome domains, assessing the frequency of measures used in each outcome domain and that of the detection of significant differences.

Results

A search for reviews identified 7 systematic reviews (Abraha et al., 2020; Chung et al., 2002; Hermans et al., 2007; Orgeta et al., 2020; van der Steen et al., 2018; Woods et al., 2012; Woods et al., 2018) (78 articles). Among them, 30 articles met the inclusion criteria. These 30 articles examined 18 of the 38 items in Dodd's outcome categories, while 20 items were not examined. Moreover, 78 survey methods were used. The items most frequently surveyed in the studies were psychiatric outcomes, cognitive function, and global quality of life (QOL).

Conclusion

We found that many studies investigated cognitive function, behavioral and psychological symptoms of dementia (BPSD), and QOL; compared to BPSD, various types of rating scales were used for cognitive function. We can contribute to the accumulation of evidence highlighting the benefits of music therapy for ameliorating dementia by standardizing the rating scales.

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CLINICAL IMPROVISATION: WHY USE THIS DRUM? COMPARING THE PSYCHOLOGICAL EFFECTS OF PERCUSSION

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Abstract

Results of a trial study comparing different psychological effects when therapists improvised with five contrasting percussion instruments. A qualitative analysis of interviews conducted with music therapists who use clinical improvisation is presented. This study has implications for considering how best to help clients express their emotions when improvising with percussion.

Description

This study is based on PhD research on the clinical role of percussion instruments as a medium of expression in psychiatric improvisational music therapy. The variety of shapes, maneuverability, and sound quality of percussion instruments broaden multifaceted expression. The challenge is to systematize the way in which different percussion materials, for instance, wood, metal, and skin, influence the creative process of music therapy. Percussion instruments produce differences in sound depending on the use of each characteristic material. Deeper knowledge of the characteristics of the instruments, how they are perceived, and their effects, can be a means of considering which instruments to deploy in clinical practice.

The researcher improvised with music therapists and then conducted interviews in order to gain insight into how music therapists experienced the influence of different percussion instruments on their emotional state. A

qualitative analysis was conducted on five instruments: congas, rattle, vibraphone, xylophone, and metallophone.

Five themes were identified from therapists' feedback interviews: 1. Combination with other instruments, 2. Physical effects, 3. Sound characteristics, 4. Visual impressions of the instruments, 5. Psychological effects.

Hints (2019) - an art therapist - proposes a spectrum of materiality, between resistive and flowable, and constructs a theory that locates the materials he creates in their linear form in art therapy. Ichiki (2012) also revisited Kagin and Luseebrink (1978), incorporating two directions (simple - advanced) to localize specific materials by type. The use of percussion instruments can also be thought about in a similar way e.g., on a spectrum between hardness/softness; how an instrument feels, what it looks like, and the texture of sound it produces related to such a spectrum. Further considerations suggest that percussion instruments may also be related to this spectrum.

It is expected that further research on the psychological effects of percussion materials will further investigate the effectiveness of materials in terms of emotional expression, regression, and projection in clinical music therapy sessions in which clients and therapist improvise sound and music. As it is said that materials are the backbone of expressive art making (Ichiki, 2012), for example in calligraphy, materials in music therapy provide

the basis of sound making, for example the metal slats of a metallophone as compared with the wooden slates of a xylophone. Thus, this future research on the psychological effects of percussion in clinical practice will explore the effect of materiality in terms of emotional expression and musical creativity.

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DEVELOPMENT OF NORDOFF-ROBBINS MUSIC THERAPY TRAINING AND PRACTICE IN ASIAN COUNTRIES

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Introduction

This paper will demonstrate the challenges and benefits when introducing and developing Nordoff-Robbins Music Therapy (NRMT) Training and Practice in Asian countries. We will also discuss the cultural issues and further developing plans.

Historical Overview

Following chapter is a brief introduction of historical overviews of NRMT development and cultural challenges, mainly in two countries, Korea and Japan.

1. Korea: Since the first workshop in Seoul by Dr. Clive Robbins and Dr. Alan Turry in 2000, Nordoff-Robbins Music Therapy has developed an excellent reputation in Korea. As the first three Korean music therapists trained and certified at the Nordoff-Robbins Center for Music Therapy at NYU returned to Korea, the approach began to influence more directly on Korean music therapists in terms of their philosophies and interventions. Based on the collaborative work with the NY center, the Korean Nordoff-Robbins music therapist certification training program called "Musicing" was established in Seoul in 2011, and since then, more than 35 Korean music therapists have

been trained and certified as Nordoff-Robbins music therapists by Musicing. Besides the five original training staff trained and certified at the NY center, four level 2 trainees joined the training team.

2. Japan: In Japan, the first lecture and workshop by Dr. Clive Robbins and Dr. Carol Robbins were made in Tokyo in 1984. After the first Japanese NRMT trained and certified in London returned to Japan in 1983 and the second person in 1989, a great deal of interest in the NRMT approach has been cultivated amongst Japanese music therapists. 20 more Japanese music therapists have been trained and certified as NRMT therapists at the NYU, London, Australia, and German programs. The Japanese Federation of NRMT (JFNRMT) was founded in August 2007, to co-support Japanese NRMT therapists and to cultivate consistent interests and clinical/research studies of NRMT in Japan. Finally, two NRMT training programs were launched in Nagoya and Tokyo and also one NRMT clinic was started in Kyoto in 2021.

Cultural and Social Issues

Although it has been over 30 years since this approach was introduced, the impression of the general public in Asian countries regard-

ing being in therapy still has a stigma attached to it. One must be very ill to receive therapy, although, the need and acceptance for psychiatric treatment in urban areas is increasing. Music psychotherapy is still not very well accepted as a part of the social fabric in other areas of many Asian countries.

Also, often in Asian culture, therapeutic goals can be group-oriented or family-oriented, and not necessarily in the service of a given individual.

Furthermore, age and gender issues come into the difference. Grown-ups are expected to control their emotions and not express them openly. Many educators are trying to establish the best way to accommodate the cultural needs of their students, and so are the clinicians for their clientele. There are needs for the importance of applying our learning from western music therapy sources to our own society and culture here.

Developing Professional Identities

Whatever the situation is, the most significant work we must pursue in this approach is to explore and use the power of music clinically in music-centered way. We need to be careful about quality of music, quality of ex-

perience, and quality of relationship. As Nordoff-Robbins therapists and educators, we must learn to trust our own intuition, to use ourselves as a musician/clinician, to use resources fully, to trust in our and clients' music. These abilities and capacities provide the professional identities of music therapists that are original in our work.

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UNDERSTANDING THE POTENTIAL FOR HARM IN MUSIC THERAPY PRACTICE

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Introduction

This is a case study of music therapy aimed at increasing communicative behaviors in a child with autism spectrum disorder with speech-language limitations.

In teaching communication to children with autism spectrum disorder (ASD), it has been pointed out that it is important to utilize functional language use and natural interactions in order to increase spontaneity and promote the generalization of behavior. Approaches based on this perspective include “joint action routines” and “incidental teaching”.

In this study, a “pretend play cooking with music” method was conducted.

The purpose of this study was to analyze changes in the child’s (1) demanding behavior and (2) behavior related to interacting with others and socialization in this activity.

Method

The child was a 9-year-old boy with autism spectrum disorder and with an intellectual develop-

mental disorder. Thirty-two individual music therapy sessions of about 30 minutes were conducted once a week by three music therapists.

Several tasks, such as greetings, imitation, instrumental activities, cooking activities, and improvisation were conducted.

In Pretend Play Cooking with music, the child made cakes, pizzas, one-pot dishes, and hand-rolled sushi.

The procedure of the activity was as follows: 1) music therapist A sings the song that starts the activity, 2) A communicates to the child one toy food that A wants the child to buy, 3) The child goes to music therapist B, who is located a short distance away from A, 4) The child chooses the toy food indicated by A, 5) The child receives the toy food and returns to A. The above 5 steps are repeated until the dish is completed, and 6) When the dish is completed, pretend to eat it.

It consisted of two scenes: 1) “shopping” for ingredients needed for cooking (expression of demanding behavior/training scene), and 2) completing the dish and eating it while inter-

acting with others (encouraging interaction and spontaneous behavior/free scene).

This study analyzes 1) changes in demand behavior (shopping situations) and 2) changes in behavior related to interacting with others and socialization (eating situations).

Results

1. Demanding behavior

The child was able to accurately request by pointing and sometimes spontaneously make verbal requests.

2. Behavior related to interacting with others and socialization

Interactions such as sharing food and handing it to the therapist, demanding behavior, the act of predication, and helping the therapist also began to appear. In addition, spontaneous behavior and the probability of responding to therapist prompts increased. Laughing and humorous behavior were also observed.

Discussion

The context of cooking enhanced the motivation to request goods and interact with others, and that the music created a pleasant atmosphere. This activity was effective in encouraging variability and spontaneity in the target children's behavior because it was routine but also allowed them to move freely.

Conclusion

In this study, a "cooking activity using music" was conducted with a child with autism spectrum disorder. The results suggest that this intervention was effective in encouraging the expression of demanding behavior, engagement with others, and spontaneous behavior.

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OUTDOOR MUSIC THERAPY ACTIVITIES FOR YOUNG CHILDREN, CAREGIVERS, AND COLLEGE CHILD-CARE STUDENTS

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Abstract

This study reports on the outdoor application of MT with young children and parents. The session included sensory exploring and improvisational interaction, as well as a relaxation activity for parents. The inquiry suggested that participants recognized the value of the environment, and experienced an increase in self-motivation for exploration, expression, and pro-social behavior.

Background

The United Nations agreement for Sustainable Development Goals and UNESCO's Education for Sustainable Development is mainstream in the field of childhood education and care. The study of Endo & Kubota (2020) reported that an outdoor childcare environment that emphasizes experience-based learning potentially encourages children to express themselves and actively interact. Also, it is indicated that impromptu music-making enables a variety of children to express more on their own initiative (Nagasaki et al., 2019). This research aimed to define the efficacy of music activities and how students learn positive interaction in an outdoor setting.

Methods

Children aged 0 to 6 (n=11) and their parents (n=7) participated in a day-camp program at

an outdoor activity center. 9 college students also participated as their supporters. The program consisted of (a) sensory exploring and improvisational interaction and (b) a relaxation activity for parents. The activities were videotaped and observed. A survey was also filled out by parents. For infection control, they were asked to monitor their health for two weeks, and each instrument and object was sanitized before and after sessions.

Results and Conclusion

In (a) sensory exploring and improvisational interaction, initial structured activities transitioned into more unstructured improvisational activities as rapport was built and more interaction developed. In (b) a relaxation activity for parents, which included breathing deeply and feeling body parts while listening to live sedative improvisational music, participants recognized mental and physical comfort, the coziness of the music, and physical and sensory level changes (tactile, muscle tone, and internal senses).

The survey results suggested that parents recognized the value of the natural environment and the increase of self-motivation for their children's exploration, expression, and social behavior. It also indicated that the students interacted flexibly, receiving children's findings and responses with empathy.

Table 1. Sensory Exploring and Improvisational Interaction Activities.

Intro. (Icebreaker)	Greeting song as a cue to start
Children's Song and Play	To prompt interaction through well-known songs and activities To prompt communicating emotionally and vocalization
Sensory Exploring	To prompt exploring sensory materials touching body parts and experience various tactile senses
Movement with Scarves	To prompt communication through body movement and imitation
Intro. to Instruments	To prompt curiosity about various instruments and sounds and expand imagination
Exploring and Improvisation	To prompt exploring instruments through tactile sensations and sounds; To prompt voluntary interaction in improvisation

Table 2. Experiences Felt During Relaxation Activities

Participant reports of experiences felt during relaxation activities	
scomfort/ coziness	6
nsoriting sounds	5
eepiness	4
finess/ fatigue	4
athing	2
rmth	2
uction in tension	1
ling sounds strongly or sharply	1
ling of floating	1
ling materials in contact with body strongly or sharply	1
ess	0
amiliar/ uncomfortable	0
her*	3
aptiness by concentrating on sounds/ alternating senses of sounds and	

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EXPLORING A PRACTITIONER-CENTERED VIEW OF MUSIC THERAPY RESEARCH

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Practitioners and Research

«The divide between research and practice may be growing (Baker & Young)». The author regards one reason for this as the heavier emphasis placed on «presenting concise and unalterable outcomes to society» by so-called academic research. On the other hand, for practitioners who are committed to involvement in the field of music and relationships, the need for research is more about «re-search = repeatedly searching around the phenomena» for the growth of the music therapist, the clients, and the discipline itself.

The Language Systems of Thought

It should also be noted that the Western language systems of thought as premises for research discussions do not always match the cultural diversity of practice. For example, Japanese music therapy learned its clinical and research methodology as translations of Western languages. They were such powerful resources that they automatically became the defaults, leaving practitioners unconsciously bound, losing the opportunity to examine how they fit in with their own culture's thought systems. This, ironically, has kept Japanese practitioners away from research to this day. To begin with, not a few practitioners might feel a sense of discomfort with defining the phenomena in logical language, which secretly diminishes complex experiences behind the scenes (Metell, et al., 2008).

Creators of Significance in the Context

«The cultural categories of music, health, and therapy mean different things to people in different contexts (id.)». Of course, learning one theory comprehensively developed in a given culture can be a great foundation for thought. On top of that, however, it is the practitioners who continuously create the unique significance of music therapy, taking on the positive and negative variables of economic, political, academic, and public climates in each context.

For example, in the author's on-going research interviewing Japanese practitioners about how they have identified and implemented their work during the extra-ordinary changes in the clinical environment due to the COVID-19 disaster, the noticeable priority was found to be on «continuing the involvement, not cutting off the relationship with the clients». To this end, each created specific measures. Some even said that they had changed their therapy goals in order to continue their involvement. Needless to say, «involvement» has a history, meaning, and sense unique to Japanese culture; that needs careful discussion.

A Practitioner-centered Research

In this presentation, the author will introduce her exploration into reflective re-search on a case of music therapy for end-of-life elderly at a nursing home in Japan. To reflect «how the 10 months of music therapy was created»

among the participants, including the practitioner herself, in the multifaceted and fluid situation, was to move away from a research attitude of clipping out «concise and unalterable outcomes» as typical values. Consequently, a code analysis of the session records developed into a variety of presentation forms: Reconstruction of the case story, poetry, shadow crafts and dialogue. Video: <https://youtu.be/PBvdq0xg30Q>

One of the important perspectives of practitioner-centered research may be «how to leave the results unclosed». Enabling the practitioners to return to the experiences repeatedly to re-search from multiple angles and keeping the research open to on-going dialogue with diverse others might enhance the potential of research for practitioners.

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WHERE AND HOW ARE MUSIC THERAPISTS WORKING FOR CHILDREN IN JAPAN?

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Music therapy is still recognized as an emerging profession in some parts of the world (Kern & Tague, 2017, 2019). Similarly in Japan, music therapists experience hard time having employers understand they are well-trained to provide high-quality services. One of the reasons is because the profession is not accredited by the government yet. This fact not only impacts the social perception of the profession but also limits employment opportunities since most of their services are not covered by health insurances.

The Japanese Music Therapy Association (JMTA) conducted a survey among music therapists, who were being recertified, every year from 2019. Based on their report, only 14.1% of 235 respondents and 12.3% of 318 respondents had a full-time music therapy jobs in 2020 and 2021, respectively (The Japanese Music Therapy Association, 2021, 2022). The reports also indicated that, some music therapists had an additional license in related fields and were employed full-time with the license to provide music therapy sessions in the facility. Expected cases include music therapists, who also have a national license of care worker, providing weekly music therapy sessions in a nursing home while doing work as care workers.

Although the survey reports provided a general idea of the employment conditions of

music therapists in Japan, it was still unclear where music therapists, working with a particular group of clients such as children, provide services. Since there is a growing need for music therapy services to children with special needs, it is necessary to find out the employment conditions of music therapists specialized in this area, in order to adequately show how those children and their families can access the services.

Method

Participants

The participants were recruited by sending a survey invitation to members of the JMTA, who signed up to the mailing list of each regional branch. The inclusion criteria were (a) the participant must be a music therapist certified by the JMTA or relevant organizations in other countries; and (b) the participant provided music therapy services to children under the age of 18 at the time of the study or had experience of providing music therapy services to the group of clients within 10 years.

Survey Content

The survey was conducted anonymously with a Google Form and required approximately 10 minutes to complete. The participants were asked to answer 19 multiple-choice or short answer questions with 5 sections in-

cluding (a) confirmation of experience working with children; (b) demographic information; (c) licenses/certificates in music therapy and other related fields; (d) current practice; and (e) employment conditions.

Result

The survey is in progress, and the major findings would be reported in a poster presentation at WCMT2023.

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IMPACT OF MUSICAL ATTENTION CONTROL TRAINING ON ATTENTION IN AUTISM SPECTRUM DISORDER

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Abstract

A one-day intervention and a five-day intensive intervention using musical attention control training (MACT) were administered three months apart to a child with autism spectrum disorder (ASD), and behavioral changes were evaluated using neuropsychological tests. Major improvements were found in selective attention after the one-day intervention and in attention control/switching after the five-day intensive intervention.

Introduction

Individuals with ASD often show attention control difficulties, which may influence their core symptoms (Kerns, et al., 2017; Funabiki, et al., 2011). The impact of music therapy on attentional difficulties in ASD has received increasing attention in recent years. The feasibility and promising results of MACT has been documented (LaGasse et al, 2019; Pasiali et al, 2014), but much remains unclear, including the frequency and duration of interventions needed for improvement, the subtypes of attention to be improved, and the long-term effects. To explore the impact of the intensity, frequency, and number of sessions of MACT, this study investigated the degree of behavioral changes resulting from a one-day intervention and an intensive intervention on five consecutive days using MACT in a school-aged boy with high-functioning ASD.

Methods

The participant in this study was an 8-year-old boy diagnosed with ASD. His Raven's Colored Progressive Matrices score was 35, Autism Spectrum Quotient was 18, and Attention-Deficit/Hyperactivity Disorder- Rating Scale score was 33. He underwent a single 30-min intervention, and five 30-min intensive interventions on five consecutive days 3 months later. The study and intervention procedures have been previously described (Kasuya-Ueba et al, 2020). Behavioral changes were evaluated using the Test of Everyday Attention for Children (TEA-Ch; Manly et al, 1999), which was conducted before and after the interventions to assess the following attentional capacities of the child: sustained, selective, attention control/switching, and divided attention skills.

Results

Pre- and post-intervention age-scaled scores, converted from raw scores using the normative table, were obtained from the four TEA-Ch subtests in the one-day intervention (Figure 1) and the five-day intervention (Figure 2). Major improvements were observed in the response speed of selective attention after the one-day intervention and in the response speed of attention control/switching after the five-day intensive intervention.

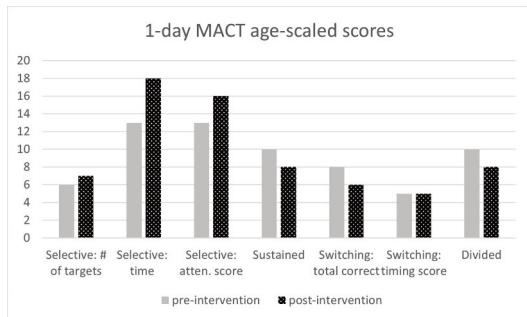


Figure 1. The four TEA-Ch subtests in the one-day intervention.

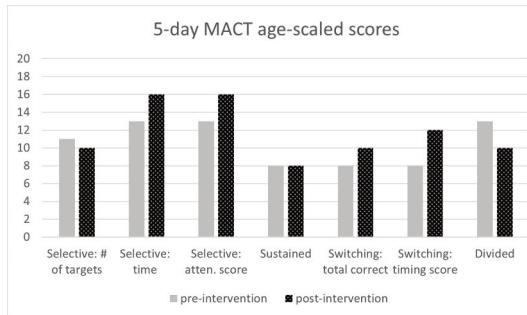


Figure 2. The five-day intervention.

Discussion

Each music therapy intervention showed different degrees of improvement in attention in ASD. The possible influence of the intervention factors is discussed in the poster presentation.

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INDIVIDUAL MUSIC THERAPY FOR A CHILD WITH DEVELOPMENTAL DISABILITIES IN PRE-LANGUAGE PERIOD

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Introduction

Shirakawa, et al (2021) have showed that there was a greater mutual connection between a therapist and a developmentally disabled child in the pre-verbal period. Accelerated rhythm synchronization was used in a drum activity to support communication at private music therapy. The purpose of this study is to analyze rhythm synchronizations and to thereby gain an understanding of these characteristics in the drum activity.

Methods

(1) Subject child: The subject was a mentally disabled six-year-old child in the pre-verbal period. At the 1st session, the child displayed no interest in other people, almost no smiling or eye contact with others. Table 1 shows the child's profile of KIDS (Kinder Infant Development Scale).

Table 1. Child's KIDS profile (M: month).

Physical motor	Manipulation	Receptive language	Expressive language	Language concepts	Social relationships with children	Social relationships with adults	Discipline	Feeding
25M	9M	11M	9M	0M	0M	9M	0M	11M

(2) Implementation period and target music activities: A 30-minute session was conducted once a week for a total of 26 times. The target activity was a 10-minute drumming occurrence in each session. As the base data, we picked up the 1st occurrence — because mutual negotiation was established in the 4th session - and analyzed the rhythm synchronizations. Then, we compared the 12th and the 17th occurrence, at two-month intervals, to capture the characteristics of rhythmic synchronization. We defined the rhythm synchronization as a "situation where the therapist and the child could share the same rhythm continuously for five seconds or longer".

(3) Analysis items: Every session was recorded on DVD, and the observers noted all behaviors between the therapist and the subject child and rhythms in occurrence (10 min. drumming activities)

Results

The results show rhythm synchronizations in Table 2.

Table 2. Rhythm synchronization.

Occurrence	Count of Rhythm Synchronization	Quarter-note Rate in rhythm synchronization
4 th	8 times	38%
12 th	16 times	66%
17 th	20 times	38%

In the 12th occurrence, there were big increases in rhythm synchronizations in both the count and the quarter-note rate. The child demonstrated physical contact with the therapist's hand beating the drum and walked with the synchronized quarter-note rhythm. In the 17th occurrence, there was an instance of the child looking at the therapist's face during drumming with synchronized rhythm, however the rate was decreased due to the walking time dropping.

Discussion

Firstly, the appearance of the quarter-note rhythm was the same as the child's beating drum and walking rhythms. Secondly, the reason of increasing both the count and the rate of rhythm synchronizations in the 12th occurrence was considered that the therapist might try to synchronize rhythm more with the child intentionally. Thirdly, the reason for decreasing the rate in the 17th occurrence was that the child's walking time was decreased. The child's decreased walking and increased physical contact with the therapist indicate a decrease in physical distance. The child's continued drumming behavior while looking at the therapist's face also evokes a social reference.

Conclusion

According to Endo & Ozawa (2001), social referencing in the early developmental stages was as an interactive social negotiation between a caregiver and a child, and was sup-

ported by skillful consideration on the part of the caregiver. It is possible in this study that the music activity itself, through the drumming, which incorporates with the child's expression with rhythmic synchronizations, and also the therapist's support may have triggered the elicitation of the child's social references.

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TRAINING OF BASIC PIANO SKILLS FOR ELDERLY: APPLICATION OF OCCUPATIONAL THERAPY APPROACHES

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Introduction

In aged society, the development of meaningful leisure skills for the elderly has become increasingly important. Many studies have reported that playing piano is effective in maintaining and improving mental and physical functions. For example, Bugos (2007) reported that private piano instruction to older adults with no musical background improved neurological examination scores. However, it is difficult for the elderly to learn the new skill because it requires a high level of attention and finger dexterity. Therefore, in this study, we developed a new piano training method for healthy elderly piano beginners based on the knowledge of occupational therapy. The purpose of this study was to examine the effects of these training on improving piano playing skills.

Methods

Participants

Five piano beginners (with an average age of 69), who were healthy right-handed elderly, participated in this study. This study was approved by the ethical committee of Showa University of Music, and each participant signed their informed consent.

Procedure

This research is divided into "Experiment 1" and "Experiment 2". In both Experiments, to

evaluate the piano performance, the melody created by the author was played (1) along with a metronome, and (2) at the fastest tempo of the participant. The number of mistakes such as mistouches was counted. Based on the results, we developed a training program and intervened four times. During this period, participants did not practice the piano at all. After completing the entire training, the participants were evaluated again for their piano playing skills. The pre- and post-tests were administered in person, and the training sessions were conducted online using Zoom.

Experiment 1 (focused on finger dexterity)

Participants' piano playing skills were evaluated only for the right hand. A program aimed at improving finger dexterity was provided for training.

Experiment 2 (focused on attention)

Participants' piano playing skills were evaluated for the left hand and for both hands. A program aimed at improving attention was provided for training.

Results

Experiment 1

The number of mistakes reduced in playing with the right hand to the metronome for all participants after training. In the fast performance, the number of mistakes decreased

in 3 out of 5 participants, while it increased in remaining 2.

Experiment 2

The number of mistakes reduced in playing with the left hand to the metronome in 3 out of 5 participants, but no changes were observed in the remaining 2 participants. As for playing fast with the left hand and playing with both hands, the number of mistakes reduced significantly in all participants.

Discussion

Experiment 1

As a result of finger dexterity training, piano playing skills to the metronome of all participants improved. These results suggest that manual dexterity training may be effective in improving finger movements different from those in daily life. Because finger dexterity training may improve the function of the primary motor cortex close to the auditory cortex in the temporal lobe, playing to the metronome as auditory information may improve in all participants.

Experiment 2

Attention is controlled by the frontal lobe of the brain far from the auditory cortex. Therefore, attention training was not effective in playing along with the metronome. However, it is assumed that the improvement in the fast piano performance with the left hand

and the performance was brought about due to attention training; it might facilitate the smooth processing of the information necessary for performance.

Conclusion

The results of this study suggest that incorporating occupational therapy methods into music activities for the elderly will improve their performance skills effectively and efficiently. This may also contribute to their QOL. However, to demonstrate more effective intervention methods and to increase scientific credibility, a larger number of participants and further motivational music activities may be required.

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REFLECTION AND PERSPECTIVES OF NICU MUSIC THERAPY EARLY PRACTICE IN JAPAN

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Abstract

Many research and studies on music therapy in neonatal intensive care units (NICUs) have been conducted and suggested that music therapy is beneficial for premature babies' development and growth as well as parents' emotional support in several countries. In Japan, there are few hospitals that provide music therapy at NICU settings. Also, the number of NICU music therapy research studies are few. Therefore, it may be considered that NICU music therapy in Japan is in the early stage of development. A music therapy program for the NICU and Growing Care Unit (GCU) at Saitama Children's Medical Center started in 2018, in which the program adopts Rhythm, Breath and Lullaby (RBL) NICU music therapy model (Loewy, 2016). The program provides support for premature babies' growth and development, parents' psychosocial aspects, and baby-parent bonding and attachment as well as provides environmental music therapy (Rossetti & Canga, 2013). Besides the regular clinical practices in the neonatology unit, some research studies related to music therapy have been also conducted; a four-case study of premature infants with live vocal intervention (Eguchi et, al., In Press) and two nursing research studies regarding NICU music therapy in palliative and terminal care and music therapy for infant-mother bonding support. The result of the case research study of four premature infants with live vocal intervention showed a significant decrease in the heart rates of the infants in several sessions,

also lower state levels were observed, in which the results would support the effectiveness of music therapy for premature infants. However, the result of a small-for-gestational age (SGA) infant suggested that there was a possibility that the intervention became an overstimulation and might have led to the stress responses of the infant. Japan is reported to have a high prevalence of SGA infants (Ota et al., 2014). Even though nothing can be determined at this point, and further research is needed, the result brought some potential issues that may need to be considered for conducting NICU music therapy in Japan as well as potentiality to develop an early intervention for vulnerable populations. A physical separation between an infant and parent/s may affect their bonding and attachment in NICU settings. Since the Covid-19 pandemic started, the precautionary measures including a restriction of visiting hours, continue to be implemented in the hospital in order to prevent the spread of the virus. These inevitable circumstances may cause further difficulty in developing a relationship between an infant and parent/s in the neonatal unit. In the context of the issues, a family interdisciplinary support program was organized in 2022, centered on nurses, physical therapists, a psychotherapist, and music therapist. This program is designed to support parent/s to feel comfortable and confident when caring for their infants. It can be considered that music therapy in NICU settings is feasible and beneficial for infants, their families and medical staff in Japan.

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SINGING FOR HYPOKINETIC DYSARTHRIA WITH REFERENCE TO BEHAVIORAL APPROACH: CASE REPORT

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Abstract

A singing intervention based on the behavioral approach of rehabilitation was provided to a participant with Parkinson's Disease. The effectiveness was primarily measured through acoustic analysis, which revealed an improvement in the participant's vocal loudness. Other measurements also indicated additional effectiveness, highlighting the need for careful consideration in future studies.

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ONLINE VOCAL INTERVENTION FOR RESPIRATION, PHONATION, AND SWALLOWING OF INDIVIDUALS WITH PARKINSON'S DISEASE PATIENTS

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Background and Objectives

For persons with Parkinson's disease (PD), voice/speech problems related to respiration and phonation, and swallowing impairment symptoms highly impact their quality of life and mortality (Ramig et al., 2018; Stegemöller et al., 2017). Based on the previous studies by the lead author (Haneishi, 2017), the presenters evaluated the influence of a music therapy vocal intervention to alleviate these symptoms online due to the COVID-19 pandemic.

Participants and Procedures

Twelve persons with PD, 6 males and 6 females aged 57 to 75, participated from their home in individual pre- and post-tests and twice-weekly music therapy vocal group intervention for 4 weeks. This study was approved by the ethical committee of Showa University of Music, and each participant signed their informed consent following the Information meetings about the study con-

tent and online sessions. All the evaluation and music therapy sessions were provided and video recorded through the Zoom meeting system. In pre- and post-tests, the data for maximum phonation time (MPT), a task to produce /a/ as long as possible, were collected. Vocal pitch range in semitone was measured through the Zoom recordings. To obtain the data for vocal intensity range in dB, the participants were asked to hold a sound level meter keeping a consistent distance from their mouth showing its display to the researchers through the computer screen. Repetitive Saliva Swallowing Test (RSST) was also administered to count the number of times participants swallowed for 30 seconds.

Music Therapy Vocal Intervention

The session protocol included posture alignment for singing, abdominal and neck muscle stretching, breathing exercises, blowing into a harmonica, facial and oral muscle exercises, a chin push-pull maneuver with recorded

music for swallowing, vocal exercises in a loud and resonant voice with no laryngeal and pharyngeal tension, articulation exercises using original songs, reading aloud of famous poems or lines, and singing songs.

Results and Discussion

The results of MPT, a standardized test to assess both respiratory and phonatory functions, extended by 2 to 9 seconds across 10 out of 12 participants. Vocal intensity range increased by 0.95 to 6.83 semitones across 8 participants, so did the maximum vocal intensity by 1.29 to 12.9 dB across 11 participants. The data for vocal pitch range and RSST showed no specific trend from pre- to post-tests. While the data collection methods of vocal sound and swallowing were limited online, closer observation of the lip, neck, and facial expression of each participant was informative. Online sessions for PD were more accessible, and therefore helpful for patients with gait problems.

Acknowledgement

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SELF DISCLOSURE FOR MYSELF AND SOMEONE ELSE: «TOJISHA» STUDY (STUDY OF PARTY) ON A MUSIC THERAPIST

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Abstract

The presenter will share her experiences as a music therapist and her communication process using the concept of Tojisha study (study of self). The aim is to promote the advancement of Tojisha study in music therapy fields and explore ways to expand music therapy in various countries.

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THE MUSIC THERAPY FOR ELDERLY PEOPLE: THE EFFECTIVENESS OF A SINGING PROGRAM FOCUSING ON SIX ORAL FUNCTIONS

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Abstract

The purpose of this study is to clarify the effectiveness of music therapy for the maintenance and improvement of oral function using singing program focusing on six oral functions ("pa", "ta", "ka", "ra", vowels, laryngeal elevation) in music therapy for elderly people. The research method is a non-randomized controlled trial. After completing all sessions, comparisons and examinations were carried out. We evaluate oral functions to singing by objectively tests, and to research how to maintain and improve them.

Method

Non-randomized controlled trial. Experimental group 12 people, control group 11 people. Only the experimental group was given a total of 12 sessions (30 minutes once a week), small groups or individual music therapy. The participants who has problems with oral function.

Program

The music therapists invented the program using familiar five songs for participants. These songs use many of the six oral functions that we focus on in this study.

Songs used

"**pa**" Pa/Ma/Ba muscle strength of lips

"Bara ga saita"

"**ta**" Ta/Da/Na/Ra/Cha(tongue lift)

"Kougen ressya wa iku"

"**ka**" Ka/Ga (Elevation of the occipital region of the tongue, Prevent aspiration)

"Ginza Kankan Musume"

Vowels a/i/u/e/o (Lip rehabilitation)

"Konnichiwa Akachan"

By induction of laryngeal elevation: Up and down movement of the laryngeal ridge
"Hamabe no uta"

Evaluation

Oral Diadochokinesis Assessment (OD) that

evaluates the test of oral function (performed before, during, and after the study). Record changes in participants' diet, water intake, and food form, to know the changes in the participants' daily lives due to participating in the research and measure the voice volume.

Result

Research period: June to October, 202X

Intervention: A total of 12 sessions at intervals of 5 to 10 days. Some facilities have changed their program schedules due to the impact of COVID-19 and more.

The experimental group ($n=12$) was given a singing program for a total of 12 sessions. As a result of comparing OD results of the experimental group ($n=12$) with a t-test ($p>0.05$), a significant difference was observed in the average values of "ta" and "ka" ("ta" $p > .008$, "ka" $p > .009$). There was a significant difference in "ka" ($p > .022$) in the control group ($n=11$). There was no significant difference in all pronunciations in the comparison between the experimental group and the control group. Comparing the average values of "ta" and "ka", which were pronounced more frequently in the program, before and after the study, "ta" increased by 1.196 and "ka" by 1.19 compared to before the study.

Consideration

As an approach to maintain and improve the oral function of the elderly through singing activities. In Japan, oral function training "Pata-ka-ra exercise" is performed in many facilities for the elderly. As a result of this research, an analysis of the music selection revealed that the more "pa", "ta", "ka", "ra" was, the higher the OD score, suggesting that the musical intervention in the experimental group was effective. This is because in music analysis, the frequency of "ta" with a significant difference is more than twice that of "pa" with no significant difference. This is be-

cause the comparison of the experimental group before and after the intervention showed that there was a significant difference in the OD score "ta" and "ka".

In addition, the reason there was no significant difference between the experimental and control groups may be that the control group also participated in group music therapy within the institution. Comparing OD of the experimental group, both "ta" and "ka" increased by 9 subjects. From these results, it is possible that singing activities with music selection focusing on oral function in this study may help to maintain and improve the tongue-lip function of the elderly.

Conclusion

It is suggested that singing activities with music selection focusing on six oral functions may be effective in maintaining and improving the oral functions of the elderly.

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MUSIC THERAPY CRISES SUPPORT: PERSPECTIVES FROM THE WFMT GLOBAL CRISES INTERVENTION COMMISSION

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A Word About the Proceedings

The WFMT Global Crises Intervention Commission (WFMT-GCIC) was formed to support the needs of music therapists affected by or responding to trauma or crises across the world, both natural and human-made. Since 2020, the WFMT-GCIC has been steadily attending to a wide range of crises during the Covid-19 pandemic.

The Commission facilitates communication and maintains a collection of materials and information to use in disasters or traumatic or crises situations, to inform and facilitate the work of music therapists responding to crises around the world. Featuring a discussion with members of the WFMT-GCIC, this collaborative and interactive session will discuss different issues and topics that have surfaced from the GCIC's work involving various professional perspectives and cultural considerations. This session will provide glimpses into the functionality of music therapy in different crises intervention scenarios, as mani-

fested through the various types of crises that the GCIC has been called to respond to. Examples of these scenarios include a chemical bomb explosion in Beirut City, Covid-19 related telehealth crisis in Amapa, Brazil, the Ukraine war crisis, as well as the provision of music therapy support to various refugee populations in need around the world.

This session also highlights the GCIC's development of proactive solutions for music therapists, such as the setting up of WFMT Care Teams across the eight WFMT regions, which facilitates more engagement with WFMT members, cultural diplomacy initiatives as a means to prevent the escalation of crises, and better responses to music therapists needs. Last but not least, the session highlights the important role of joint collaborations and networking with other organizations around the world to provide a wider range of necessary support to music therapists.

The work of the WFMT-GCIC would not have been possible without the strong support of

international collaborators such as the *International Choral Conductors Federation*, *International Kodaly Society*, *Young Choral Society*, *University Putra Malaysia*, *American Music Therapy Association Covid-19 Taskforce*, and *Ukulele Kids Club, Inc.*

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MOVING MUSIC THERAPY FORWARD IN MALAYSIA: INSIGHTS, STRATEGIES & FUTURE TRENDS

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Music therapy started in Malaysia more than 30 years ago. There has been an uptick in music therapy activity this decade, which culminated in the formation of the Malaysian Society for Music and Medicine in 2012, and Malaysian Music Therapy Association in 2016. To date, there is still no comprehensive music therapy program offered at any Malaysian university.

In response to the call for the development of training programs in Malaysia, University Putra Malaysia, supported by the Malaysian Ministry of Health, spearheaded the initiative to set up a music therapy training program at Master's level, building on the preliminary legwork set up by the music therapist at University Putra Malaysia's Department of Music, under the Faculty of Human Ecology.

In 2022, two music therapists, one Malaysian and one American began to explore the development of the first music therapy degree training program in the country.

This presentation highlights the combined efforts of the authors to lay the groundwork for the setting up of the first music therapy training program in Malaysia under University Putra Malaysia (UPM), while advocating for more recognition of and more affordable access to music therapy services for Malaysian citizens. It also provides insights into the challenges and opportunities experienced within

the Malaysian landscape which have impeded or improved development of music therapy in Malaysia, as well as shares strategies for problem solving that have worked in Malaysia and projections about future trends in the region.

Special attention is given to regional needs including music therapy education and advocacy as a means to combat cultural stigma and promote diversity equity and inclusion (DEI) for greater affordability and access to music therapy services among the Malaysian population, the use of music therapy community outreach work to transform public perception about music therapy's role in healthcare, development of partnerships with government and non-government organizations to develop clinical training sites for students, engagement with government entities to achieve recognition and provide guidance for the development of national music therapy policies and music therapy certification, integration clinical and academic program development, the validation and translation of the Western-based music therapy model into a local context including the development of a local research evidence base, as well as the fostering of regional cooperation to enhance the presence and support of music therapy in South East Asia.

Efforts to engage all relevant stakeholders in the development of the music therapy pro-

gram culminated in the organizing of the region's first regional music therapy symposium involving 5 countries in South East Asia: Malaysia, Thailand, Indonesia, India and Philippines. The main highlight of the symposium was an industry panel session to strategize and discuss action steps for bridging research, practice, and industry gaps creating a triple helix synergy between university, industry, and government to spur development.

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THE MUSIC-BASED ATTENTION TEST AND EMOTION-PERCEPTION TEST FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITY

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Purpose

This study is aimed to develop M-Test, a smart pad application for assessing attention, working memory, and emotion recognition skills among individuals with developmental disabilities (IDD), and examine its validity.

Introduction

Adults with IDD have shown a much lower employment rate than any other disability group (Zwicker, et al., 2017). Among multiple barriers examined, the lack of adequate social, communication, and attention skills have been identified as significant individual barriers, which prevent these individuals from social integration (Khayatzadeh-Mahani et al., 2020).

Attention has been known to be associated with social emotion and social communication (Maemonah et al., 2021). In addition, working memory and emotion recognition skills also play a critical role in successful social interaction and communication (Baker et

al., 2010; McQuade et al., 2013). Music can be a useful assessment tool for assessing IDD's cognitive and emotion recognition skills with its various components and experiences involved. Therefore, this study is aimed to develop the M-Test composed of the Music-based Attention Test (MAT) and the Music-based Emotion Perception Test (MEPT) for IDD.

Methods

We analyzed the structure of CAT, a widely used, computerized attention test identified by its algorithm and underlying mechanisms, and examined musical elements to test the five subtypes of attention tests: simple selective attention, continuous inhibition, divided attention, interference selection, and divided attention; in addition to working memory. Comparable tasks were created using musical elements such as rhythm, timbre, and pitch.

The Music-based Emotion Perception Test was created by: a) identifying a hundred 15-second musical passages that express the basic emo-

tions of happiness, sadness, and anger; b) testing the validity of the musical passages by involving 300 neurotypical individuals; c) creating matching emojis for each emotion; and d) develop the smart-pad application.

In this presentation, we will demonstrate the final product and explain the process of designing the assessment algorithm and conducting the evaluation process.

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Demonstration videos are available at:

<https://url.kr/liup7x>

M-TALK: MUSIC-BASED SOCIAL AND COMMUNICATION TRAINING PLATFORM FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITY

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Purpose

This study is aimed to develop M-Talk, a smart platform for individuals with developmental disabilities (IDD) to promote their core social and communication skills including attention, working memory, emotion recognition, emotion regulation, and problem-solving skills.

Introduction

The advancement in medical science and current living conditions have resulted in increased life expectancy among IDD in the upcoming decades (Bittles et al., 2002). Gradually, more IDD are taking part in the workplace, but are struggling to adjust due to limited social and communication skills (Kim & Ahn, 2017). Inadequate social, communication, and attention skills are significant barriers to IDD, hindering their social integration (Khayatzadeh-Mahani et al., 2020). Hence, it is crucial to provide social skills and stress management training for IDD (Karayazi et al., 2014).

Touch-based smart devices have been widely utilized by IDD with varying levels of disabili-

ties (Stephenson & Limbrick, 2013). Researchers continue to develop smart-device based contents for children and adults with IDD (Collins, et al., 2014). Since music has great potential to address social and communication skills, and their core sub-skills, we developed a therapeutic-educational platform accessible by smart pads.

Content

The M-Talk platform consists of six applications with twelve programs. Firstly, M-Test offers two music-based assessments assessing the user's attention, working memory, and emotion recognition skills. Secondly, M-Bench provides Breathing Training and Sound Training, which lead to physiological relaxation and emotional stabilization involving deep breathing and music-making to emotionally paired music. M-Body involves an augmented reality program titled Body Training and a sequenced dance learning simulator called Dance Training for promoting attention and working memory. The M-Face trains users to accurately identify emotions expressed in music using emojis and users' facial expressions. M-Social also provides two

social-story-based programs designed to promote impulse control and coping skills. Lastly, M-Concert offers chances to interact with other users by sharing their musical work and emoji-reactions, and reviewing individualized progress. In this presentation, we will demonstrate the final version of the M-Talk platform and share results from the clinical trials conducted with more than two hundred participants.

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Demonstration videos are available at:
<https://url.kr/liup7x>

DEVELOPMENT OF ONLINE MUSIC PSYCHOTHERAPY PROTOCOL FOR ADOLESCENTS ON PROBATION OR SUSPENSION OF PROSECUTION

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Purpose

Due to the Covid-19 pandemic, telehealth has become an essential part of therapeutic services worldwide. The long-term ongoing correctional music psychotherapy program of 7 years commissioned by the Korea Prosecutor's Office also faced the same challenge of establishing an alternative therapeutic approach during the pandemic. Therefore, this study aimed to develop a telehealth music psychotherapy protocol designed to induce behavioral and psychoemotional changes among teenagers sentenced to probation or suspension of prosecution in Korea.

Background

Therapists must consider utilizing familiar therapeutic mediums and approaches that do not rely heavily on verbal discourse when working with at-risk adolescents (Aunola et al., 2000). Music provides a safe and familiar venue through singing and playing preferred instruments for teenagers, which can motivate their voluntary participation (Chong & Yun, 2020; Yun & Chong, 2019). During the Covid-19 pandemic, telehealth has shown its positive potential due to its merits related to fewer constraints in terms of time, space and safety measures. Moreover, participants in online therapy reported experiencing positive

relationship formation and therapeutic dynamics with significant psychobehavioral outcomes (Archibald et al., 2019).

In order to provide the music psychotherapy programs commissioned by the Korea prosecutor's office for adolescents sentenced to probation or suspension of prosecution during the pandemic, this study was conducted to develop an online music psychotherapy protocol that can promote the utmost and real-time musical and social interaction among the participants and therapists.

Method

Firstly, we reviewed relevant articles, protocols, and reports on the internet and in-person music therapy for adolescents. Two researchers independently identified, extracted, and analyzed data from relevant articles. Secondly, upon comparing the outcomes, we summarized essential considerations for conducting online music psychotherapy programs for at-risk adolescents. Based on this synthesis of recommendations, we developed the Inter-bridge Music-psychotherapy Protocol.

Thirdly, expert music therapists with ample clinical experience with adolescents evaluated the protocol to verify the content, ra-

tionale, and structure. Based on their evaluation and recommendation, we refined the final protocol.

The purpose of the final protocol was to help participants discover their inner resources through exploring their music, expressing self, reshaping relationships with self and others, gaining a better insight about self, and obtaining an empathic perspective toward self and others. In this presentation, we will discuss the related literature that laid the groundwork for our protocol, mixed-method research design, the therapeutic protocol for 12 consecutive online zoom sessions, and finally, the actual strategies utilized to address the real-life challenges of telehealth therapy.

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Notes

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MUSIC THERAPY: APPLYING KOREAN TRADITIONAL MUSIC AND THE THERAPEUTIC CHARACTERISTICS OF FOLK SONGS

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Abstract

This study examined the therapeutic characteristics of folk songs in the study of music therapy that applied Korean traditional music. The therapeutic meaning contained in Korean folk songs was analyzed in six ways. This has the potential to show the therapeutic power contained in each country's traditional music.

Objective

The purpose of this study was to review the therapeutic rationale for music therapy applying Korean traditional music.

Method

The 16 studies were selected from the KCI Journal database from 1997 to 2021. The review topics focused on the general characteristics of interventions, the rationale reported for selecting the music experience, and the therapeutic meaning and properties of folk songs.

Results

First, the general characteristics of music therapy research applying Korean traditional music present a high proportion of quantitative research design, elderly participants, and dependent variables of emotional areas.

Most of the studies applied two or more music experiences, including singing. Second, the clinical approach utilized music therapy techniques and characteristic elements of traditional music. As examined in the review of therapeutic rationale, the participants' main complaints and skill levels were elements of traditional music in music therapy techniques such as the classification of re-creation, creative music experiences, and music appreciation. Third, folk songs were highly utilized in the music therapy studies, specifically on Korean traditional music intervention. Its therapeutic meanings were analyzed in the following categories: embodied sound; facilitation of automatic thoughts; satisfaction of aesthetic desires; Korean identity; a song about one's life; and the value of communication, empathy, and harmony in the field of playing.

Conclusions

In conclusion, this study may be significant in that the musical characteristics and socio-cultural attributes of Korean traditional music could be viable in the quality of life for clients in music therapy clinical settings.

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EXPERIENCES OF MUSIC THERAPISTS IN THE CLINICAL PRACTICE POST-COVID-19

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Abstract

This phenomenological study described the experiences of practicing music therapists in the post-COVID-19 era. The job security, self-care, and telehealth addressed following the COVID-19 pandemic.

Objective

The study aimed to explore the experiences of practicing music therapists in the post-COVID-19 era.

Method

A total of six professional Korean music therapists participated in the study, applying purposive sampling. Data with in-depth individual interviews and e-mails from September 2020 to August 2021. A phenomenological methodology Colaizzi (1978) was used to analyze the empirical data of each participant. This work was supported by the Ministry of Education of the Republic of Korea and the National Research Foundation of Korea (NRF-2019S1A5A2A01045830).

Results

Based on the interview transcripts of music therapists, 19 themes, 7 theme clusters and 3 categories were analyzed. The three main categories were 1) crisis in clinical practices, 2) music therapists' trials of carrying out

clinical practice, and 3) challenges to clinical music therapy paradigm. These were analyzed into seven theme clusters counteracting of facilities, negative emotions due to loss of employment, hardships of conducting occupational duties, necessities of psychological support, metanoia of perception, attempting tele-music therapy sessions with application of virtual instruments and technology, and demands of new tasks of clinical practice in Post-COVID-19. The necessity of a systematic safeguard for music therapy job security was discussed. Also, self-care for music therapists to cope with the psychological crisis was indicated, along with accepting a new paradigm and strategy management.

Conclusions

This study addresses the challenges of music therapy practices and tasks by implementing face-to-face/tele application of music therapy service post-COVID-19.

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A QUALITATIVE INTERPRETIVE META-SYNTHESIS STUDY ON MUSIC THERAPY EXPERIENCES OF CANCER PATIENTS

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Abstract

The purpose of this study is to explore the music therapy experiences of hospice cancer patients. Applying a Qualitative Interpretive Meta-Synthesis (QIMS), individual studies are collected, integrated, and interpreted for comprehensive understanding of music therapy experiences of hospice cancer patients.

Objective

The purpose of this study is to explore a Qualitative Interpretive Meta-Synthesis (QIMS) to collect and integrate accumulated qualitative research on the music therapy experience of hospice cancer patients, and to approach individual studies interpretatively through the process of understanding the music therapy experience of terminal cancer patients. We try to find the practical implications revealed in it.

Methods

Qualitative Interpretive Meta-Synthesis (QIMS), which has been newly introduced in the field of social sciences, is applied as a research method. In addition, we would like to collect qualitative individual studies conducted from 2000 to 2021 on music therapy for hospice palliative care in Korea.

Results

The results of this study are expected to provide in-depth understanding of the multi-layered and individual needs that are addressed in music therapy experiences of terminal cancer patients. Additionally, this study may contribute to enhancing a comprehensive understanding of hospice palliative care music therapy, providing viable data for clinical applications and future research suggestions.

Conclusions

Through this study, it will be possible to comprehensively understand the in-depth experience and needs of music therapy for terminal cancer patients.

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A CONSENSUAL QUALITATIVE RESEARCH OF MUSIC THERAPY ASSESSMENT

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Abstract

The purpose of this study is to qualitatively explore how music therapists assess and evaluate their clients in music therapy. To address this purpose, seven music therapists were interviewed and the collected data were analyzed using consensual qualitative research methods. As a result, four domains and 30 categories were produced.

Introduction

Music therapists comprehensively grasp the client's functional level and condition in various areas, focusing on the client's strengths and needs in music (AMTA, 2015). Music therapy assessment is a systematic process in which a music therapist observes a client through musical experiences, musical processes, and musical relationships, collects and interprets the information, sets therapeutic goals, and evaluates the effectiveness of therapy (Bruscia, 1995, 2014; Lipe, 2015). However, music therapy assessment tools are mostly designed to focus on examining the client's response to the therapist's instructions, identifying the client's musical preference, or evaluating the client's musical skill or ability (Erikkila & Wosch, 2019). Then, how do music therapists assess their clients in clinical settings? This research aimed to investigate how music therapists assess and evaluate their clients in music therapy.

Method

To this end, seven professional music thera-

pists with a minimum of five years and an average of nine years of working experience were recruited and interviewed in depth on their overall experiences of assessment and evaluation of their clients in music therapy. The collected interview data were then analyzed using consensual qualitative research method (CQR).

Results & Discussion

As a result, four domains and 30 categories were produced. The four domains were «musical intervention for assessment, non-musical intervention for assessment, the client's musical behavior, and the client's non-musical behavior». It was found that music therapists' musical interventions were based on therapeutic relationships and the client's musical experiences. On the other hand, music therapists' non-musical interventions aimed to comprehensively understand the client's both musical and non-musical behaviors.

The findings of the study offer in-depth understanding and practical information on how music therapists assess and evaluate their clients in music therapy.

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THE EFFECTS OF THERAPEUTIC SINGING ON VOCAL FUNCTIONS OF THE ELDERLY

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Abstract

This study examined the effects of therapeutic singing for enhancing the vocal functions of the elderly. The groups were compared pre- and post-test. The therapeutic singing group showed statistically significant improvement in all vocal parameters. This indicates therapeutic singing may be effective in improving voice care of the elderly.

Objective

The study investigated the effects of singing as an intervention for improving the vocal functions of the elderly.

Method

Data collection for this study took place at five senior community centers in Seoul, Republic of Korea. A total of 54 elderly with healthy voices were assigned to a therapeutic singing group, a general singing group, or a control group, using convenience sampling. The therapeutic singing intervention involved using the Alexander technique, performing oral motor and respiratory exercises, and singing participant-written songs, across 12 sessions. The general singing group sang popular and folk songs of their choice. The control group received no treatment. Using peak expiratory flow rate (PEF) and Praat analysis, the participants' vocal functions were measured before and immediately after the intervention. Vocal function was compared among the groups pre- and post-test. This work was

supported by the Ministry of Education of the Republic of Korea and the National Research Foundation of Korea (NRF-2019S1A5A2A01045830).

Results

The therapeutic singing group showed statistically significant improvement in all vocal parameters: PEF, maximum phonation time, voice intensity (intensity), fundamental frequency (F0), jitter, shimmer, and noise-to harmonics ratio. The general singing group showed improvement only in F0, jitter, and noise-to harmonics ratio. The control group showed an overall reduction in all vocal functions, with a significant decrease in PEF and intensity, and a decrease in jitter and shimmer.

Conclusions

Although singing is considered helpful for the voice health of the elderly, therapeutic singing, which involves posture correction and breathing exercises, is even more effective, thus proving to be a viable intervention for preventive voice care of the elderly.

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EFFECT OF CONVERGENCE MUSIC THERAPY FOR MCI OLDER ADULTS WITH SONG-BASED COGNITIVE STIMULUS THERAPY (SongCST)

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Abstract

This study explored the clinical experiences in an integrated perspective using quantitative and qualitative data collection of mild cognitive impairment (MCI) elderly people, as users of IT music therapy devices. The protocol of song-based cognitive stimulus therapy (SongCST) was developed to combine neuropsychological music therapy practices of therapeutic playing instruments to change cognitive function and emotion of older people.

Introduction

MCI is a preclinical stage of cognitive decline and dementia. MCI symptoms can vary over a wide range of cognitive areas, including memory, language skills, abstract thinking, executive function, and so on. Active prevention for MCI, such as cognitive rehabilitation programs, may help elderly individuals regain normal cognitive function. There is a growing interest in non-pharmacological cognitive intervention and effective therapeutic music approaches for improving cognitive function and positive emotion. Music that is based on human rhythmicity as a sensory stimulus can motivate older people to participate in song-based activities (Han et al., 2020). Recently, the innovative convergence IT program provides effective and economical approaches for the cognitive function of the elderly. Dig-

ital healthcare has also been rapidly growing with musical activities (Raglio & Vico, 2017).

Methods

11 MCI elderly people (65 years old - 88 years old) participated in a convergence IT music therapy program with the individual device in a group session (every 60 minutes) with a certified music therapist, a research nurse, and an occupational therapist, twice a week for 10 weeks. Clinical approval was obtained from the institutional review board at Haeundae Paik Hospital (IRB no. 2018-11-019). Older adults with scores of 22 points or higher on the Korean Mini-Mental Status Examination and do not use hearing aids to play the musical devices participated in this study. Pre-post clinical evaluations, self-checklists of each session, and focus group interviews were also part of the design.

The SongCST for individual playing digital instrumental devices

The musical patterns and components of songs can facilitate body movement and singing based on rhythmic entrainment and synchronization mechanism in the brain. The selected therapeutic songs were recorded and played with 10 stages of therapeutic arrangement (10STA) for cognitive-motor stimulation. 10STA was developed with con-

structive musical components based on cognition and emotion processes during performing color-matching tasks with different musical complexity stimuli (Herholz & Zatorre, 2012; Trost et al., 2014).

Results & Discussion

Results showed that MMSE-DS and MoCA-K scores were significantly higher ($p<0.05$). CDR-SB, SMCQ and GDS-K(30) scores were significantly lower ($p<0.05$). The changes in MoCA-K and the state of mood were also positively correlated (Spearman' $r=.183$, $p=.044$). As well, the changes in MoCA-K and the state of satisfaction were positively correlated (Spearman' $r=.207$, $p=.021$). The experiences in cognitive, emotional, and physical aspects were presented as the reinforcement of internal motivation and the awareness of active self-carer to prevent dementia. The synchronized and coordinated movements with eyes and hands was also correlated with the neuropsychological music activation in the brain. These results can be the start for fundamental musical and clinical evidence to develop senior IT music therapy and/or music wellness in a digital, aging society.

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DUAL-TASK-BASED DRUM PLAYING WITH RHYTHMIC CUEING FOR PATIENTS WITH PARKINSON'S DISEASE

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Introduction

Parkinson's disease (PD) is a neurodegenerative disorder that results in motor symptoms involving difficulty with movement initiation and control as well as non-motor symptoms, such as impairments in attention and executive function. Recently, a rhythm-motor task has been proposed as a new paradigm to enhance dual-task performance for PD because rhythmic cueing can play a role in mediating cognitive loads in a motor-cognitive dual task (Raffegau et al., 2019). Expanding the dual-task paradigm to upper extremity motor and attention control, in this study, patients performed drum playing with rhythmic cueing (DPRC). The timing of arm and hand movements in drum playing can improve bimanual coordination and movement accuracy (Alexander et al., 2019). Also, rhythm perception through rhythmic cueing-based drum playing can be a primary task in the dual-task paradigm because it requires the recruitment of attentional resources for movement execution (Pelton et al., 2012). The objective of the study was to confirm the effects of a DPRC on upper extremity motor and attention control in patients with PD.

Methods

Twelve participants were randomly assigned to the intervention and control groups, and the intervention was held for 12 weeks. As-

sessments were conducted before and after the intervention. The musical instrument digital interface drum tapping task and the Nine-Hole Peg Test were used to evaluate motor control function. The Korean Trail Making Test for the elderly and the Korean Stroop Test measured attention, the ability to inhibit cognitive interference and executive function. The DPRC consisted of five stages that gave a temporal cue for movement timing during drum playing, and rhythmic cueing was provided as a stimulus to activate cognitive processing during musical performance.

Results

The mean age of the 12 participants was 62.16 years, and the mean duration of their PD diagnosis was 5.25 years. Following the intervention, the DPRC group significantly increased their sustained time of entrainment during the slower tempo condition and exhibited a smaller increase in their latency time compared to the control group following entrainment during the faster tempo condition. Also, a significant interaction effect between groups was observed for latency time until entrainment during the faster tempo condition.

Discussion

The results provide interesting findings revealing the effects of bimanual DPRC on enhancing attention control for patients with

PD. The regular intervals with external auditory cues constitute an internal timekeeping system, and this mechanism can improve the perceptual accuracy of timing. Also, because the variations of tempi in rhythmic cueing and the complexity of intervention tasks affect motor and attention control, the dual-task paradigm can be applied in rehabilitation. DPRC has great potential to improve motor and attention control and supports the development of the intervention in patients with PD.

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A CASE STUDY ON THE EXPERIENCE AND MEANING OF THE SCHIZOPHRENIC BAND THROUGH COMMUNITY MUSIC THERAPY

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Abstract

This study analyzed the experience and meaning of the schizophrenia band through community music therapy. In the Plaza Project, the researcher and two musicians participated in creating five songs, recording, releasing soundtracks, and filming live videos. All participants identify as mentally disabled musicians and experienced personal growth, and friendship overcoming prejudice.

Objective

The purpose of this study is to understand the experience and meaning of community music therapy with a schizophrenic band.

Method

The researcher and two musicians conducted The Square Project with a schizophrenic band from February 2021 to April 2022. The project consisted of creating, recording, and releasing soundtracks, filming live videos, and posting them on online platforms. The researcher and two musicians visited their community once or twice a week for two hours to work on the entire process together. When quarantine guidelines were strengthened due to the COVID-19 pandemic, communication continued through online meetings or social media. The researcher interviewed the par-

ticipants from the start to the end of the project. The entire process was recorded, reviewed and organized. Then, the meaning was classified and analyzed through coding.

Result

In this study, named 'The Square Project', the main topics of the experience felt by the participants are as follows. First, the psychological and musical growth of individuals and the band is mentioned. Second, a unique identity as a band with mental disabilities was derived. Third, the band's wish for future activities to improve the creative contribution and overcome social prejudice was experienced.

Conclusion

This case study showed implications for community music therapy. It is recognized that community music therapy is likely to expand the field of music therapy.

Based on these results, the significance of this study is that community music therapy can be a powerful practice in which marginalized people become the main participants.

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TELEHEALTH MUSIC THERAPY FOR THE ELDERLY AT HIGH RISK FOR DEMENTIA

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Introduction

The field of music therapy recognizes the increasing role of technology in enhancing client experiences and outcomes (Agres et al., 2021). Accompanying this recognition is the need for new music therapy interventions that successfully incorporate technology. The widespread restrictions on in-person sessions during the COVID-19 pandemic placed greater urgency on the need for telehealth music therapy programs (Bradt, 2020). Also, the outbreak of COVID-19 alienated the elderly and highlighted how vulnerable they are to social and cultural isolation (Kurniawidjaja et al., 2022). Such social isolation can lead to depression, which acts as a critical factor in the cognitive decline of the elderly (Singh-Manoux et al., 2017). Therefore, this study developed a technology-based telehealth music therapy program to enhance the psychological functioning and quality of life of the elderly at high risk for dementia who were isolated in their homes due to COVID-19.

Method

The six participants were elderly females ($M = 76.5$ years) identified as being at high risk for dementia at a local elderly care center and isolated in their homes due to COVID-19. The participants completed 20, two-hour weekly

sessions performed using the Zoom online platform. Program materials and instruments were delivered before the sessions.

The key elements of the program were self-directed experience and multisensory integration through music. This program consisted of three stages. The first stage was a group music experience for relationship building. The second stage involved reviewing one's life through music-making. The third stage was empathizing by sharing and experiencing emotional support through group singing and music playing. Through these stages, the meanings and feelings associated with music, which were linked to the participants' memories, were collected and shared. This process was reflected in music making which extended to reviewing one's life and a positive re-evaluating of elderly life. Animated music videos and music albums were made through this program and handed out to each participant.

Results

Based on the individual interviews in this study, participants reported improved psychological states and social support following their participation in the intervention. Also, they reported feeling less isolated, less depressed, greater motivation, and support by participating in this program.

Implications

The result demonstrates the potential that telehealth music therapy programs have for improving the lives of the elderly. The telehealth music therapy program can be a creative and effective solution for group music therapy with the elderly. This program provided a venue for social engagement and enhanced not only the psychological functioning but also the quality of life of the elderly at high risk for dementia who were isolated in their homes due to COVID-19.

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A CRITICAL INTERPRETIVE SYNTHESIS FOR THE INTEGRATED APPLICATION OF MINDFULNESS AND MUSIC THERAPY

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Abstract

This study analyzed literature published on the subject of mindfulness in the field of music therapy and critically reviewed it for the Integrated application of mindfulness and music therapy. Results; There were three common elements: reducing negative emotions, improving the quality of life, and inducing change through continuous repetition and practice. This study presents the basis for studying music therapy applying mindfulness and indicates that it can contribute to clinical application

Objective

This study was critically reviewed for the integrated application of mindfulness and music therapy.

Method

This study used the Critical Interpretative Synthesis (CIS) method. Through continuous questioning and review, a total of 10 music therapy studies that applied mindfulness in the field of music therapy from 2012 to 2021 were finally selected. By critically interpreting the definition of mindfulness, its theoretical basis, and the music intervention used, three common elements of mindfulness and music therapy were identified.

Results

The definitions of mindfulness used in the studies of music therapy based on mindfulness were different except for two studies, and the theoretical basis was also diverse. The purpose of musical intervention was ultimately to improve the quality of life and has been applied in various ways. There were three common elements: reducing negative emotions, improving the quality of life, and inducing the change through continuous repetition and practice.

Conclusions

For the integrated application of mindfulness and music therapy, the original definition and understanding of mindfulness must be preceded. It needs to be expanded to the subject, the purpose of treatment, and the form of continuous and regular performance even after treatment.

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DEVELOPMENT AND VALIDATION OF TWO SCALES MEASURING PROFESSIONAL DEVELOPMENT OF MUSIC THERAPISTS

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This research investigated the development and validation of two inventories measuring the professional development of music therapists.

The purpose of the first study was to develop and validate a reliable inventory that effectively measures the professional self-efficacy of music therapists. An exploratory factor analysis ($N=240$) identified 4 factors: Intervention Techniques, Therapeutic Relationship, Problem-Solving Skills, and Artistry, with internal consistency reliability of .907.

A confirmatory factor analysis ($N=399$) provided cross-validation of the 4-factor model as well as evidence for the validity of the scale. As a result, the Creative Arts Therapist Self-Efficacy Scales (CAT-SES) were developed and validated.

The second study investigated the development and validation of an inventory that measures the developmental levels of music therapists. An exploratory factor analysis ($N=240$) identified 5 factors:

Intervention Techniques, Countertransference Management, Therapeutic Relationship, Ethical Strategies, and Collaboration, with internal consistency reliability estimates ranging from .741 to .906.

A confirmatory factor analysis ($N=399$) pro-

vided cross-validation of the 5-factor model as well as evidence for validity of the scale. As the result, the Creative Arts Therapist Developmental Assessment Scales (CAT-DAS) were developed and validated.

Findings from this study suggest that the two scales are highly reliable to assess the professional development of music therapists and therefore can also be used as credible tools to evaluate the effectiveness of training programs and supervision in the field of music therapy.

Keywords: Development of Scales, Validation of Scales, Developmental Level, Professional Self-efficacy

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EXPLORING LIVED EXPERIENCE OF THE MUSIC THERAPISTS THROUGH MUSICING

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Abstract

This study examined the subjective reality and properties of musicing revealed in the life journey of music therapists. The author recognized music therapists' musicing as part of their Cycle of Care. This may provide future and/or current music therapists with an opportunity to reflect on their clinical insights and professional direction.

Objective

The purpose of this study is to understand the essential meanings of music therapists' lived experiences obtained through musicing.

Method

This study explored the subjective reality and properties of musicing in music therapists' life journeys by applying Max van Manen's hermeneutic methodology of phenomenology. Data were collected through in-depth interviews with 8 music therapists who earned a master's degree from December 2019 to October 2020.

Results

The results were analyzed for 12 topics under 3 categories according to a chronological flow. Topics in the first category are interpreted as cultivating musical refinement, experiencing the influence of music, and building an unwavering foundation through musical challenges. The implication revealed

that through the second category, the participants accepted themselves through the changed musicing and experienced a conversion of their roles into helping others. The last category of musicing included topics of space of survival, musical competence within therapeutic relations, burnout, due to the application of music, rewards for the value of faithfulness, musical self-care, and time of meeting their true self.

Conclusions

Overall, musicing was a journey for the participants to find their true souls. Music therapists' musicing may be a way to find their calling and establish their professional identity. This study may provide meaningful insights for both prospective music therapists and current music therapists to become more competent clinicians and offer them a chance to reflect on their direction and purpose in the music therapy profession.

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THE KOREAN MUSIC CHILD: NORDOFF-ROBBINS MUSIC THERAPY IN KOREAN CULTURE

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Abstract

Since Nordoff-Robbins music therapy certification training was established in Seoul in 2011, more than 35 Korean music therapists have been trained and certified as Nordoff-Robbins Music Therapists. I would like to introduce two of my own cases that will represent the Korean «music child» stimulated, activated, and actualized through improvisation.

Introduction

I have been trained, certified, and working as a Nordoff-Robbins Music Therapist in Korea for more than 10 years. Nordoff-Robbins music therapy is based on music-centered music therapy, which regards creative, aesthetic, communal, expressive, and transcendent musical experiences and processes as therapy in and of themselves (Aigen, 2005; Ansdell, 1995). In Nordoff-Robins music therapy, musical experiences, structures, and processes are the core medium, which is based on the philosophy that a music child exists in every individual, regardless of disability, age, gender, or educational background (Nordoff & Robins, 2007). The “music child” is the innate musicality inherent in human beings who create, play, understand, and enjoy music (Nordoff & Robins, 2007). However, in Korean culture, therapies for children with special needs generally refer to cognitive behavioral approaches. These approaches are qualitatively different

from Nordoff-Robbins Music Therapy in terms of philosophical foundations and interventions. Therefore, I would like to introduce the application of Nordoff-Robbins music therapy in Korea and discuss the coordination of therapeutic goals and processes with the parents.

Korean Music Child

My first intervention as a Nordoff-Robbins music therapist often involves explaining the core philosophy of Nordoff-Robbins music therapy to parents who might not be familiar with humanistic, transpersonal approaches. Sometimes I need to show excerpts of the child to the parents to have them witness with their own eyes how alive, attentive, communicative, interactive, and self-motivated their child is in music with the therapist. Even though Korean culture does not appreciate individual differences and the special education and therapies for the children with special needs aim to make them «not different», I find the unique music child in each one of them. I am trying to contact, meet, and interact with them through music. As examples, I would like to introduce my two clients; one with severe autistic spectrum disorder and the other with cerebral palsy.

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DUAL-TASK-BASED MUSIC THERAPY TARGETING COGNITIVE FUNCTIONING OF ELDERLY WITH EARLY-STAGE ALZHEIMER'S DISEASE

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Background

Cognitive decline is the most common characteristic of Alzheimer's disease (AD), and the most prominent cognitive changes in early-stage AD are impairments in attentional and inhibitory control, which can be enhanced by dual-task processing, including task switching (Hirsch et al., 2017)

Drum playing is a bimanual motor movement that coupled with auditory feedback may activate cognitive functioning. In previous studies, functional coupling between auditory and motor areas of the brain resulted in cognitive activation for movement planning and execution during musical instrument playing (Palomar-Garcia et al., 2017; Zatorre et al., 2007). To meet the need for cognitively intense interventions for elderly patients with early-stage AD, this multiple case study explored a dual-task-based music therapy intervention involving drum playing and singing to induce attentional and motor controls.

Methods

Three participants (mean age 82.6 years) were recruited from a residential facility for patients with dementia. Each participant engaged in 40 min. individual sessions twice a week, for a total of 12 sessions over 6 weeks.

The intervention was developed based on the dual-task paradigm using musical stimuli in

cognitive and motor tasks integrated with rhythmic cueing. The types and complexity of the musical elements were varied.

At pretest and posttest, executive functions (contrasting task, Go/No-Go task, Fist-Edge-Palm task, alternating hand movement task, TMT-A, and TMT-B) and bimanual drum tapping task performance were evaluated. The bimanual drum tapping consisted of two tasks: simultaneous tapping and alternative tapping at five different tempi (self-paced, $\pm 10, \pm 20$). Based on observations, the ratio of type of bimanual drum playing (simultaneous, alternative, and mixed) was analyzed the engagement level.

Results

Improvements were found for the cognitive measure that involved executive control of attention. Individual data were analyzed according to each bimanual drum tapping task. Improvements in EF were observed for Participants A and C.

After the intervention, reduced mean synchronization errors were found for the simultaneous tapping condition for all three participants. Although there was variability in the functional changes between participants, improvements were obtained.

Discussion

All three of the participants involved in the

6-week dual-task-based music therapy intervention focused on frontal cognitive stimulation and flexibility performed better on the contrasting task and TMT-A following the intervention. In particular, Participant A showed improvements on all cognitive measures, while Participant B seemed to have challenges with the Go/No-Go and TMT-B.

It is meaningful to see that dual-task-based music therapy can be utilized to protect cognitive functioning in elderly patients with early-stage AD. Treatments targeting those diagnosed with early-stage AD can potentially delay their disease progression and help them maintain a higher quality of life for longer period of time.

Drum playing involves upper limb movements in the music-making process and changing tempos and different types of playing activate cognitive flexibility. Therefore, drum playing, as a simple form of music making, is sufficiently complex to stimulate EF and can be considered an important therapeutic alternative for elderly patients with AD.

Overall, the results suggest that music therapy integrated into the dual-task paradigm can be an effective way to address degenerative cognitive deficits among elderly patients with early-stage AD.

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ASSESSMENT IN MUSIC THERAPY: A CONCEPTUAL REVIEW

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Introduction

Assessment is a vital process in music therapy. One of the essential competencies that music therapists should have is their expertise in assessment. Identifying how the concept of assessment has been defined and used not only broadens the understanding of assessment, but also serves as a basic foundation for the practical implementation of assessment. Concepts are interpreted and applied within historical and cultural contexts. Therefore, this review aimed to investigate in historical and cultural contexts how the concept of assessment has been defined in music therapy books and journals.

Method

Conceptual review provides a conceptual framework by confirming and analysing the concept in the literature related to the subject (Efron & Ravid, 2019). In order to identify how the concept of assessment in music therapy has been used in historical and cultural contexts, the definition of the concept was first reviewed in music therapy books, and the literature referenced in the books was additionally confirmed.

Results

In the historical context, we confirmed that the term assessment has been consistently used as a process of collecting information,

but there have been different perspectives in terms of the timing of assessment. The term assessment has been used as an information-gathering stage that precedes treatment process (Gfeller & Davis, 2008; Simpson et al., 2018). This is based on a separative framework for the application of concepts that uses terms divided into client assessment and treatment evaluation in setting concepts in the entire music therapy process. On the other hand, it has been recently mentioned that assessment occurs at all phases of the music therapy process (Gattino, 2021; Waldon & Gattino, 2019). This is based on a sequential framework for the application of concepts that uses terms in sequential implementation as diagnostic, formative, and summative assessments.

In the cultural context, we confirmed that consideration of cultural aspects has recently been more emphasized as one of the main factors of assessment. Cultural aspects include various contents, and in terms of assessment implementation, it is necessary to consider not only the cultural sensitivity and cultural competence of music therapists but also the cross-cultural adaptation of assessment tools (Gattino, 2021; Kim, 2021).

Conclusion

We identified that the term assessment was defined and used in various ways depending on the context, and we could understand the

diversity of its meaning more clearly through a conceptual framework. It is hoped that this review will help music therapists reconfirm and reflect on the assessment concepts used within and outside their own culture.

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MUSIC INTERVENTIONS IN THE CORPORATE EDUCATION FIELDS RECOGNIZED BY MUSIC THERAPISTS

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Abstract

This study aimed to investigate the awareness of music therapists on music interventions in corporate education fields and suggested applications of music therapy intervention in the areas of corporate education fields.

Objective

The purpose of this study was to recognize the perceptions of music therapists in Korea and to prepare basic data to expand new areas of music therapy in the future.

Method

In this study, a survey research method was applied to investigate and analyze certified music therapists' perceptions of music intervention in corporate education fields. The survey was constructed by the researcher referring to related previous research articles, such as 'Profile of Community Music Therapists in North America: A Survey', 'A Survey of the Recognition of Music Therapists on the Participation of the Arts and Culture Education Projects' and 'A Descriptive study on the Music therapy conducted to public recognition, and expectation'. The questionnaire consisted of a total of 52 questions, including general matters, awareness of corporate education, experience in participating in corporate education, and ways to revitalize and

develop music therapy in the field of corporate education. To verify the validity of the survey, the suitability and content validity of the questionnaire was verified by the expert group. Surveys were conducted online and offline three times from March 25, 2022, to June 20, 2022. As a result, 256 online copies, 12 offline copies, and a total of 278 copies were recovered, and 254 copies were used for analysis, excluding 14 copies whose reliability could not be verified.

Results

Regarding music mediation in corporate training, 128 out of 254 respondents (50.4%) responded that they had heard of it. As music therapists, 44 out of 254 (17.32%) experienced corporate training. An interesting fact is that half of the respondents, 22 (50%), experienced it after 2021. In response to whether music therapy needs to expand its treatment area to corporate education, 148 people (58.2%) answered «strongly agree» and 72 people (28.4%) answered, «agree». In addition, 124 (48.8%) answered «strongly agree» and 96 (37.8%) answered «agree» to the question about the part that music therapy will contribute to corporate education. Regarding the important functions of music therapy in corporate education, 'stress control 38%' and 'self-management 26%' were answered, and 'job stress 46%' and 'communication area 42%' were answered as applica-

tion areas. Among the areas that can contribute to workers participating in corporate education, 45% of mental health promotion and 27% of sociality and interpersonal relationship formation ability improvement were answered. As answers for revitalization, 'development of a music mediation program reflecting the corporate training process' and 'visible efforts to spread awareness and value of music therapy throughout society' were selected.

Conclusions

This study may be significant in that it could provide useful information on music therapy in the fields of corporate education and suggest the possibility and implementation for expanding the music therapy profession.

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EXPLORING THE MOTIVATION: THE CASE OF IN-SERVICE MUSIC THERAPY STUDENT IN TAIWAN

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Background

More and more universities established music therapy programs in Taiwan. In 2015, Fu Jen Catholic University became the first university to offer a music therapy in-service master's program to train therapists in this profession. However, there is not yet an accreditation system for music therapists established in Taiwan. The future of this group of students seems all but uncertain. Yet there are still dozens of students fighting for limited admissions every year. In order to have a further understanding of music therapy education in Taiwan, the purpose of this study is to understand the learning motivation and career planning of these in-service music therapy students.

Method

This study adopted a collective case study approach. Purposive sampling (Niu, 2021) was used, with an emphasis on the seven participant's motivation behind applications, and career planning down the road. The participants are all from Fu Jen Catholic University because of its pioneering status. In-depth semi-structured interviews were chosen as the main form of data collection. Each interview was conducted by the author of this article and all interviews were audio-recorded and transcribed verbatim.

The trustworthiness of this study was established by using triangulation, peer debriefing, member checking, and self-reflexivity. The Reflexive Photography method (Rodrigues, 2016) was used as support for reliability and validity. Each participant first provided two photos taken by themselves. Then the participants would submit themselves to a reflexive interview in which they react to and reflect upon the deeper meanings of their own created photos.

Results

The participants' learning motivation can be categorized into intrinsic motivation and extrinsic motivation.

Intrinsic motivation includes growth motivation and deficiency motivation (Huang, 1984), which include 1. **Self-actualization**, participants expected to reach their dreams and eager to seek music-related knowledge more systematically, and 2. **Inherent satisfaction**, some participants experienced burnout, feeling empty inside and powerless. They believe music enriches the mind and hope that, through the process of learning, they will not only gain new knowledge but also self-satisfaction.

Extrinsic motivation includes 1. **Life transition**, for example, the empty nest period. 2.

Job requirement, the learning motivation for most participants is related to their own professional field. 3. **Environmental stimulus**, participants have witnessed the positive impact of music therapy on their own fields of work, and such observation strengthens their desire to learn music therapy.

The participants have multiple plans down the road. Some participants will combine music therapy with their own professions. Others may open a private studio to put music therapy into practice. The rest may go into further study and try to obtain a license issued abroad.

Conclusion and Suggestion

Many students start their interest after receiving information about music therapy. Therefore, it is recommended that music therapists in Taiwan can write more articles, open workshops, and give lectures to attract more people to participate in music therapy. Although some universities incorporated music therapy into the formal master's degree, it seems that the form of an in-service program is still a must. Most importantly, Taiwan needs to establish an accreditation system for music therapists as soon as possible.

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A QUALITATIVE EXPLORATION OF ADOLESCENTS' LIVED EXPERIENCES OF RESOURCE-ORIENTED MUSIC THERAPY ASSESSMENT

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Initial, resource-oriented music therapy assessment can contribute positively to multidisciplinary mental health assessment and promote the recovery of adolescents experiencing complex and enduring mental health issues. Semi-structured interviews with six young men (participants) attending a publicly funded, intensive mental health day program for adolescents in Australia revealed that resource-oriented music therapy assessment can build rapport, promote engagement, and instill hope.

The semi-structured interview schedule was based on findings from a preliminary study with past consumers of the mental health service who were members of an advisory committee (K.A. Aitchison & K.S. McFerran, 2022). Interviews with day program participants were audio-recorded and transcribed verbatim, imported into NVivo qualitative analysis software, and analyzed using Interpretative Phenomenological Analysis as outlined by Smith et al. (2009).

Findings fell into two broad categories, those relating to general multidisciplinary mental health assessment, and those which were specific to resource-oriented music therapy assessment. A provisional analysis was presented to participants in member-checking interviews and feedback informed revision of the findings. The three general assessment themes were: "therapy fatigue"; "360 supports"; and "experiential assessment" (K. A.

Aitchison & K. S. McFerran, 2022). Although research indicates that continuing psychotherapy beyond 20 sessions is unlikely to significantly improve outcomes (Bachmann et al., 2010), many participants had experienced extended treatment without commensurate change resulting in therapy fatigue and affecting their attitudes to assessment at the day program. All participants initially found attendance at the day program anxiety-provoking. However, two aspects mitigated apprehension: intensive, or 360, supports; and inclusion of experiential assessment elements.

Five themes regarding resource-oriented music therapy assessment were revealed: "I was unsure about music therapy assessment"; "the Healthy-Unhealthy uses of Music Scale (HUMS) could be helpful, leading or unimportant"; "music therapy assessment didn't feel like assessment"; "music therapy assessment helped us get to know one another" and "making music and sharing music made me want to do more" (Aitchison & McFerran, 2023). Experiential elements in music therapy assessment helped participants feel valued as people rather than being identified by their diagnoses; promoted therapeutic rapport; and were deemed enjoyable and engaging.

Treatment dropout is high amongst young people accessing verbal psychotherapy and often occurs early in therapy (De Haan et al., 2013). Consequently, it is suggested that

music therapists employ assessment practices that maximize engagement, build rapport rapidly, and respect the unique interests and needs of each consumer. The relevance of these findings for adolescent mental health service providers is that music therapy can be an effective solution for young people who either do not engage with or do not improve in traditional treatment.

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THE EFFECT OF SONG ON AROUSAL AND AWARENESS IN PAEDIATRIC DISORDERS OF CONSCIOUSNESS

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Abstract

Songs promote responsiveness in children with disorders of consciousness (DoC). We present research using time-locked video-EEG to objectively describe behavioural and neural responsiveness and reveal a unique response to familiar song in a child with DoC.

Background

A disorder of consciousness (DoC) is a common sequelae of severe acquired brain injury (ABI). A DoC results from an interruption in the complex interplay between arousal and awareness (Giacino et al., 2018). The acute period following an ABI may offer a unique window of rehabilitative opportunity to utilise sensory stimulation to maximise early arousal and awareness. Current evidence supports the use of music-based interventions in the assessment and treatment of adults (aged 18+ years) with DoC, with music reported to stimulate both behavioural and neurophysiological markers of consciousness (Castro et al., 2015; O'Kelly et al., 2013). Children's brains differ in size, shape, and functional connectivity to adults. Further there are differences in the way children process music and adult models of ABI recovery are not immediately translatable to children (Bower et al., 2021). Hence, child specific evidence is required.

Method

An 11-year-old child was recruited to a crossover multiple baseline case study. Simultaneous collection of EEG and time-locked video data occurred during three experimental sessions. Three auditory conditions (song, speech, and noise) were presented in random order in each of the experimental sessions.

Results

The participant sustained a severe hypoxic ABI following a cardiac arrest and was presenting with an acute DoC (<4 weeks) at the time of data collection. Descriptive statistical analysis indicated across the three experimental sessions there were a greater number of movements and behavioural responses during the song condition, compared to the speech or noise conditions. Further, an increase in the broadband EEG signal during the song condition was recorded in the participant's left temporal region when the EEG results were averaged across the three experimental sessions. This signal increase was unique to the music condition.

Results of this study objectively support that familiar song may elicit responses that indicate an increase arousal and awareness, as the core tenets of consciousness, in a child presenting in an acute DoC. Our findings pro-

vide much needed evidence for this under-researched and neurologically vulnerable population.

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ENHANCING CONNECTIONS WITH SUPPORT WORKERS: FINDINGS FROM A MUSIC THERAPY RESEARCH PROJECT

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Most music therapists are assisted by support workers (SWs) in a paid or unpaid capacity in a variety of settings. Finding ways to maximise the skills of SWs and develop more productive ways to collaborate with this vital workforce has been the focus of my master's research project.

In a private music therapy practice, which offers group music therapy programs for adults with severe and profound intellectual disabilities, the paid SW has a vital role to ensure access and to facilitate the participation of the group members. Often, they are under resourced, with little imperative for formal training. To date, research focusing on the lived experience of long-term SWs, particularly in a community-based music therapy setting, has not been comprehensively addressed.

This presentation reports on the findings of my qualitative research project, exploring the lived experience of SWs in a community-based group music therapy program for people with intellectual disabilities, in Melbourne, Australia. Adopting Interpretative Phenomenological Analysis (Smith, Flowers & Larkin, 2009) the findings indicate that SWs

value information and guidance from the music therapist; participation in music therapy can produce a reciprocal impact on the SW and the participant; SWs can feel a sense of belonging and inclusion; and SWs have skills that can be maximised in the music therapy context. The findings provide new knowledge about innovative and effective ways to work with SWs in community settings with adults with intellectual disabilities, and through music therapy, may enhance connections for the benefit of all participants.

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Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. SAGE.

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THE APPLICATION OF HIP-HOP THERAPY IN A FORENSIC INPATIENT SETTING

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Abstract

Serious gaps exist with the delivery of effective programs in corrective services and youth justice in Australia which have failed to provide adequate treatment to offenders with severe mental health difficulties.

Currently, there are few innovative, nor relevant programs which address the criminogenic and relevant non-criminogenic needs in a specific population which is overrepresented by Aboriginal peoples and where engagement is essential in treatment.

Research has supported the therapeutic efficacy of rap music and Hip-Hop Therapy (HHT) for young offenders who are a disadvantaged cohort critically facing marginalisation, disempowerment, and higher rates of mortality, trauma, and mental health than the general population. HHT offers a relatively novel yet culturally relevant mode of therapy for this cohort.

This study introduces the Rhythm & Rhymes Adolescent/Adult Program (RRAP) as one of the first Australian HHT programs for young and adult offenders with severe mental health conditions. Sixty-two young and adult participants from a NSW high secure forensic hospital attended a 12-week program which aimed to investigate the social and emotional

benefits of RRAP/HHT and to determine which components of the program were most successful at achieving these changes.

A mixed methods approach was utilised which compared (1) quantitative pre-post results of validated measures (e.g., BPRS, BDI, BHS, BYI-II, TSI, ACS-2 and WOCS) and the Circumplex Model of Affect, and (2) qualitative thematic analyses of therapeutic song writing and semi structured interviews, post program.

Results found that RRAP/HHT is associated with significant improvements in psychiatric symptoms, adolescent coping skills, depression, and anxiety. Several important themes emerged in the lyrics created by participants such as Coping with Adversity, Loss, Hopelessness and Self-Development.

The exit interviews revealed themes of Self-efficacy, Therapeutic Experience, Connection and Collaboration, and Lack of Resources which highlighted the need to provide a highly relevant program to engage such a complex cohort.

The implications of the study suggest that the use of an innovative program such as HHT in the forensic population can be widely successful and can adequately address the relevant cultural, cognitive, criminogenic and

non-criminogenic needs to provide an evidence-based approach capable of promoting positive, prosocial change in offenders with severe mental health disorders.

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ACTIVE VOICE YOGA: A VOICE AND MEDITATION APPROACH FOR WELLBEING

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Introduction

This paper outlines a doctoral research project, which is examining a new voice-work music therapy approach. Active Voice Yoga (AVY) utilises mantras and affirmations within a voice work and meditation model, to promote integrated wellbeing by enhancing self-reflective and somatic capabilities.

Emerging adults, wellbeing and mind-body practice

For emerging adults (Arnett, 2015), depression, anxiety and stress continue to impact wellbeing in the fallout from the Covid-19 pandemic. There is a call to action regarding access to innovative complementary therapies and approaches, such as meditation, self-reflective mind-body practices and arts-based interventions, to supplement conventional mental health treatments. Music therapists are well placed to integrate meditation into practice, often feeling limited in incorporating its use, due to a lack of experience and formal training (Medcalf, 2018, p. 54).

Meditation, chanting and mantras

Meditation is a focused self-reflective mind-body practice, increasingly accepted as a tool which can support psychological wellbeing (Hanser, 2016). Mindful introspective

processes have been shown to support individuals to understand and manage thoughts and emotions, by providing 'a family of complex emotional and attentional regulatory strategies' (Lutz et al., 2008). A *mental silence* meditation protocol (Manocha, 2008), combined with a music therapy program, generated a reduced mental health risk in pre-adolescent school-children. Although studies have been done on chanting and mantras, these methods have largely been applied outside music therapy and clinical health settings. Grounded in spiritual traditions, the understanding and use of such techniques has been limited by a lack of formalisation of clear, user-friendly methods and challenges with cultural adaptation and dilution.

Active Voice Yoga

The proposed music therapy method in this project is termed *Active Voice Yoga (AVY)*. It combines the guided singing of traditional bija mantras (the most commonly known of these being OM), and English affirmations with a *mental silence* meditation protocol. Informed by knowledge of Hindustani music traditions, this user-friendly music and meditation method is being applied in a qualitative research study with emerging adult students at Western Sydney University. The online voicework intervention explores whether AVY can enhance somatic aware-

ness and self-regulation, aiming to uncover potential to beneficially yoke (as is the true meaning of ‘yoga’) the physical, mental, emotional, and spiritual personal domains of participants. A thematic analysis will investigate user experiences and feasibility of the approach.

Discussion

Few practitioners have examined psychotherapeutic-oriented music therapy interventions from the perspective of employing active chanting rather than receptive methods. Uhlig, Jaschke & Scherder, (2013) propose that purposeful application of music for self-regulation through active music making methods should be investigated. Meashey (2020) suggests that active music making in the form of chanting offers ‘integration and awareness of the body in the present moment’. AVY is an integrative introspective self-awareness process generated through active participation in singing and meditative reflection. This project sheds light on potentials for self-reflection and self-regulation, based on a user-friendly voice-work method. Examining the roles that chanting and meditation play, will contribute a deeper understanding of active methods for supporting mental well-being in emerging adult populations and AVY’s capacity for application into music therapy practice.

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TELEHEALTH MUSIC THERAPY: PRACTICE APPROACHES FROM AUSTRALIA WITH A FOCUS ON EMERGING TECHNOLOGIES

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Abstract

This presentation features within the Telehealth Spotlight Session at the World Congress of Music Therapy 2023. Practice approaches, featuring The Connected Music Therapy Approach (CoMTTA), from Australia are shared, along with information on research projects utilizing emerging technologies.

Introduction

At the onset of the covid-19 lockdowns Australian music therapists creatively devised a range of synchronous and asynchronous delivery modes for application to their current workplace settings. With scant literature available at that time, the Connected Music Therapy Teleintervention Approach (CoMTTA), developed in Australia prior to the pandemic was adapted by music therapists based on the needs of their music therapy participants. This presentation will briefly outline CoMTTA and highlight other Australian practice-based approaches during and beyond the lockdowns, as published within the Australian Journal of Music Therapy (AJMT) Special Edition. Updates on two Australian research projects featuring emerging technologies will be shared, along with video excerpts.

The Connected Music Therapy Approach

The Connected Music Therapy Approach (CoMTTA) consists of the following four areas: 1) delivery models; 2) session plan frame-

work; 3) technology practice features and 4) additional considerations; and was delivered prior to the pandemic as workshop, weekly and mixed models. More recent applications of CoMTTA include adaptations for children in palliative care, for families with complex support needs, and with adults with intellectual disabilities.



Figure 1. Roxanne McLeod and Allison Fuller facilitating CoMTTA 'Workshop Model'. The Connected Music Therapy Approach (CoMTTA)

Australian Journal of Music Therapy (AJMT) Special Edition

In December 2021, a special edition of AJMT was published titled "*This is Australia... Online Music Therapy Down Under...*" As the invited guest editor, the author engaged with Australian Music Therapists as they creatively adapted their music therapy services, including those in caring roles, during covid-19 lockdowns.



"This is Australia... Online Music Therapy... Down Under..."
Telehealth approaches to music therapy within Australia during the COVID-19 pandemic.

Allison M. Fuller^{1,2}

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Figure 2. AJMT Special Edition 2021
“This is Australia... Online Music Therapy...
Down Under...”
Emerging Telehealth Technologies.

Emerging technologies that address the challenging issue of latency (causing audio lag during shared synchronous music-making) will be shared, along with video excerpts. The Elk LIVE Bridge project conducted at Western Sydney University will be outlined, along with other exploratory technology projects for online use.

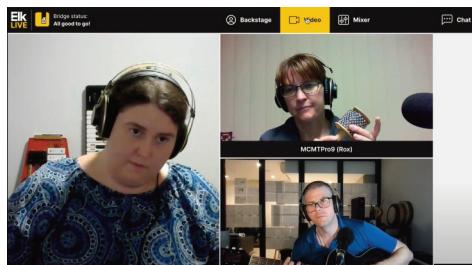


Figure 3. Participants utilizing the Elk LIVE Bridge during the research project Elk LIVE Bridge.

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UTILISING VISUAL SUPPORTS WITHIN MUSIC THERAPY TELEPRACTICE INNOVATIVE TOOLS, APPLICATIONS AND STRATEGIES

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Abstract

This presentation features within the Workshop Sessions at the World Congress of Music Therapy 2023. Innovative hard-copy and digital visual supports for online, music therapy are shared, along with case vignettes.

Introduction

Telepractice (also called telehealth) is a relatively recent modality for delivering music therapy services, with an international pivot from in-person to online prompted by the impact of the COVID-19 lockdowns. Although music therapy programs have been facilitated via online platforms within Australia since 2016, this approach has been further developed to include an emphasis on how hard-copy and digital visual supports can be effectively integrated into online synchronous sessions.

Visual Supports in Music Therapy

Results from a survey of Australian Registered

Music Therapists (RMTs) indicate that visual supports utilized within music therapy practice include visual schedules, choice boards, flash cards, first-then cards, systems (e.g. PECS), coded music notation, and printed song lyrics. At the start of the COVID-19 lockdowns, the challenge of how to effectively use these tools during music therapy telepractice became evident.

Visual Supports ~ Song Boards



Figure 1. Example of Hard-Copy Visual Supports for use in Telepractice Introducing the Music Therapy Visual Schedule Approach (MT-ViSA).

Visual Supports in Online Music Therapy

This paper outlines the evidence-base used to develop innovative hard-copy and digital tools, applications and strategies, and in doing so brings together current literature, practice-knowledge and music therapist experience, along with the resources of the participants within this project. Through utilizing this evidence-base within the online music therapy space, tools and strategies were developed for the efficient transfer of visual supports to online applications, including the creation of a customized visual schedule WebApp. Examples of individual and group tele-practice programs are provided through case material. Within this workshop there is an emphasis on attendee engagement, with opportunities for active participation through practicing facilitation techniques (with hard-copy and digital visual supports), critical appraisal group work, and scenario-based brainstorming.

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Carlin McLellan, MMThy, RMT, NMT is the founder-director of Play Anything Music, an app developer and creative technologist currently working on a suite of accessible mobile apps to assist with social and emotional learning.

NEXT STEPS IN INNOVATIVE LOW-LATENCY TECHNOLOGIES FOR ONLINE SYNCHRONOUS MUSIC THERAPY DELIVERY

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Abstract

This paper outlines the results from a research project conducted with music therapists utilizing the 'Elk LIVE Bridge' low-latency technology developed in Sweden. Video excerpts and the analyzed data from surveys, interviews and focus groups will be explored along with opportunities for attendees to reflect on their own experiences when delivering online music therapy. The researchers/authors have no financial or other engagement arrangements with the company that makes this product and will not directly benefit financially or otherwise from the outcomes of this study.

Introduction

There is an ongoing need for music therapists to provide effective online music therapy services beyond the impact of COVID-19 lockdowns. One of the major barriers to the successful delivery of online music therapy is the technological issue of high latency. Latency can be described as the time sound (or music) takes to travel to and from the music therapist and client. The natural back and forth when using improvisational or re-creative methods within online shared music-making is greatly compromised due to this technological issue.

Method

Within this focus group research project, a

convenient sample process was undertaken to recruit Registered Music Therapists, who work within the Greater Western Sydney area to connect and participate in pair and small group online synchronous music-making sessions utilizing the 'Elk'.

Results

Preliminary results indicate that once hardware and internet port challenges were addressed, this technology provided satisfying and enjoyable reciprocal music-making experiences for up to four people simultaneously. Participants indicated through their reflections that there may be challenges in assisting some clients to set up and use the equipment correctly if utilized within their current online music therapy work; however, these difficulties would be offset by the therapeutic benefits of experiencing low-latency music-making. The results of this project provide a foundation for further studies in the use of the 'Elk' directly with clients and the exploration of other low-latency technologies within music therapy tele-practice.



The Elk LIVE Bridge

<https://www.elk.live/product>



Music Therapist Participants utilizing the Elk LIVE Bridge during the research project.



Music Therapy Students utilizing the Elk LIVE Bridge during the research project.

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A COMPREHENSIVE REVIEW CLASSIFYING CONTEMPORARY GLOBAL PRACTICES IN MUSIC THERAPY

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Abstract

The World Federation of Music Therapy (WFMT) identified five models of music therapy at the World Congress of Music Therapy in 1999, subsequently recognized as the five international models of music therapy. The selection of these five models acknowledged the work of the leading pioneers at the time who had contributed tremendously to the development of music therapy. Since that time, the profession has continued to develop and evolve with the changing demands in the field that call for a broadening of approaches in practice. This resulted in the emergence of a diverse range of novel music therapy approaches, methods, and models across the globe over the past 20 years. As such, the WFMT has acknowledged the need to explore and propose a new 'map' of music therapy practices to provide a more accurate reflection of the field today from a global perspective. Consequently, a working group of WFMT council members (the authors) from Australia, Hong Kong, the USA, Poland

and Spain was established to classify and report on current practices around the globe that is intentionally inclusive and dynamic. The working group examined published works on music therapy practice currently employed in different regions of the world and conducted two rounds of information collection. The first round invited regional liaisons of the WFMT to identify the most common approaches of music therapy practice in their part of the world, and the second round invited music therapy experts and proponents across the globe to classify their form of practice as a model, an approach, a method and technique, an orientation, or an alternative form that do not belong to these categories. This report does not intend to conclusively define models and various forms of music therapy for the profession, but attempts to provide a comprehensive and inclusive overview of contemporary music therapy practices that should be updated and revised periodically. The authors also offer a few points of reflection on the continuing development and evolution of music therapy practices moving forward.

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MALLEABLY MUSICAL: FLEXIBLE AND RESPONSIVE GUITAR PLAYING VIA THE ONE-TUNE-MEDLEY

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Background

In Australia, music is often taught in classical piano studios where the composer's score is sacred and attempts at musical play are often discouraged or even scolded (Deas, 2007; Knight, 2010). The guitar is typically the instrument of choice for Australian music therapists for its portability as it is common to work across multiple sites in a single day and well-maintained pianos are increasingly rare.

Music therapy practice demands a sense of playfulness to engage the participant on their terms and the flexibility to support them as they work towards their goals (Nordoff & Robbins, 2007; Wigram, 2004). However, the guitar presents barriers for pianists. The notes are arranged differently, the hands must navigate a different relationship. It is difficult to progress beyond simplistic strumming and a few basic chord shapes.

The Program

Malleably Musical was a six-week course designed to empower musical flexibility and responsiveness. The program consisted of weekly two-hour guitar workshops and follow up surveys devised to gather participant feedback on the program and stimulate reflection on applications of course content into clinical practice. Participants' habitus (Bourdieu, 2010) was nourished via a conceptual framework paired with an accessible approach to navigating the guitar.

Concepts were drawn from an array of fields including philosophy (Bourdieu, 2010; Davies, 2001), music therapy (Comeau, 2004; Gonzalez, 2011; Krout, 2008; Lee & Houde, 2011; Nordoff & Robbins, 2007; Wigram, 2004), and popular music studies (Byron & O'Regan, 2022; Griffiths, 2002; Lull, 1987; Keil & Feld, 1994).

Guitar techniques were broken down into component skills that were then combined in various configurations to create diverse voicings, textures and timbres as needed. A single song was progressed through increasingly complex stylistic transitions in a One-Tune-Medley toward the ultimate task of responding spontaneously to a musical collaborator/agitator.

Participants

Nineteen music therapists completed Malleably Musical. Participants ranged from new graduate to 19 years of clinical practice, 18 participants had limited exposure to autonomous musicking.

Results

All participants scored improvements in the Guitar Technique Rating, a scale developed to track progress in the application of component guitar skills. 15 participants reported improvements in confidence and efficacy. Four participants reported reduced confidence and efficacy however demonstrated deeper understanding of the technical and clinical aspects of the guitar in their written comments.

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MUSIC INTERVENTIONS FOR DEMENTIA AND DEPRESSION IN ELDERLY CARE (MIDDEL): RCT FINDINGS

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Introduction

Depression is highly prevalent in residents living with dementia in care homes and often causes distress and reduced quality of life. Music interventions have shown potential for addressing both depressive and dementia symptoms but require rigorous investigation using large-scale, randomised study designs (van der Steen et al., 2018).

Methods

Using a 2x2 factorial cluster-randomised controlled trial design, we investigated the effects of group music therapy (GMT), recreational choir singing (RCS), both, and neither, over 6 months for Australian aged care residents ≥ 65 years with depressive and dementia symptoms (Trial Registration NCT03496675; ACTRN12618000156280). RCS was facili-

tated by community musicians who were trained and supervised by Registered Music Therapists. We also explored the experiences of residents, family, and care staff through focus groups. At 3, 6, and 12 months we assessed depressive symptoms (primary outcome) and secondary outcomes (neuropsychiatric symptoms, quality of life, and carer burden). Effects were analysed using a linear mixed-effects model.

Results

These results are from the Australian cohort of an ongoing international trial. Twenty care home units (318 residents) were randomised during 2018-2020. Recruitment ceased early (March 2020) due to COVID. Intention-to-treat analysis of primary endpoint data indicated beneficial effects of RCS on depressive symptoms (mean difference at 6 months: -4.25; CI -7.89 to -0.62, n=214; p=0.0221), severity and distress caused by neuro-psychiatric symptoms, and quality of life. GMT also reduced distress caused by neuropsychiatric symptoms. Both GMT and RCS were beneficial in reducing depressive symptoms at 3 months for residents with moderate to severe dementia.

Discussion

RCS decreased depressive symptoms and severity of neuropsychiatric symptoms. Both RCS and GMT reduced distress caused by neuropsychiatric symptoms. GMT may be more beneficial in later-stage dementia. Qualitative findings indicated personal, relational, and social benefits of GMT and RCS, and these were found more engaging than other music activities (Lee et al., 2022).

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REFLECTIONS ON THE PARKINSON ONLINE FEASIBILITY STUDY TARGETING PARKINSON'S COMMUNICATION AND CONNECTION

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Introduction

Parkinson's disease frequently causes significant voice and speech, which in turn negatively affects social interaction and connection. Previous research has indicated potential for in-person therapeutic group singing interventions to positively affect both communication and related social and wellbeing outcomes (Tamplin et al., 2019). Less is known about the effects of telehealth singing groups for people with Parkinson's.

Methods

During the COVID-19 pandemic we developed an innovative research protocol to explore the feasibility of conducting a study in a fully online format. Using a pre-post quasi-experimental design, we collected feasibility

data (recruitment, retention, attendance, safety, intervention fidelity, acceptability, and associated costs) and secondary outcome data on speech (loudness, intelligibility, quality, communication-related quality of life) and wellbeing (apathy, depression, anxiety, stress, health-related quality of life) pre and post the intervention. The 12-week program consisted of 90-minute weekly sessions co-facilitated by a music therapist and speech pathologist. Participant and facilitator surveys were conducted after each session and focus group interviews were held at the end of the program. Manuals for screeners, participants, assessors, and facilitators were developed using an iterative approach between researchers, consumers, and health professionals. Ethics approval was obtained from The University of Melbourne Human Research Ethics Committee (2021-14465-16053-3) and the

trial protocol was prospectively registered (ACTRN12621000940875) and published (Tamplin et al., 2022).

Results

Recruitment and retention rates were high ($n=28$). Participation was also generally high (average session attendance 89%) and intervention fidelity was good. There were no safety issues or adverse events reported and the overall participant experience was positive. Data collected from facilitators supported the feasibility of the ParkinSong Online intervention. Although not powered to determine efficacy, we completed an exploratory analysis of secondary clinical outcome data. No changes were observed for any of the secondary outcomes (wellbeing measures were all close to ceiling at baseline). The main challenge related to technology, but this was not found to be insurmountable by participants or facilitators.

Discussion

Online delivery of the 12-week ParkinSong intervention and remote data collection were found to be feasible for participants who met our selective inclusion criteria. Although not powered for efficacy testing, we found no evidence of speech improvements, which may suggest that online delivery may not be as effective as in-person ParkinSong. However, the social and peer support benefits of participation were considerable given access issues to therapeutic singing interventions for this population. Qualitative data suggested that although not an equal substitute for in-person ParkinSong sessions, it is an acceptable solution, when necessary, if adequate technological support is available, and the intervention is provided by qualified facilitators who are responsive to participant feedback and preferences.

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TE ARAWHITI – BUILDING THE BRIDGE OF CREATIVE THERAPIES IN COLLABORATION

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Bicultural Practice

Within New Zealand health and education frameworks sit indigenous models that emphasise the social-emotional-spiritual and physical connection in wellbeing. Music and dance therapy place emphasis on interpersonal connection, the felt sense, dance of the in-between, and the appreciation of the collective. We have found creative therapies well placed to be working alongside our indigenous populations to support co-created models of practice that resonate, empower and are responsive to the cultural uniqueness of the country we live in. Reflecting on bicultural practice within Aotearoa New Zealand, Katie Pureti (Music Therapist) and Jan McConnell (Dance Movement Therapist) will discuss practice models that underpin their collaborative work with communities and children who have experienced trauma. This practice and knowledge is grounded in the bicultural setting of Aotearoa New Zealand. It is underpinned by Te Tiriti o Waitangi, a treaty between Māori, the indigenous people of New Zealand, and the British crown.

Description

How can we as therapists support our communities to move towards collective wellbeing? After the past few years spent working

together to facilitate trauma-informed music and movement workshops in early childhood centres, Katie Pureti and Jan McConnell will share some of the bicultural practice models that underpin the sustainability of their practice.

We will discuss the importance of ‘whakawhanaungatanga’ (the process of establishing relationships), and the value of reciprocity. Whakawhanaungatanga comes from Te Ao Māori (the Māori world) and broadly translates to a kinship, a sense of familial connection through shared experience, a sense of belonging that serves to strengthen each member of the kin group. The relationships we have with our local communities is at the centre of our work and we believe sustainable change comes from ground-up collaboration through enhancing whakawhanaungatanga.

We will look at tuakana-teina, an older/younger sibling way of being, drawn from Te Ao Māori that is now a model used in the NZ education settings. This has been both a model for collaboration of dance movement and music therapy, and a practice that supports the sharing of knowledge and leadership in the communities we work with. Tuakana-teina centers reciprocity, and acknowledges the existing practice and experience of the kaiako (teachers), the importance of

contributing and skill-sharing as a team, and a practice to build safety to be vulnerable to try new things.

Finally, we speak to Sir Mason Durie's Māori health model Te Whare Tapa Whā, which is the lens by which we introduce both the well-being for tamariki (children) and the application of self-care practice for the kaiako (teachers). This supports their understanding of co-regulation for calm connection with their tamariki, enabling ways to regulate their own nervous systems throughout their working day.

We ask the questions - can creative therapies be a key component to cultural understanding? Can this component influence our models of practice working at places where cultural diversity, historic inequity and human universality meet? And can our differences as a music and a dance therapist, lead us to finding new ways of thinking and being that enhance the practice of our separate yet related professions? Working together, we model our continued learning of difference as creative professionals. Our collaboration asks us to keep listening and continue becoming aware of our own bias, to grow in responsiveness and wonder in our work. It informs our ability to co-create and stand alongside our indigenous communities. Within New Zealand, this becomes an avenue for the honoring our Treaty and our work, in a real and resonate way.

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RE-IMAGINING CORE VALUES FOR A MASTER OF MUSIC THERAPY PROGRAMME IN AOTEAROA NEW ZEALAND

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Introduction

The MMus Therapy programme at Te Herenga Waka Victoria University of Wellington is currently the sole setting for training registered music therapists in Aotearoa New Zealand. The programme nears 20 years of learning and teaching, since its first intake of students in 2003. Due to this, it felt an appropriate time for the authors to review core educational values, and to create a renewed and sustainable foundation. Through a collaborative and consultative process we started to re-imagine our core mission and values, responsively to attune them to needs of music therapy practice and employment in the 2020s and beyond. In the Pecha Kucha presentation we share a musical/artistic version of our process, creating a song to express the ideas in a concise memorable way. The core values encompass: The Power of Music-Making; Valuing Diverse Ways of Being; and Nurturing Personal and Professional Growth. In devising these values, we are aiming to enrich our curriculum and to enhance the capabilities (rather than the competencies) of our graduating students (Claro & Esteves 2021).

Context and Values

We were mindful to support employment and service with wider access for diverse New Zealanders (in rural as well as urban areas) and make the training more accessible through effective use of technology and through supporting distance learners. After the significant challenges with practice and education during recent years of the Covid-19 pandemic, and agile and creative inputs from practitioners and educators globally (Grady & Melhuish, 2022; Talmage, 2020) we intend to learn from and inform these developments. Our reimagining has also taken account of Māori values of learning and teaching as expressed in the Te Tiriti o Waitangi Statute (Victoria University of Wellington, 2019) and Learning & Teaching Framework of our University (Victoria University of Wellington, 2022). The values begin with the importance of music-making; including for example playfulness, creativity, arts-based research and developing technologies. Valuing diverse ways of being includes for example biculturalism, accessibility and inclusion, relational learning, and intersubjectivity. Nurturing personal and professional growth includ-

des critical thinking, embodied knowledge, self-care and connections. Each of the values are connected to two Māori concepts within the Te Korou teaching framework (Victoria University of Wellington, 2022).

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WORKSHOPPING POST-ABLEIST THINKING AND PRACTICES IN MUSIC THERAPY

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Introduction

Since the global pandemic has exacerbated existing challenges, the need for music therapists to be aware of and address the barriers, ableism, and discrimination that disabled people face has become even more paramount (Croft & Fraser, 2022; Mladenov & Brennan 2021). Ableism often refers to social practices that privilege and centre normative abled ways of being that preserve unfair and unearned privileges and opportunities for those without illnesses, impairments, and neurodivergence (Hammell, 2021). Although we may intend to do good as music therapists, we may not be innocent in the oppression and discrimination of others. Ableism has been found to be present in some music therapy practices, theories, and training (Shaw, 2022; Shaw et al., 2022).

There is a current call to continue to extend and develop our collective understandings about what it means to be disabled, neurodivergent and chronically ill to encompass diversity and different ways of being. Music therapists can respond to this urgent need by acknowledging their practice differently, continuing to adapt and think creatively, upholding disabled identities in their work, and reducing ableism. Ableism impacts on everyone, as it does not only affect the confining and restraining discrimination of disabled people, but to the detriment of others too.

Overview of the workshop

In this collaborative workshop, we will imagine new possibilities that affirm disabled ways of being in music therapy practice through exploring and co-creating knowledge together. The workshop will actively explore Post-Ableist Music Therapy (PAMT).

After a summary of PAMT, conference participants will be invited to engage in various ways of thinking reflexively about their own music therapy practice. We will explore the ways of valuing diversity, the ways of decreasing ableist barriers, and the ways of reframing 'goals' and language used to describe both the process and the people we work with. As music itself is not always free from ableist norms, musical explorations will be included. Through various activities and examining examples shared by Carolyn and others, we will workshop on how we can do things differently to revamp and reinvigorate our work. There will be opportunity to talk through challenges and think collectively about how we can move forward in less ableist and more disability affirming ways in our practice as music therapists. It is intended to be a space to reimagine music therapy practice together.

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APHASIA CHOIRS GO GLOBAL: AN INTERNATIONAL, INTERPROFESSIONAL COMMUNITY OF PRACTICE

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Abstract

Aphasia Choirs Go Global (ACGG), launched in 2013, provides an online, interprofessional

community of practice, linking aphasia and neurological choir facilitators. Choirs for people with aphasia (loss of language after stroke or brain trauma) or other neurogenic commu-

nication difficulties have emerged as an important model of practice, fostering participation in a meaningful social and cultural experience, as well as communication abilities through singing (Jones et al., 2013; Talmage et al., 2022). ACGG's initial vision was to provide a forum promoting engaged discussion, shared resources, joint choir activities, and collegial support for research and clinical endeavors. During the pandemic, many choirs successfully pivoted to online sessions (Fekete & Eckhardt, 2022; Talmage et al., 2020). ACGG's online activities increased, now offering Zoom meet-ups, presentations and choir-to-choir connections. The gradual lessening of physical distancing has enabled some choirs to joyfully return to in-person or blended gatherings, while others continue online. This poster presentation aims to stimulate conversation, networking, and the establishment of more aphasia/neurological choirs worldwide.

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**CANADA &
UNITED STATES
OF AMERICA**



WHEN LIFE IS TOO MUCH: EXPERIENCING AND MANAGING PERSONAL TRAUMA WHILE WORKING AS A MUSIC THERAPY CLINICIAN

Heidi Flynn

Owner & Director of Music Therapy Services of Simcoe County, Canada

Introduction

This paper examines ethics, safe effective use of self, and self-care related to the trauma experiences of a working music therapist. This candid firsthand account gives examples navigating these issues and how personal traumatic experiences can ultimately strengthen one's skills as a music therapy clinician.

What is Trauma?

Everyone experiences stressful events in their lives. When these events cause significant overwhelming stress, it is classified as a traumatic event. Most people will experience a trauma of some kind at some point in their lives.

Traumatic events can be physical, emotional, and/or situational in nature. They can also be categorized as acute (single event), chronic (repeated or prolonged events), or complex (varied and multiple events). No matter the cause, traumatic events can cause a range of emotional, behavioural, and physical symptoms.

The Importance of Self-Care

Self-Care is defined as anything you do to take care of yourself and promote wellness. Often, self-care focuses on things to do; however, the act of having to do something to try and feel better can intensify feelings of anxiety, exhaustion and helplessness associated with trauma responses.

However, self-care can also include not doing things. This can be a more manageable plan for those processing trauma. The ability to prioritize this type of self-care can be more challenging, especially for professionals such as music therapists who are used to sharing their energy with others through their work.

Ethical Decision Making

When working as a music therapist we have a responsibility to work with our clients safely and effectively. However, when we are working through our own trauma, this can become difficult. Depending on the severity of symptoms, it can interfere with the ability to work safely and effectively with our clients.

Using a framework for ethical decision making can help a music therapist determine how to best proceed. This includes identifying the ethical issues, getting the facts, evaluating alternative actions, choosing an option for action and testing it, and implementing a decision and reflecting on the outcome.

Transformation After Trauma

Positive transformations can happen after trauma. This is known as post-traumatic growth. For some this transformation can be profound. Growth can be found in areas of personal strength, relationships with others, appreciation of life, exploring new possibilities in life, and spiritual growth.

Studies suggest that those who tend to seek connections with others and who are open to reconsidering their belief system will have a greater likelihood of experiencing post-traumatic growth. This can benefit others when lessons that are learned are shared with others.

Summary

Traumatic events can disrupt the ability for clinicians such as music therapists to work safely and ethically with their clients.

However, by implementing appropriate self-care measures and using ethical decision making it is possible to maintain healthy working boundaries while processing trauma. Additionally, when post-traumatic growth occurs, music therapists have the ability to learn new ways to connect with and support their clients. This ultimately has the ability to strengthen a music therapist's skills as a clinician.

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SING IT GIRLS! ® A COMMUNITY SINGING GROUP SUPPORTING FEMALE IDENTIFYING CHILDREN/YOUTH

Adrienne Pringle

Beyond the Studio, Canada

Cathy Thompson

Beyond the Studio, Canada

Sing it Girls! ®

Girls deserve to feel strong and confident, and to feel connected to their peers and community. Self-esteem and self-worth can be nurtured in youth so that they may grow to be confident young women and leaders. The Sing it Girls! ® program is designed to intentionally focus on building confidence in those who participate, thereby minimizing feelings of anxiety, worry and low self-esteem.

Sing it Girls! ® is a program that was created in 2013 by music therapist, Adrienne Pringle and Cathy Thompson, author, and creator of the Girls Talk program with the Centre for Addiction Mental Health, (Thompson, 2009). Sing it Girls! ® is an evidence-based program and community singing group for anyone female identifying between the ages of 7 to 15. The purpose of the program is to build self-esteem, cultivate resilience, develop strong empowered voices, and cultivate positive relationships. Sing it Girls! ® is not a choir and there are no planned performance outcomes. Those who have experienced the program describe it as a safe space to share, problem solve, learn, and develop new skills that help them navigate a variety of life situations while singing and having fun. The overarching mission is to reduce the impact of mental illness on individuals who are female identifying. “Singing is important because it builds self-

confidence, promotes self-esteem, always engages the emotions, promotes social inclusion, supports social skill development, and enables young people of different ages and abilities to come together successfully to create something special in the arts.” (Welch, 2011).

Community Singing Groups

Anxiety is increasingly prevalent amongst children and youth, particularly those who Girls!® allows participants to feel and express emotions, build friendships, and explore hard questions without the pressure to perform. The connection to voice and self present.” (Melody Owen, MTA, Sing it Girls!® East Vancouver).

Many participants say they still use the skills they developed in Sing it Girls!® to help regulate their emotions and cope in stressful situations. Sing it Girls!® facilitators describe the program as one that “teaches basic skills for singing through vocal warmups, group singing, vocalization, and breathwork and delves into the deeper connection of how this interacts with our bodies and minds. It teaches the use of musicality in connection with expressing or managing challenging situations, in finding calmness and grounding, finding strength and empowerment, and simply to sing for the Girls!® Kingston)

"I like the place where the sessions happen. We can say our feelings about school or let everyone know what we are stressing about and then we can find solutions with music and breathing" –participant, age 11

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LEARNING EXPERIENCES IN END-OF-LIFE CONTEXTS: INNOVATIONS AND REFLECTIONS FROM SUPERVISORS AND STUDENTS

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A Palliative Care approach aims to improve quality of life and mitigate suffering for those navigating life-limiting or terminal illness. Certified Music Therapists use music within therapeutic relationships to address human needs, health and well-being. Palliative Care and Music Therapy are both holistic and diverse fields, continually adapting to unique issues (physical, psychosocial, emotional, relational, spiritual) within end-of-life contexts such as hospice, hospital, in-home or community-based support. Learning to be a music therapist and care-provider for those who are dying or bereaved is both a challenging and rewarding process. Clinical supervisors aim to support student learners as they navigate the application of their training, grow foundational competencies, and develop effective therapeutic approaches and resources in this field of practice. Having supervised over 100 student interns (combined) in the context of end-of-life

care, our panelists highlight innovative supervisory approaches and styles, reflect on what has worked well (or not!), and share some of the grief and glory of trying to create meaningful, supportive, and rich learning experiences for Music Therapy students in Ontario, Canada. Topics include: 1) Common challenges, questions or issues faced as students begin placement in end-of-life or bereavement care; 2) Resources that help students prepare to do, or process, death-related work; 3) What may be helpful for supervisors (personally or professionally) as they support students in this field; 4) How to mentor students as they develop therapeutic approaches while also managing the unpredictable nature of palliative care; and 5) Additional considerations that are unique and significant for students and supervisors within this area of practice (personal coping styles and lived experiences with loss; unexpected reactions and countertransference; re-

ceptive and active uses of music and improvisation; co-supervision/group supervision models; and moments of joy and levity).

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CONNECTING MUSIC THERAPY RESEARCH AND REAL-WORLD PRACTICES THROUGH KNOWLEDGE MOBILIZATION

Laurel Young

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Although research can serve an important role in advancing the music therapy profession, a disconnect often exists between knowledge gleaned from research and its applications to *real-world* practices (Aigen, 2015; Baker & Young, 2016; Merrill, 2016). *Knowledge mobilization* is an umbrella term referring to various processes aimed at bridging gaps among research, policy, and practice via reciprocal collaborations and connections made among pertinent stakeholders, including (but not limited to) university-based researchers, service providers (e.g., music therapists, other clinicians/practitioners, community organizations) and service users (e.g., clients, family members), thus helping to ensure inclusion of all relevant perspectives (Social Sciences and Humanities Research Council, 2019). This concept is prominent in the governance frameworks of Canadian tri-council funding bodies such as the Social Sciences and Humanities Research Council, the Canadian Institutes of Health Research, and the Networks of Centres of Excellence and subsequently linked to the potential success of research grant applications (Grenier et al., 2021).

Although the concept of knowledge mobilization makes good sense in theory, and particularly for those of us who engage in participatory action research methodologies, it is not without challenges. These include various systemic, contextual, and attitudinal barriers as well as discipline specific issues (clinical and professional).

This presentation elucidated the importance,

complexities, and affordances of past and ongoing knowledge mobilization processes experienced within the context of two music therapy/creative arts therapies research projects conducted with older adults, that were affected or initiated as a result of the COVID-19 pandemic: (a) *Exploring Older Adults' Perspectives on Participating in Online Music Experiences* (manuscript in preparation) and (b) *Social, and Creative Participation of Older Adults with Intellectual Disabilities in a University Art Hive Context* (manuscript in preparation). This material aimed to inspire music therapists (and other attendees) to reflect upon how they might realistically, critically, collaboratively, and reflexively engage with aspects of knowledge mobilization as it pertains to their own research, clinical work, interprofessional teamwork, and advocacy and in doing so, move the professional discipline and practice of music therapy forward in achievable, inclusive, and innovative ways. For more information, please contact the author.

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REFLECTING ON ETHICAL ISSUES IN MUSIC THERAPY

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Abstract

This World Café hosted by the World Federation of Music Therapy (WFMT) Research & Ethics commission challenged participants globally to address some of the major ethical issues and questions impacting the profession of music therapy in clinical practice, education and research. Outcomes will lead to future directions, areas for continued growth and development, collaboration and innovation.

Introduction

The WFMT Research and Ethics Commission "...promotes the integration of research and ethics into the practice of music therapy throughout the world" (WFMT, 2020). One of the key goals of the commission is to "...promote and assist music therapists, including researchers, clinicians, and/or academics, to work according to WFMT ethical guidelines and local cultural understandings of ethical and moral care" (WFMT, 2020). The commission took on several projects in the 2020-2023 term, including the publication of a WFMT Code of Ethics. The collaborative commission work on the Code of Ethics drew awareness to many ethical issues impacting not only the discipline of music therapy but also healthcare, education and training and

research at large. Some of those issues were discussed at this World Café.

Method

Three representatives of the WFMT Research and Ethics Commission invited participants to respond to several questions at the World Café related to professional issues, which are currently impacting the music therapy profession.

Ethical Questions

1. What are some of the main ethical concerns in clinical practice? How might they be addressed?
2. What are some of the main ethical issues impacting clinical training of music therapists and how can they be addressed?
3. What are some of the main ethical issues impacting music therapy research today and how can they be addressed?
4. What ethical responsibilities and actions go with a sustainable music therapy?

Participants

Participants include music therapy educators, researchers and clinicians from around the globe. Missing given the context and setting of the congress are the voices of service users in contemplating ethical issues.

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AUDITORY MUSIC TRAINING PROGRAM TO IMPROVE SPEECH PERCEPTION OF COCHLEAR-IMPLANT RECIPIENTS

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Objective

A digital Modularized Music Training Program was designed and tested with a specifically selected group of cochlear-implant (CI) patients for practical use in daily life. First training effects on speech and music perception were recorded.

Background

People suffering from hearing loss face restrictions in their lifestyle, career, and communication needs. Individually fitted hearing aids and cochlear implants (CI) help compensate for hearing deficits for a better understanding of speech.

In the last decade, research showed that music training when seen as constant auditory training in musicians led to changes throughout the auditory system that may enhance the sensitivity of the auditory system to detect sounds (e.g., Irvine, 2018; Kraus, 2010). Transfer effects after musical training to other cognitive functions, especially speech, and language were also detected in healthy normal-hearing individuals (e.g., Patel, 2007; Steinbeis & Koelsch, 2008). In the same manner, hearing-impaired persons could generally improve their speech and music perception after specific musical training. In response to music training, experience-based plasticity in the auditory system was shown for deaf persons after Cochlear Implant Surgery (e.g., Firestone et al., 2020).

Methods

A digital Modularized Music Training Program in the format of CDs with exercise books was generated. Comprehensive assessment methods including questionnaires, speech tests, a computer-based music test, and subjective evaluation were used to examine baseline, handling of the training material, and possible effects of music training on speech comprehension.

20 postlingual deafened cochlear implant users between the ages of 31 and 86 years were recruited and selected equally into the intervention and control groups. Participants of the study group trained 4 weeks post CI activation with the newly designed home training for 6 months during their 2-year aural rehabilitation phase. Participants of the control group were tested retrospectively 28 weeks post-CI activation as a comparison of listening with a CI without additional music training.

Results

The current protocol did not show significant training benefits and participants' evaluation of the training tool permits only insufficient statements about feasibility. The leading cause was the low number of participants, which was additionally reduced to merely 2-3 evaluable participants in the study group by the effects of the COVID-19 pandemic-related closure of the rehabilitation center. For this reason, no generalizing statements could be

derived from the results. Feedback from individuals should be used to update the product and conduct a retest of feasibility.

Conclusions

Future studies using a digitalized training source and a randomized controlled design with a larger sample size to ensure an accurate examination of the effects of music training on speech and music perception in adult CI users are required.

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WHEN MUSIC IS ENOUGH: A VISION FOR MUSIC THERAPY ADVOCACY

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Human beings are inherently musical, and engagement with music is a natural component of individual and community life. When people face institutionalization, due to medical or mental health concerns, they may suddenly only be able to access musical involvement through a music therapy program. As music therapists build and expand clinical programming in a variety of institutional settings, we are often required to justify the role of music—and thereby our profession's very existence—based upon specific medical or psychotherapeutic outcomes. Within healthcare settings based upon Western models of allopathic, evidence-based medicine, clients' musical engagement is often required to be justified based upon non-musical outcomes, and music therapists risk inadvertently constraining, and even pathologizing, clients' relationships to music in order to adapt to and work within these models. Drawing upon clinical examples from the authors' extensive experiences as music therapists in mental health and medical settings, as well as their roles as researchers and educators, this paper explores a vision for music therapy advocacy that is grounded in music while remaining sensitive to the current demands and realities within Western models of healthcare delivery. Just as music's place within our education systems must be grounded in more than music's ability to further non-musical goals such as mathematical or spatial-reasoning

skills, so too must our vision for music's place within healthcare become more expansive than a means through which to accomplish medical or psychotherapeutic aims.

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TELEHEALTH MUSIC THERAPY: INTERNATIONAL AND PERSONAL EXPERIENCES AND PERCEPTIONS

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Abstract

As part of the Telehealth Spotlight Session, this presentation featured an overview of a large collaborative international study on music therapists' perceptions and experiences in telehealth music therapy (TMT) as well research reflections and examples of clinical practice from the work of the presenter.

Introduction

Prior to the Covid-19 pandemic, music therapy delivered via telehealth was not widely practiced. Out of necessity, many music therapists shifted their practice to TMT and are continuing to use it either as their main service delivery method or in addition to offering in person service. Since 2020, TMT has expanded rapidly, and the body of literature is also speedily growing.

Given this, TMT is going to remain a method of service delivery in music therapy and as such it is essential to further understand benefits, challenges, experiences and perceptions in order to advance this practice and our field. It is also to continue to deepen our knowledge about TMT to be able to advance education, training, and supervision.

International Research Study

This presentation provided an overview of a collaborative International phenomenological mixed methods study which included 572 participants from 29 countries. Participants

took part in an anonymous online survey with questions about demographics, clinical practice, telehealth provision and telehealth perceptions. Both qualitative and quantitative data were collected. Descriptive statistics were utilized to summarize data characteristics, and inferential statistics were employed to assess relationships between variables. An overview of the results was shared alongside limitations and thoughts on future research.

Only 12.8% of music therapists provided TMT prior to the pandemic and just under 50% of participants engaged in training to further prepare them, develop and continue to grow their skills in providing TMT. Three important findings from the study were that (1) participants felt TMT offered more benefits than drawbacks (42%), (2) TMT increased client access (28%), and (3) TMT utilized caregiver involvement (41.1%).

Researcher Reflections and Clinical Practice Connections

The presenter shared examples of both music therapy and music-based interventions provided over telehealth to support dementia care and connected that discussion to outcomes from the international study. A brief highlight on implications for education, training, and supervision of music therapist students and interns was also provided.

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DIVERSITY, EQUITY, INCLUSION, AND BELONGING IN CANADIAN MUSIC THERAPY: RESEARCH FINDINGS

Priya Shah

Homewood Health Centre and Wilfrid Laurier University, Canada

Dr. Elizabeth Mitchell

Wilfrid Laurier University, Canada

Dr. Cynthia Bruce

Concordia University, Canada

Daniel Arun Robinson

Friends of Ruby and Toronto Metropolitan University, Canada

Sarah Bell

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Introduction

Issues of diversity, equity, and inclusion are urgent priorities for an increasing number of minoritized and allied music therapists (Baines, 2021; Bruce, 2022; Leonard, 2020; Norris, 2020). Inspired by the British Association for Music Therapy (2020), a questionnaire was developed to gather demographic data on music therapists in Canada, identify the extent and distribution of underrepresentation, and gain an understanding of issues related to equity, diversity, inclusion, and belonging.

Methods

In 2022, a survey was distributed to certified music therapists within the Canadian Association of Music Therapists. The survey gathered demographic data, asked participants to identify key priorities/issues related to diversity, equity, inclusion, and belonging in the Canadian music therapy context, and asked

participants to share their experiences, perspectives, and concerns as they relate to the work they do in our profession.

Discussion

In our roundtable presentation, we reviewed findings and highlighted important themes regarding equity within the Canadian music therapy community, centering the voices of diverse minoritized and allied music therapists in Canada who came together in this collaborative exploratory project. We shared our perspectives on the themes and findings from data analysis, and connected our discussion to broader discourse surrounding systemic inequalities in healthcare, music practices, and society. We discussed next steps in the research dissemination plan, and explored how our findings will contribute to vital dialogue that challenges inequality, removes barriers, and supports progress toward becoming an inclusive profession that fosters belonging and represents the communities we serve.

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UTILIZING THE SOUNDBEAM TO FOSTER CREATIVE CONNECTIONS AND INNOVATION IN LONG-TERM CARE

Graylen Howard

Motion Music Therapy, Canada

Dr. Andrea Creech

McGill University, Canada

Abstract

This study explored the experiences of eight individuals affected by various forms of dementia and the feasibility of utilizing the Soundbeam 6 (an assistive electronic music making device) to support creative connection among older adults. Findings demonstrate the Soundbeam is an effective tool that can encourage high-quality, accessible music making.

Description

Although there is strong evidence that music therapy is one of the most effective non-pharmacological treatment interventions for individuals living with dementia, there is limited focus on the potential effectiveness of assistive music making devices and digital technologies in long-term care within the field of music therapy. Therefore, this paper explores the feasibility of utilizing assistive music making technology to help support innovation within our profession in long-term care settings and in turn, support accessible music making and creative connection among older adults to enhance overall quality of life. Eight individuals living with various forms of Dementia participated in the in-depth qualitative practice-based study over the course of 8 weekly, 45-minute sessions utilizing the Soundbeam 6 – an innovative assistive music making device featuring motion sensor tech-

nology. The workshop protocol focused on relationship building, fostering connection, exploration, and individual led participation while maintaining a client centered approach. Data collection included detailed field notes, video footage and observations. Overall, the key findings included increased socialization; creative expression; connections with autobiographical memories and past self through associations with Soundbeam Soundscapes (i.e., memory recall and reminiscence); promoting gross motor skills and range of motion; and overall enhanced quality of life. This research contributes to a growing body of knowledge concerned with how innovative digital technologies can support the unique and on-going needs of older adults living in long-term care.

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CROSS-TRAINED MUSIC THERAPISTS: IDENTITY CONFUSION OR ENRICHMENT?

Aksana Kavaliova-Moussi

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Abstract

Recently, music therapists began questioning their professional skills, identity, and opportunities their degrees provide. This presentation will present the author's research on cross-trained music therapists, their reasons behind pursuing another profession, experiences of professional identities confusion or enrichment, discuss issues they face, and how having both degrees can benefit clients and professionals.

Description

Music therapy development varies from country to country; the training standards differ not only between but within the countries. The common progression in the profession is Bachelor-Master-PhD levels. In Canada, the United States, some countries in Europe, Latin America, and the Far East the entry-level is a bachelor's degree, while in other countries (e.g., UK, Finland, Australia, Thailand, South Africa) it starts at a master-degree level. Recently, more and more music therapists began questioning their professional skills, identity, and the opportunities their degrees provide, and pursued an education in other related fields. A cross-trained music therapist implies that a person is both certified as a music therapist and trained (or in training) in some other allied discipline. Some American programs offer dual degrees in music therapy and counselling, which allows the graduates an opportunity to obtain the state's licensures in mental health (varies by state). In

Canada, there is no music therapy license, and mental health regulations vary in each province. For instance, in Ontario, only the College of Registered Psychotherapists (CRPO) gives some opportunity for music therapists to be licensed by a governing body. However, music therapists obtain additional degrees in other related fields in addition to counselling or psychotherapy. The research asked about participants' reasons behind obtaining other degrees and in some cases leaving the profession of music therapy; their professional identities, their current intrinsic and extrinsic (financial) satisfaction. The author will present the findings, discuss issues music therapists may face, and how having both degrees can benefit clients and professionals.

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ENVIRONMENTALLY ENGAGED MUSIC THERAPY: SINGING AS A LISTENING PRACTICE

Nicola Oddy

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Introduction

In this lecture/workshop, I introduce Environmental Vocal Exploration (EVE) to the global community – a way to use singing as a listening practice. The presentation takes place in the midst of my development of a new model of music therapy practice. The working title of this model is Environmentally Engaged Music Therapy. I examine the use of the voice when using improvisational singing in place as a way to heighten awareness of aspects of the self and the environment. I will share the outcomes of new research that is taking place in the spring of 2023. This research will explore the efficacy of EVE in a music psychotherapy environment.

Background

Building on Stephen Feld's (1996) theory of acoustemology, Nina Sun Eidsheim's (2015) theory of intermateriality, and R. Murray Schafer's (2002) theory of theatre of confluence, I consider how singing in place can be a way to "know" by listening to the intermateriality between our bodies and the places in which we sing. I explore these ideas through EVE. During this workshop, I briefly describe my doctoral dissertation, which revolved around a project entitled The Singing Field: A Performance of Environmental Vocal Exploration. Five singers joined me in six EVE experiences in various locations. They shared their perspectives with me through interviews, debriefs, and journal writing. We used vocal improvisation as our primary way to in-

teract with different environments, with each other and with ourselves. These ideas are integrated through vocal improvisation experiences and a discussion of ways that this practice can be integrated into the lives and work of participants. I will then share the results of research that will have taken place in April of 2023. This new research will provide the basis for a pilot project around which Environmentally Engaged Music Therapy will revolve and continue its development. In the workshop segment of this presentation (80%), I will guide participants at the WCMT through experiences of exploring the use of their voices in place, with opportunities to discuss their experiences.

The Film

During the fieldwork for my dissertation, Hasi Eldib of Carleton University filmed the process from beginning to end. The film can be seen at this link: <https://vimeo.com/hasi/thesingingfield> or with described video here: <https://vimeo.com/hasi/thesingingfielddescribed>. I will show segments of the film during my presentation.

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IMPROVISED ACTIVE MUSIC THERAPY TREATMENT: METHODOLOGY SYSTEM IN NEROLOGICAL REHABILITATION

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Introduction

Active approaches in music therapy have been generating interest in the field of rehabilitation science (Altenmüller & Schlaug, 2013). Measurement of musical responses in participants in rehabilitation during music therapy can yield important information regarding treatment outcomes and impact of the disease over time. Thus, music measures can potentially be used to assess, monitor, and evaluate music therapy treatment and project changes in participants' functional capacity over time (Kogutek et al., 2019). Furthermore, music measures can also be used to directly correlate them to physical, psychosocial, and cognitive parameters.

Improvised Active Music Therapy (IAMT)

In IAMT methodological system (Kogutek et al., 2019), the music content of the sessions is digitally recorded via Musical Instrument Digital Interface (MIDI) for the quantification of the music measures. MIDI captures specific music parameters such as note count, velocity of movement, synchronicity, and acquisition of rhythmic complexities for music measures played by participants and the music therapist in numerical binary code (Glatt, 2004). Thus, electronic music instruments are purposely utilized in IAMT to quantify music outcomes of interest.

Results

In our earlier clinical feasibility study with

three right-handed individuals with PD (Kogutek et al., 2021), participants played on an electronic drum-set while accompanied by a music therapist on guitar. Playing the drum-set requires motor control, coordination, and endurance and creates outcome music measures of all four limbs (Dahl, 1997; Dahl & Altenmuller, 2008). We showed how IAMT elicited high levels of engagement indicated by participants' improvement of total note count from the first session until reaching a plateau (Kogutek et al., 2023). Participants also played more notes with upper extremity than with lower extremity throughout the study. More specifically, participants played a mean of 8,877 notes per 25-minute session while playing a drum-set. Participants played 7,124 (80%) notes per session with upper extremity, 702 (8%) notes with left foot, and 1,050 (12%) notes with right foot (Kogutek et al., 2023).

The results also indicate that all participants exhibited total negative mean asynchrony scores with relatively inconsistent levels of variability (Kogutek et al., 2022). This anticipatory tendency (i.e., negative mean asynchrony) is found in most sensorimotor synchronization studies in the literature and demonstrates participants' ability to synchronize to the music played by the music therapist (Kogutek et al., 2022). Furthermore, we also detected that participants demonstrated more variability in note count, velocity, and synchronization in their left foot than with upper extremity or right foot (Kogutek et al., 2022 & 2023). Therefore, we believe that

these measures should be also assessed in healthy individuals to understand whether these variabilities are associated with asymmetrical symptom severity in individuals with PD or are inherent of the healthy population. Based on these promising results, we believe that IAMT sessions should be further investigated with a larger group in order to increase the statistical power.

Discussion and Conclusion

Our goal is to identify commonalities in music behavior in individuals with PD and healthy subjects to better understand how music measures during IAMT differs in the neurological disorder population.

Music Therapy (MT) research in the literature of neurorehabilitation treatment should continue to report note count, velocity, synchronization, and acquisition of rhythmic complexity as this can be a fundamental domain in neurological rehabilitation treatment in music therapy. This would represent a step towards contributing to a much-needed evidence-based model in music therapy.

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INTERACTIVE TOOLS FOR MUSIC THEORY LEARNING IN PEDIATRIC MUSIC THERAPY

Méliane Laurier-Cromp

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Abstract

This presentation explores the benefits of music theory learning for children who have emotional and language difficulties. Notes, rhythm, tempo and dynamics are discussed with online games. In return, this new knowledge promotes auto-regulation and self-expression within diverse interventions in pediatric music therapy.

Description

How many times have we heard that music theory is boring, discouraging, or useless? Yet, in our social pediatrics practice, we have observed that music theory learning, such as note names, rhythmic figures, tempo, and dynamics, allow children engaged in music therapy to develop an ease with music. This has an impact on their improvisations, instrument learning, music creation, performance of their own songs, or even the development of their language of use (Lessard and Bolduc, 2016). We have witnessed that moments of music theory learning favours new discoveries, significant verbal exchanges, and a fun and quiet time.

First, we will list the benefits observed in music therapy where learning of music theory has been introduced. Furthermore, we will provide specific music therapy objectives in social pediatrics in relation to this type of intervention, for instance, augmentation of self-esteem, expression of self, and self-regulation (Julien, 2017).

In the end, we will present diverse websites that can be used to make music theory learning easier, more efficient and fun. Emphasis will be put on the website Kahoot, which is used in music education, but much less in music therapy, even though the possible uses and personalization are endless. In order to make our presentation more interactive, a bilingual Kahoot will be shown to the audience, who will be able to live the experience with the use of their smartphone.

Do not hesitate anymore to use music theory interventions in music therapy!

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Working at the Centre de Pédiatrie Sociale de Laval since 2016, **Méliane Laurier-Cromp's** work focuses on the self-actualisation, emotional regulation and improvement of the language of her clients, vulnerable children aged between 3 and 14 years old.

ULLABIES AND LITTLE ONES: THE ROLE OF MUSIC THERAPY IN THE NICU

Dr. Marina Journault

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Sarah Van Peteghen

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Abstract

An infant admitted into the Neonatal Intensive Care Unit (NICU) can have life-long consequences impacted by the complexities of prematurity and/or medical interventions required. Additionally, the NICU environment itself can impact neurodevelopment with maternal-infant dyad separation and unpredictable sounds. When babies are born premature or neonates require hospitalization for critical illness or surgery, the typical environment for hearing, speech, and language acquisition is significantly disrupted. Music is a medium that can be used to mitigate the overstimulating environment of the NICU and improve many aspects of neonatal care. It can mask aversive auditory stimuli with its predictability and controlled presentation. It is unique to individuals and has the potential for soothing, multisensory stimulation, and enhanced neurodevelopment. Acutely, music can improve vital sign stability, behavioural state, stress, and pain. Working with a music therapist allows for family-centred involvement in their baby's care. Music therapists are essential in teaching parents the signs of overstimulation, reinforcing parental abilities, and empowering them in their role as parents. This improves attachment and may have long-term impacts on infants' developmental abilities after discharge. Beyond the social and emotional impacts of music on the neonate and family, devices

such as the Pacifier Assisted Lullaby (PAL) may have tangible financial impacts on NICUs, showing faster times to full oral feeds and earlier discharge. In this presentation, we aim to discuss the benefits of music therapy in the NICU through a summary of the current literature and expand on personal experiences of music therapy in practice.

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MOVING WITH MUSIC PROGRAM FOR OLDER ADULTS: IMPACTING COMMUNITIES THROUGH NEUROLOGIC MUSIC THERAPY

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Introduction

Falls are the leading cause of injury-related hospitalizations among Canadian older adults; with 20-30% of older adults falling each year. These accidents not only result in direct physical injury, but also impact mental health and finances. Through the Dufferin County Community Grant, Julia's Place Music Therapy Center was able to partner with a local organization to pilot a 10-week drop-in "Moving With Music" program free of cost to participants. The purpose of this program was to determine if community-based music therapy programs can improve and maintain movement skills in older adults.

Methods

The "Moving With Music" program was facilitated by an accredited music therapist (MTA) with advanced training in neurologic music therapy (NMT).

Participants had the option of completing a 10-meter walk before, and after each session, they attended in order to gather cadence (number of steps per minute), velocity (number of meters per minute), and stride length (number of meters per 2 steps) information. At the end of the 10-week program, participants filled out a survey indicating whether or not they noticed improvements in their physical skills. Each

"Moving With Music" session used specific music and rhythm exercises called Patterned Sensory Enhancement and Rhythmic Auditory Stimulation to work on walking, balance, and general movement. All exercises were adaptable, so even those with limited movement skills or assistive devices such as canes, walkers, or wheelchairs were able to participate with ease. The specific way in which music was applied also helped to support those dealing with brain injury and neurological diseases such as stroke and Parkinson's Disease.

Results

Throughout the 10 weeks, a total of 11 individuals participated in the "Moving With Music" program. Due to the drop-in nature of the group, data collection was inconsistent, so data for only 6 participants was collected. All participants demonstrated improvement in their walking cadence, velocity, and/or stride length. For example, 5 out of 6 participants increased their stride length; which is important as longer stride length has been associated with reduced risk for falls in older adults. When surveyed, 100% of participants also noticed an improvement in their balance, lower body strength, upper body strength, core strength, range of motion, and physical endurance. In addition, 100% of surveyed participants said that they would like to see "Moving With Music" continue.

The following quotes were collected from those that participated in the 10-week program:

"I came to the program with a knee injury - the injury has healed a lot, and this program has really helped! The music compliments the exercises, and the group is very fun."

"I have noticed a great deal of improvement in my ankle strength and overall balance. I have even been using some of the exercises at home in-between classes!"

"I always feel better after the class than when I first walk in the door. Thank you!"

Conclusion

By maintaining or improving movement skills, older adults are less likely to experience accidents and falls. Community music therapy programs are an effective and economical way to improve and maintain movement skills in older adults.

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THE CURRENT STATE OF THE PROFESSIONALIZATION OF MUSIC THERAPY IN CANADA

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In Canada, the government regulates many health care professions. This practice dates back to 1868 when legislators in Ontario passed an “Act Respecting Dentistry”, subsequently creating the Royal College of Dental Surgeons. This college had extensive authority, including the right to restrict entry to practice to those who met specific education and examination criteria and to regulate the conduct of practitioners (Adams, 2009). Presently, Ontario regulates 29 healthcare professions (Health Profession Regulators of Ontario, 2022) and regulatory colleges continue to hold the same amount of authority as they did over 150 years ago. Music therapy, a field that emerged in Canada nearly 50 years ago, is a relatively young occupation that is not currently regulated by the Canadian government.

There is an expectation among music therapists that if the public and other workers in the health field saw music therapy as a profession, they would more quickly recognize its value and be aware of the scope of practice of music therapy. This would lead to improved awareness and knowledge of the work that music therapists do. Some music therapists also believe that government regulation can afford their work greater credibility and recognition, although they do not indicate whether this would be in the eyes of the public, other health care professionals, or funders (Barrington, 2005; Edwards, 2015; Gross & Young, 2014; Kern & Tague, 2017; Moore, 2015). Other benefits of professionalization include increased income, status,

and power (Parry & Parry, 1976). However, the evidence that regulation can lead to music therapists in Canada receiving these benefits remains unclear, particularly when the term “music therapist” is not under title protection. This means that anyone in Canada can call themselves a music therapist without needing to prove any formal training or qualifications.

In the province of Ontario, some music therapists have opted to join the College of Registered Psychotherapists of Ontario (CRPO) as they feel their work touches upon the controlled act of psychotherapy. It is possible to work as a music therapist in Ontario without joining CRPO, as long as one does not call themselves a psychotherapist. This differs from other provinces, such as Nova Scotia where music therapists are ineligible to join the Nova Scotia College of Counselling Therapists without additional training in counselling therapy, or Alberta, where the forthcoming college of counselling therapy does consider music therapy to be a form of counselling therapy. There is a lack of information about how the inclusion and exclusion of music therapy from bodies that regulate counselling therapy and/or psychotherapy will impact the future of music therapy in Canada. Therefore, there is a need to closely examine the diversity of policies and views to better understand the impacts of government regulation of counselling therapy and psychotherapy on the field of music therapy while “music therapist” remains an unprotected title. Using the neo-Weberian per-

spective of professions, this research aims to address this need by identifying key debates and tensions among stakeholder groups, including regulators, people who hire and work with music therapists, people who receive music therapy services, and music therapists themselves, along with analyzing relevant policy and education documents.

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VIRTUAL MUSIC THERAPY FOR CORTICAL VISUAL IMPAIRMENT

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Abstract

Explore a virtual music therapy offering for young people with cortical visual impairment (CVI) in an education/rehabilitation setting. Strategies, materials, resources, and case examples to be shared. Discussion of the strong role music therapists can play in rehabilitation for this diagnosis.

Description

Cortical Visual Impairment is the leading cause of significant vision loss in children. It is a neurological visual disorder caused by lesions in the visual pathways/visual cortex, representing a difficulty in processing and interpreting visual information. Furthermore, difficulty processing auditory, tactile, and visual feedback at the same time is common, with clients often relying on their auditory sense to understand and interact with their environment. The recommended therapy for this diagnosis is daily periods of targeted vision stimulation.

Given the clientele's strengths in the auditory domain, and the multisensory nature of music, a case will be made for the strong role music therapists can play in rehabilitation for this diagnosis in pediatric settings. This presentation will explore the use of virtual music therapy in conjunction with this targeted vision rehabilitation at a school for children with

vision impairments linked with a rehabilitation centre. We will explore strategies, materials, resources, and specific case examples.

Due to the COVID-19 pandemic, many of the students with a CVI diagnosis were not able to attend school or rehab regularly, if at all. In the summer months, families did not attend in-person sessions, again due to concerns for safety due to COVID-19. The virtual music therapy offered met the safety and rehabilitation needs of this clientele. Furthermore, the potential for caregiver involvement and in-home coaching in the rehabilitation process, as well as the benefits of incorporating music therapy techniques and strategies for this clientele, became apparent. Discussion of inclusion of music therapy as part of CVI vision rehabilitation programs.

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CHALLENGING ABLEISM: WORKING TOGETHER TOWARDS ANTI-ABLEIST PRACTICE

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Tanya Lavoie
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Abstract

As health professionals, we are encouraged to reflect, connect, and innovate on our practice and its impact on clients but also on our global community. Lianna and Tanya will discuss how they use both of their perspectives and experiences, neurodivergent and neurotypical, to work towards an anti-ableist practice. Attendees will learn about anti-ableist practice, and what resources they can utilize to reflect and bring about changes in their own perspectives and practices.

Description

Disabled people make up a significant portion of music therapists' clientele, and yet ableism is rarely discussed in the context of practice and cultural competency. Autism is one area of music therapy practice that is perceived as well-established and highly effective, yet little has been done to listen to the voices of autistic individuals in the development of our approaches to this and other neurodevelopmental disorders. Being an autistic music therapist who has had to overcome barriers to access the profession, and who continues to live and to witness ableism on a daily basis, has led Lianna to use her unique position to highlight some of these issues and conflicts in standard practice, particularly in working with children with neurodevelopmental disorders. Tanya was

one of the first individuals she met who was willing to listen to her perspectives with an open mind, even when it required difficult self-reflection and recognition of ableism in her own work. Together, over the course of the last three years, they have worked to make changes to how developmental disabilities are approached in their clinical practice, from the language used to the goals and objectives set, as well as in how the topic is approached with students, with the overarching goal of increasing respect for the disabled individual. The most important change has been a shift in the overall approach to directly supporting the autistic individual in reaching their full potential, and advocating for their overall well-being, regardless of current societal expectations and perceptions.

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IMPLEMENTING A MUSIC THERAPY RECORDING STUDIO IN A PSYCHIATRIC HOSPITAL SETTING

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Abstract

A dedicated space for audio recording and music production can become an important therapeutic tool for a psychiatric music therapy program. The obstacles and challenges to implementing a recording studio within a hospital setting will be discussed. We will examine how it is possible to obtain professional equipment with a low budget by creating alliances and collaborating with a renowned music equipment company and doing fundraising campaigns.

Introduction

In this paper, we will describe how the recording studio contributes to the efficiency of several music therapy interventions (receptive and active). Some examples of interventions, special projects and collaborations made possible with the music therapy (MT) studio will be presented.

The MT studio acts as a catalyst, increasing new referrals from many mental health clinics (inpatient and outpatient) within the MUHC (McGill University Health Center).

We will focus on how MT studio's audio results help building stronger links with the multi-disciplinary teams' members through sharing patient's music and how it influences their perception about the patient's recovery process by observing a healthy patient's aspect.

Finally, we will talk about the possible double

role of the music therapist acting as a music producer, as well as how to integrate a humanistic approach in that situation and why a music production process can lead to a community music therapy model.

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MUSIC THERAPY IN END-OF-LIFE CARE: RECONSIDERING RELATIONAL AND COMMUNITY PERSPECTIVES

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Changing landscape

Sociopolitical, technological, and policy changes have had significant implications for end-of-life care over the past decade. More recently, and largely due to the Covid-19 pandemic, telehealth practices have expanded and accelerated. The dramatic implications of the pandemic have raised awareness of death and dying, their increased institutionalization and medicalization in Western societies, revealing both a need and opportunities for more inclusive dialogue regarding loss, change, and grief (Sallnow et al., 2022).

These developments alongside associated bioethical questions regarding agency, human rights, the balance of individual and collective responsibility, and citizenship resonate closely with issues of public health and community engagement in palliative care.

Relational and community perspectives

In this fast-changing environment, music therapists have adapted practice and developed new initiatives to voice and meet people's needs within and beyond palliative care.

These developments, alongside new research approaches and education initiatives, have brought to the surface new questions and perspectives regarding our notions of relationship and community. The need to critically reconsider such conceptions has equally been stressed by contemporary issues of climate change, social justice and multiple forms of oppression and conflict.

Building on the learnings and outcomes of a hybrid pre-conference seminar, we led at the 12th European Music Therapy Conference. We focus on three thematic areas:

- i) Music, embodiment and mutual care,
- ii) Identity reconciliation, and iii) Relationship completion. These areas offer a platform for critically exploring relational perspectives and of participatory community-based practices and institutional systems in palliative care. Our exploration draws on recent practice and research examples (Schmid et al., 2021), as well as our engagement with contemporary literature highlighting issues of relationship completion (Clements-Cortés & Yip, 2021), an expanding conception of musical care in palliative care (Tsiris et al., 2022) as well as cul-

ture-specific considerations in the field (Mondanaro, 2016).

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FAITH AND PRACTICE: HOW RELIGIOUS BELIEFS AFFECT MUSIC THERAPISTS' IDENTITY AND PRACTICE

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Abstract

Although there has been a considerable amount of literature surrounding spirituality and its role in music therapy, there stands to be a gap surrounding religious faith and its effect on clinical practice by practitioners. This phenomenological study examined the impact religious faith has on the clinical practice of accredited music therapists in Canada. A survey investigating the relationship between faith and clinical practice was sent by the Canadian Association of Music Therapists to its members. Of its 969 members, 29 music therapists completed the survey. The survey revealed 86.22% of the respondents identified as Christian, 6.89% identified as Jewish, and 6.89% identified as Baha'i. The survey also revealed 41.38% of respondents experienced some level of discrimination in relation to their religious affiliation. Based on the respondents' answers, six respondents were contacted to take part in an individual semi-structured interview to further explore their survey answers. Data collected through the interviews in the form of video recordings and transcriptions suggest that belonging to and participating in religious practices contributes to a sense of grounding, hope, acceptance, affirmation, guidance, and emotional stability especially as clinicians navigate challenging client situations. Further, values present in their religious practices show itself in clinical work, such as offering dignity and

compassion to those at all stages of life. Half of the interview participants expressed experiencing some level of discrimination in relationship to their religious affiliation, however all participants expressed some level of discomfort in sharing their religious beliefs with colleagues, peers and/or clients.

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MUSIC THERAPY AND THE CLIMATE CRISIS: EVOLVING TO MEET CURRENT NEEDS

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Music Therapy in Context

The climate crisis is rapidly changing the contexts in which music therapists live and practice. Expert intergovernmental panels report that massive systemic shifts are urgently required to prevent catastrophic ecological and humanitarian outcomes (Pörtner et al., 2022). The deleterious acute and chronic health impacts of this existential crisis are apparent along both mental and physical plains (Berry et al., 2022; Clayton et al., 2021). The responsibilities of music therapists to respond to the climate crisis can be argued via relevant Codes of Ethics (Seabrook, 2020). Given this, it is imperative that music therapists consider our current engagement with the climate crisis and how we would like to move forward.

Clinical Engagement

Music therapists are uniquely positioned to support individuals and communities experiencing negative health effects of the climate crisis (Seabrook, 2020). Music therapists and music therapy research could achieve this aim by developing relevant best practices, such as assessment protocols and treatment plans for working with these client experiences (Seabrook, 2020).

New Approaches

New theoretical orientations around music therapy are emerging that offer ways of di-

rectly engaging with the climate crisis from a disciplinary perspective. One such approach, *Eco Music Therapy* (Seabrook, 2020) directly addresses the climate crisis and incorporates eco-critical and post-human theory. Additionally, a nascent climate-aware meta-framework for Creative Arts Therapists is being developed by MacLaughlan and Seabrook (in progress).

Collective Action

The climate crisis is a global crisis, and this conference presents a unique opportunity for music therapists from across the world to dialogue about how they might re-consider and re-configure their work to mitigate the impacts of this emergency.

Special Note

This presentation took place virtually in alignment with research-based climate-aware conference practices (Grant, 2018; Hackett, 2020; Kriel, 2021).

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MENTAL HEALTH MUSIC THERAPY PROGRAMS: DEVELOPING ACCESSIBILITY, ADAPTABILITY AND CONTINUITY OF CARE

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Dany Bouchard

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Context

In response to the increasing mental health needs amongst the population and the related issues of accessibility and continuity of mental health services, we discuss how we developed a hospital setting music therapy program that reaches and support patients throughout their full psychiatric care trajectory, adapting to their evolving clinical needs and their musical interests and skills.

We are a team of three music therapists working in a psychiatric hospital setting with adolescents and adults. Along with the ongoing support of our institution and the heritage of the music therapy pioneers of our program, we acknowledge the support of music itself, as our team was first formed through a music therapist's band: we believe that going through a creative process together has helped us building a musically coherent program.

Roundtable

We begin by presenting an overview of our inpatient and outpatient music therapy services, exemplified by a patient's trajectory in

our program. Then, examples of acute, recovery and prevention music therapy interventions are given:

First, as an example of acute care with hospitalized adults and adolescents, we present a receptive music therapy intervention called MAP method (Personalized Audio Montage), in which patients are invited to co-create and use self-regulating tools.

Second, we address recovery work in adult outpatient settings, by focusing on practices that bridge spontaneous forms of expression (improvisational) to a more reflexive form of expression (compositional), through the use of recording, re-listening and reflecting.

Lastly, we address long-term and prevention interventions by presenting the MusiArt Choir & Band, in which patients collaborate to create albums of original compositions and give concerts in different settings to raise awareness for mental health and the importance of the arts.

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DIVERSITY, EQUITY, AND INCLUSION IN MUSIC THERAPY: ANTI-OPPRESSIVE MUSIC THERAPY

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Sue Baines has worked actively throughout her career to increase ethicality and social justice in music therapy practice, research, and education. A review of her publications reveals that her research progresses social justice values. A cumulative result of these studies is her articulation of Anti-Oppressive Music Therapy (AOMT). AOMT philosophy, theory, and practice is a valuable paradigm to increase Diversity, Equity, and Inclusion along with Access and Representation across the field of music therapy. AOMT utilizes personal intersectional critical reflexivity to uncover and address both internal and systemic oppression. By integrating AOMT values and standards across the field of music therapy, we can become leaders in the global social justice movement.

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EXPLORATIONS IN ANTI-OPPRESSIVE MUSIC THERAPY

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Cynthia Bruce

Concordia University, Canada

Tatyana Dobrowolski

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Haley Francis-Cann

Synergy Music Therapy & Wellness Services, Canada/Bermuda

Trina Chakrabarti

Wellington Music Therapy Services (WMTS), Canada

Sarah Kroeker

University of Manitoba, Canada

Nsamu Moonga

University of Pretoria, South Africa

Sherryl Sewepagaham

University of Alberta, Canada

Participants can explore anti-oppressive music therapy practices with the presenters. Indigenous knowledge in music therapy will be reviewed by Sherryl Sewepagaham and Tatyana Dobrowolski. Haley Francis Cann and Trina Chakrabarti will discuss Diversity, Equity, Inclusion, Representation, and Access in music therapy. Ableism in music therapy will be explored by Cynthia Bruce and Sarah Kroeker. Sue Baines and Nsamu Moonga will examine anti-oppressive practice. Anti-oppressive music therapy weaves these critical music therapy domains together providing participants a reflexive paradigm to explore and review their music therapy training, practice, and research.

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Dr. Cynthia Bruce is a blind activist educator/scholar working at the intersection of Critical Disability Studies, music therapy, and education who engages with lived experiences of disability to expose systemic inequity and mobilize more imaginative approaches to research and practice.

Ms. Trina Chakrabarti, a certified music therapist and music content creator from Guelph, Ontario (on the ancestral homelands of Anishinaabek Peoples, traditional territory of the Mississaugas, Credit First Nation), uses a person-centered perspective, is the community connections coordinator, and an anti-oppressive practice consultant WMTS.

Ms. Tatyana Dobrowolski is a music therapist and educator working in Northeast BC as well as in Vancouver. Their passion for equity, diversity, empathy, and connection are at the core of their practice and guide their path in their profession and further education.

Ms. Haley Francis-Cann, a certified music therapist, author, podcaster, and speaker with a private practice serving Bermuda and

Canada offers authentic experience respectful toward all people no matter age, diagnosis, background, or additional social locators.

Mr. Nsamu Moonga is a licenced music therapist grounded in anti-oppressive and non-interference practice working with people exploring health and lifestyle choices, medical complications, human sexuality and gender, spiritual experiences, and psychosocial support with research interests in Indigenous methodologies and knowledge.

Ms. Sarah Kroeker, previously in private practice, now works as accessibility coordinator at the University of Manitoba while completing her Master's thesis, examining the potential for harm in music therapy practice, using a neurodiversity paradigm grounded in lived experiences of autistic individuals.

Ms. Sherryl Sewepagaham, a composer, teacher, and performer, is Cree-Dene from the Little Red River Cree Nation in Northern Alberta, the Indigenous Health Program music therapist for Alberta Health Services from 2017-2022, is currently researching Indigenous language revitalization.

EXPLORING PIANO IMPROVISATION WITH NANCY MCMASTER AND SUE BAINES

Sue Baines

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Nancy McMaster

Capilano University (retired), Canada

Piano improvisation can feel daunting for some. Improvisation on piano is a valuable music therapy skill. The best way to learn to improvise is to improvise. Nancy McMaster and Sue Baines are both experienced improvisers who love the piano. Nancy comes from a classical piano tradition and is trained in improvisation in the Nordoff and Robbins approach. Sue also comes from a classical music background and is self-taught in popular piano styles and improvisation. Two pianos will be set up so that the people playing the pianos can see each other. Sue and Nancy will begin improvising on one piano together. Next, one of them will move to the second piano and continue the improvisation. They will then invite participants to take turns improvising with them and others for a 90-minute shared piano improvisation. Some participants may prefer to listen than to play.

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Ms. Nancy McMaster is co-founder of the Capilano University music therapy program - the first in Canada - with its core values of music and improvisation, and personal and interpersonal awareness.

MENTORING IN MUSIC THERAPY

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Jane Edwards

University of New England, Australia

Mentoring is an invaluable resource. Mentoring has been described in many fields and/but appears to follow somewhat different paths depending on the ethos of the culture of the profession. However, across fields, mentoring involves someone with specific experience fostering the skills of someone with less experience; committing to someone else's potential and fostering that potential through rigorous honest kind critically reflexive encouraging support. In 2011, Jane Edwards began mentoring Sue Baines by supporting her academic scholarship. Jane furthered Sue's research through fostering Sue's rigorous ongoing reflexivity, a process that continues today. Jane's expertise in academic scholarship, qualitative research methods, reflexive practice, along with her deep feminist analysis was a good match for Sue's anti-oppressive practice theoretical framework and years of critically reflexive work as a music therapy scholar/practitioner. Their relationship is based on mutual respect and consideration. Joining forces, they share authorship of numerous leading edge research publications that address topics of systemic oppression. These include sexism, genderism, ageism, racism, homophobia, and transphobia in music therapy research, education, and practice. This paper will critically analyze mentoring in the context of music therapy scholarship particularly focusing on music therapy education.

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Dr. Jane Edwards is a registered music therapist in Australia with a well-established international practice, research, and teaching track record including authoring multiple research papers and edited books, alongside academic journal service as editor-in-chief (*The Arts in Psychotherapy*), and member of editorial boards.

PATHWAYS TO DECOLONIZING MUSIC THERAPY

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Sherryl Sewepagaham

University of Alberta, Canada

Eurocentric theories continue to dominate the music therapy profession. These theories were created by cisgender white men, favoured cisgender white men, and imposed a false binary that separated medical health from psychological health while denying the social and cultural repercussions resulting from this perspective. The European Science Revolution embraced empiricism and humanism and denied all knowledge from outside this narrow focus. Through colonialism, these white supremacy theories were spread globally denigrating established cultures and traditions of personal, familial, and community health. From access to delivery, healthcare continues to offer better service to cisgender white men and substandard service to everyone else. Decolonizing music therapy requires critical analysis of this Eurocentric theoretical base along with respectful integration of Indigenous knowledge. To accomplish this, music therapy educators, practitioners, and researchers can engage in critical reflexivity to illuminate where they are responding to internal oppression and/or overtly and covertly contributing to systemic oppression. They can participate in equity, diversity, and inclusion education. And they can resource themselves about oppressed groups and cultures. By actively addressing colonialism in music therapy, our field can become a leader in ending the personal and social trauma caused by systemic oppression.

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Ms. Sherryl Sewepagaham is Cree-Dene from the Little Red River Cree Nation in Northern Alberta, Treaty 8 territory, composes, teaches, and performs, was the music therapist with the Indigenous Health Program for Alberta Health Services from 2017-2022, and is currently researching Indigenous language revitalization.

PROMISING PRACTICES IN BACHELOR OF MUSIC THERAPY EDUCATION

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Bachelor of Music Therapy (BMT) programs vary broadly. Each program is unique and each program has specific strengths. Promising practices in BMT education can be identified and replicated to not only standardized guidelines but to also improve qualifications. The Bachelor of Music Therapy program at Capilano University was founded 46 years ago giving the program decades to develop and evolve. One of the founders, Nancy McMaster, (retired 2022) has provided a thread of continuity over the years of development, keeping the program true to its values of serving, evolving, and thriving. Further continuousness has been fostered by faculty member Susan Summers who is a graduate of the program. Additional continuity has been offered by Stephen Williams and Sue Baines have both worked for the program for decades. This longevity of careers has created the opportunity to evolve within the parameters of established values. Promising practices in BMT education identified by these educators include developing culturally sensitive and safe music skills, clinical skills, improvisational skills, self-awareness, and professional skills. This expert panel will discuss these essential foundations in the context of their teaching experiences.

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Ms. Nancy McMaster is co-founder of the Capilano University music therapy program - the first in Canada - with its core values of music and improvisation, and personal and interpersonal awareness.

Dr. Susan Summers is a certified music therapist, vocal psychotherapist, researcher, author, and music therapy educator at Capilano University, who has specialized in working with elders in long-term care and end of life.

Mr. Stephen Williams is a passionate music therapy educator and certified music therapist, teaching in Capilano University's Bachelor of Music Therapy program.

THE INTEGRATED MODEL OF MUSIC CARE: AN INNOVATIVE AND INCLUSIVE SYSTEMIC APPROACH

Chelsea Mackinnon

McMaster University, Canada

Bev Foster

Room 217 Foundation, Canada

Abstract

The *Integrated Model of Music Care* (IMMC) is a research-informed tool used to systematically determine musical solutions for care-related problems or personal challenges. The IMMC is based on a four-part construct and was developed in a research study in the Greater Toronto Area.

The Integrated Model of Music Care

The IMMC is built around the fact that music is one of the most diverse tools that can be applied in care contexts. Music impacts all human domains – biological, emotional, social, cognitive, and spiritual. Music can, therefore, be applied in care practices that address any of these dimensions.

A research program called Music Care Partners (MCP) using the IMMC as its conceptual framework was developed and used in a pilot study in 3 long-term care (LTC) homes in 2017 and was scaled into 24 more LTC homes between 2018-2020 pre-pandemic. MCP focused on the challenges of resident isolation and loneliness in LTC.

Methodology

MCP used a modified participatory action research design in which music care experts facilitated a community-based team approach to solve a system problem in the context of

LTC. The process was oriented around 5 key meetings: reconnaissance, training, planning, acting/evaluating and reflecting. Research questions included:

1. Does a situational implementation of a model of music care (i.e., the MCP program) change LTC residents experience especially as it pertains to isolation and loneliness?
2. What are the elements necessary for an integrated model of music care in long-term care homes especially in urban settings?
3. How do LTC homes begin to integrate music on a day to day basis into the community culture?

Data Collection & Analysis

The deJong Gierveld Loneliness Scale and the Friendship Scale were used to collect data as well as 4 scales of the RAI-MDS, the standard assessment tool used in all LTC homes in Canada. Qualitative data analysis was conducted using N-Vivo software. Quantitative data was calculated using the statistical package R and paired T-tests.

Results

Results included emergent themes, home-specific initiatives and outcomes, change data and the ripple effect phenomenon. Enablers and barriers of music care delivery were col-

lected and assembled into a predictor tool. Key learnings included the importance of music frequency and staff training, a strong site team, and a growing conviction that the IMMC could be the basis of a certification program for integrating and sustaining music care delivery.

A documentary video describing the research process and outcomes was created. Click on the picture to view.

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AN OPEN-GROUP MUSIC THERAPY PROGRAM DESIGN FOR ASYLUM-SEEKING PRENATAL WOMEN

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Abstract

Asylum-seeking prenatal women are an emerging vulnerable population worldwide, facing unique physiological and psychological challenges. Using an intervention research methodology, this study examined how an open-group music therapy program can be designed within a Community Music Therapy approach to address the multifaceted needs of this population during precarious resettlement periods.

Description

Asylum-seeking prenatal women (ASPW) are an emerging vulnerable population, facing unique challenges within the dual context of being asylum-seekers who are pregnant. Given their multifaceted needs during precarious resettlement periods, a broader context-based approach, rather than the current medical approach, could provide much more comprehensive support. Using an adapted intervention research methodology, this study examined how an open-group music therapy program can be designed to address the needs of ASPW during their resettlement period.

A directed qualitative content analysis of related literature in music therapy and other relevant fields revealed that the main challenges of ASPW during their resettlement were poor health and absence of perceived feelings of wellbeing. Poor health was described as a lack of: (a) absence of disease, (b) positive personal experience in one's life, and

(c) quality in the relationship between a person and their surroundings. The analysis also revealed multiple risk and protective factors, as well as potential malleable mediators inherent to the wellbeing of ASPW during the period of their resettlement. These findings, combined with relevant music therapy literature and the researcher's perspectives, resulted in a proposed action strategy and theory of change that informed the development of an open-group music therapy program design for ASPW, conceptualized within a Community Music Therapy approach.

The presentation will provide new understandings of the wellbeing of ASPW that could help music therapists to work with this population in constructive ways, even in circumstances that may be considered as atypical therapy contexts.

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TEXT_THROUGH_UGH_INTER-SECTIONALITY_AND_ECOLOGICAL THEORY

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AN EXPLORATORY SEQUENTIAL INQUIRY IN MUSIC THERAPY FOR PERFORMANCE ANXIETY

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Abstract

This poster overviews the sequential investigation of the use of music therapy for music performance anxiety in university music education majors. It summarizes the multiple measures of anxiety used, including the STAI inventories, pre and post-treatment surveys, and a post-study interview. Results, perspectives, and future research directions are presented.

Introduction

Performance anxiety is a significant concern for musicians at large. Participation in music therapy can lead to reduced anxiety, yet it is an unexplored treatment in the management of music performance anxiety (MPA).

Method

This explanatory sequential inquiry assessed potential benefits of individual and group music psychotherapy delivered in person or via telehealth on the experience of MPA in undergraduate music education majors.

Research Questions

1. What if any are the benefits of participating in individual or group music therapy on reducing the frequency and/or intensity of performance anxiety in university music education majors?
2. What if any are the most beneficial music therapy techniques to reduce performance anxiety?
3. What are the implications for university music and other music educators on including music therapy to reduce the incidence and/or occurrence of performance anxiety in musicians?

Participants

Participants ranged in age from 21-33 with an average age of 22.1 years. There were 14 female, 1 male and 1 non-binary participant from 2 large university faculties in Canada.

Data

Data measures included a pre-survey questionnaire about participants' experiences of anxiety and performance anxiety, musical background, and coping mechanisms; an intake form gathering demographic information.

tion, medical diagnoses or medication; Spielberger State and Trait Anxiety (STAII) inventories; pre- and post-session 5 point Likert scale for anxiety and mood; a post-study survey rating current level and frequency of performance anxiety, and a post-study interview.

Treatment

Six music psychotherapy sessions were offered to three groups (one in person, 2 online) and three individual participants (in person) over a 6-7 week period.

Results

Quantitative results point to lower STAII scores for state anxiety following music therapy. Qualitative themes point to the benefits of music psychotherapy for support, physical symptom reduction, changed perceptions and continued and future management of MPA.

Breathing exercises, guided visualizations/meditations and, musical improvisation were key techniques indicated by participants.

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HIGHLIGHTS OF THE WORLD FEDERATION OF MUSIC THERAPY COUNCIL 2020-2023

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Abstract

This poster highlights key actions and projects undertaken by the WFMT Council 2020-2023 including: Global Crises responses, Ethics document creation, Online Education Opportunities, New Models/Approaches of Music Therapy, Individual and Organizational Collaborations, Response to COVID-19, and WCMT 2023 planning. These efforts point to global innovation of the profession of music therapy.

The global pandemic certainly had a worldwide effect on music therapy training, research, and practice. The World Federation of Music Therapy responded by offering online training and gathering opportunities while

also continuing its many aims and objectives. The Global Crises Commission responded to numerous man made and natural disasters worldwide. The creation of care teams were an extra consideration to help the immediacy of response to disasters. The Research and Ethics Commission created a Code of Ethics that can be useful for professionals and students. Video interviews with researchers from around the globe were added to the Research Forum library. The Education and Certification and the Clinical Practice Commissions revised education guidelines and examined models and approaches of music therapy. The Clinical Practice Commission worked on the Tele-health Flyer of music therapy, translated in several languages to reach more cultural groups with their native tongue.

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PRACTICES AND INNOVATIONS IN TELEHEALTH MUSIC THERAPY

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Abstract

Telehealth music therapy innovations from various theoretical approaches with individuals across the lifespan are shared from clinicians and researchers representing 4 global regions of the WFMT. Reflect and identify how to continue to advance work in this format based on the experience accumulated.

Telehealth music therapy practice was not widely practiced until the onset of COVID-19 in 2020. Since that time, the field of music therapy experienced widespread adoption of this synchronous, remote approach to service delivery when in-person services were not possible. Now, many music therapists are sustaining telepractice innovations leading to improved access and services. Many service users have benefited from music therapy be-

cause of the increased access made possible through telepractice, and a 2021 Certification Board for Music Therapy position paper suggests that “telepractice is here to stay” (CBMT, 2021).

Current applications of telepractice music therapy continue to grow across a wide range of practice areas including: persons with dementia, Parkinson’s, mental health diagnoses, military, pediatrics, and children with complex needs and their caregivers and many more.

Continued work in providing telehealth needs to consider topics including: ethics, end of life care, technological advances, education and training, access, cultural humility, and applications in supporting those affected by global conflict.

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IMAGINE PRESENTS... REFLECTING TO INNOVATE IN EARLY CHILDHOOD MUSIC THERAPY

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Introduction

As the primary resource for early childhood music therapy (ECMT), imagine magazine has published interactive and multimedia content from 890 authors representing approximately 50 countries over the past 11 years. Connecting with researchers and practitioners worldwide allows imagine's editorial team to reflect on worldwide trends. In nine Questions & Answers, this paper addresses three trend topics that have emerged since the last World Congress of Music Therapy: 1. Digital ECMT Services, 2. Technology and Interactive Media Use in ECMT, and 3. Music Therapy in Infant and Early Childhood Mental Health.

Trend #1: Digital ECMT Services

What are new service delivery modalities? During the early stages of the COVID-19 pandemic, a 3-tiered digital service delivery model emerged. Music therapists expanded their practices by curating online resources, creating original online content, and implementing tele-interventions with children, family members, and caregivers. *What are key practice guidelines for tele-interventions with young children?* The most prominent key elements are trouble-shooting technology before sessions, collaborating with caregiver for child engagement/ attention/participation during sessions, modeling concepts virtually for families, engaging children through the screen,

and using visual supports online. *Are digital ECMT services here to stay?* Yes! However, equitable access to technology and music equipment for therapists and families alike is crucial for high-quality services. Additionally, more intervention research, particularly on using a coaching model with families, is needed.

Trend #2: Technology and Interactive Media in ECMT

Why use digital tools with young children? Technology and interactive media such as digital devices and apps are integral parts of children's and families' daily lives. When used intentionally and appropriately, they can offer additional opportunities for learning, communication, collaboration, and creativity. However, it requires professionals to consider the content, context, and child. *What types of digital tools should be used?* Choose digital tools that lead to shared experiences, discoveries, engagement, and interactions. Offer media experiences that invite co-viewing, language use, demonstration, and documentation. In general, digital tools should always enhance interventions, but never substitute human interactions! *What is the music therapist's responsibility?* Professionals need to continue increasing their digital fluency and be a media mentor for children and families. Music therapists have the opportunity to coach families on how to use digital tools in effective, appropriate, and intentional ways.

They can also help to promote digital wellness for young children along with a positive media environment in the telepractice setting and at home.

Trend #3: Music Therapy in Infant and Early Childhood Mental Health (IECMH)

Why are there IECMH concerns? In light of the COVID-19 pandemic and political unrest, families have experienced increased chaos, disruption, and stressful situations within their homes and communities. This raised collective concerns for children's social and emotional development and well-being, as stable child-parent/caregiver relationships and a supportive environment are the foundation for healthy child development. Therefore, preventive interventions such as music therapy are helpful to address early signs and risk factors of mental health challenges. How can child-caregiver relationships be strengthened? Support bonding by engaging them in musical experiences (e.g., vocalization or exploration of instrument sounds). Improve the quality of stimulation by offering musical variations to familiar nursery rhymes and children's songs. Provide social support within the infant and young child's extended environment. What are effective strategies to minimize young children's stress and anxiety? Deep breathing techniques support coping skills and emotion

regulation. Grounding songs using the five senses connect with the present moment. Music-assisted meditation and mindfulness practice to build inner calm.

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UNIFIED PHILOSOPHY OF MUSIC THERAPY: SOLVING THE IDENTITY CRISIS THROUGH INTERDISCIPLINARY ANALYSIS

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The purpose of this dissertation was to investigate the feasibility of a unifying philosophy for music therapy and to offer an identity for the music therapy profession that is appropriate for the various ways in which music therapy is practiced throughout the world. The central research question for this dissertation was, "Is it possible to articulate a unifying philosophy of music therapy that is inclusive of the diverse ways music therapy is currently practiced, and if so, what is an integrated philosophy of music therapy?" This question was investigated through an interdisciplinary analysis of existing models, approaches, and theories that was inclusive of the diversity in music therapy practice. There are many models, approaches, and theories in music therapy, but they were not previously analyzed through an interdisciplinary lens to determine whether a unified music therapy philosophy is possible.

The thesis was that a unified philosophy of music therapy which encompasses the diversity of approaches to the practice of music therapy is essential for the continued and positive development of the profession. The antithesis was that a unified philosophy of music therapy is impossible because of the diversity of approaches to the practice of music therapy; therefore, the profession must develop along different paths. The findings of this investigation support the thesis that although there is significant diversity in music therapy approaches, a unifying philosophy for music therapy is feasible.

A philosophy of music therapy is a coherent belief system on which music therapy is based. Given that music is a natural human activity through which people are affected and changed; given that music is helpful and can be used to systematically achieve goals; and given that music therapists receive multidisciplinary training to use music to promote health and wellbeing within a music-client-therapist relationship, the following coherent belief system for music therapy may be derived: Music therapy occurs when a trained and qualified music therapist helps humans systematically achieve their goals through musical engagement within the music-client-therapist relationship.

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PERSONALITY-CENTERED SUPERVISION FOR MUSIC THERAPY STUDENTS

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Introduction

The relationship between the supervisor and music therapy intern is a vital aspect of the supervision. However, personality differences between the supervisor and intern can lead to conflict within the relationship (Henle & Gross, 2014). Having strategies to identify intern needs based on personality preferences can help the supervisor provide a safe experience (Lesiuk, 2018; Peebles, 2018; 2020).

Personality and Music Therapy Practicum Partner Collaboration

The purpose of this study was to examine the relationship of personality to the collaborative learning process in music therapy practicums. Twenty-three students enrolled in a music therapy practicum course participated in the study. Each participant completed the Myers-Briggs Type Indicator (MBTI) and a researcher designed survey. Results indicated that the NF mental function was the most prevalent among the music therapy students. In addition, different personality preferences had different needs, challenges, and perceived success in their practicum experience. Extraverted students do best when they process the music therapy experience directly after the session, but Introverted students require time to process the music therapy experience on their own before speaking to their supervisor. Also, students with a Judging preference found that collaborating is harder for them when they have to rely on a partner,

whereas students with a Perceiving preference are more likely to feel the supervision partnership was successful.

Personality and the Quality of the Music Therapy Supervisor-Intern Relationship

The purpose of this sequential explanatory mixed method design study was to examine the supervision attributes of the relationship between music therapy supervisors and interns. Further, personality traits of supervisors and interns were identified and examined for their influence on the aforementioned attributes. Data collection tools for the quantitative portion of the study included the NEO-FFI Personality Assessment, a demographic survey, the Supervisory Relationship Measure (supervisors)/the Supervisory Relationship Questionnaire (interns). In addition, eight semi-structured interviews were conducted with supervisors and interns. A total of 69 ($N = 69$) participants completed the quantitative portion of the study and eight participants ($n = 8$) completed the qualitative interview portion of the study. The integration of the quantitative and qualitative data took place through the discussion, implication, and future research sections. Personality results of the supervisor indicate that the majority of supervisors scored low to average in Neuroticism, high in Openness to Experience, and high in Conscientiousness. A majority of the interns scored average to high in Neuroticism, high in Openness to Experience, and average to high in Conscientiousness.

The correlational analysis indicated that both supervisors and interns with higher Neuroticism perceived the internship relationship as less safe and had less overall satisfaction in supervision. Music therapy supervisors had a significant inverse relationship between Neuroticism and safe base, $r(32) = -.35$, $p < .05$, with a $R^2 = .12$, a significant positive relationship between and a significant inverse relationship between Neuroticism and overall supervision score of the SRM, $r(32) = -.35$, $p < .05$, with a $R^2 = .12$. Interns had a significant inverse relationship between Neuroticism and safe base, $r(33) = -.35$, $p < .05$, with a $R^2 = .13$ and a significant positive relationship between safe base and the total SRQ score, $r(33) = .87$, $p < .001$, with a $R^2 = .76$.

Discussion

Personality assessments can be a useful tool in supervision, allowing for supervisors and interns to learn about their individual preferences. Supervisors can use personality assessments to learn how to best work with their students during supervision.

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TRENDS OF ETHICAL DILEMMAS IN MUSIC THERAPY IN THE UNITED STATES

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Introduction

Unfortunately, ethical dilemmas occur in the music therapy profession. While the topic has received some overall attention in the research literature, a gap exists surrounding this topic. It is currently unknown what ethical dilemmas that board certified music therapists in the United States have experienced. It is also unknown if these dilemmas were resolved; and, if so, how that resolution was perceived by the music therapist. It is unknown what ethical dilemmas have arisen in music therapy education settings.

One unfortunate ethical dilemma is when music therapists experience sexual harassment/assault or discrimination in clinical, workplace, and education settings. It is currently unknown if, and to what extent, these instances have been experienced by music therapists; if they occur, who are the alleged perpetrators; if these events were reported and to whom; and what consequences, if any, should be implemented in these situations, specific to participation in organizational activities such as conferences.

The purpose of this descriptive survey is to report these trends in music therapy in the

United States. This cross-sectional survey documented patterns that emerged among US board-certified music therapists (N=247). People from all seven regions of the American Association of Music Therapy (AMTA) participated, representing a diversity of clinical experience and education level. Those that participated were asked to think about their very first ethical dilemma they encountered in music therapy, and then answer a set of survey questions related to this first dilemma. They were then asked to think of one other ethical dilemma they experienced that was different than the first one and answer subsequent questions. Last, music therapists' experiences of sexual harassment and discrimination, within their education, clinical practice, and professional participation, were reported.

Based on the results of this study, several key topics emerged: (1) the role of the music therapy education system regarding ethics education, (2) the reporting of sexual harassment and discrimination experienced by music therapists, (3) the need of greater support for music therapy students, interns, and professionals who experience ethical dilemmas, and (4) the need for greater accountability from all stakeholders, specifically the

American Music Therapy Association (AMTA) and the Certification Board for Music Therapists (CBMT). Most participants noted their first ethical dilemma occurred during their music therapy education that included practicum and internship; it occurred either during a session with a client, in the internship setting, or in a meeting with their supervisor; they were aware that this ethical dilemma was occurring at the time it happened; half of them sought resolution; yet just over one-fourth of them felt completely unsatisfied with the resolution. Sixty percent of respondents did not utilize a formal ethical decision-making protocol during their ethical dilemmas; most people consulted with their immediate supervisor or another music therapist for guidance.

Almost a quarter (24.9%) of respondents indicated they have experienced sexual harassment within a music therapy setting. Close to half of the respondents (43.4%) indicated they have experienced discrimination. Most respondents believed there should be consequences for unethical behavior. Over half of respondents (52.5) % reported that both AMTA and CBMT bear responsibility for investigating ethical dilemmas and enforcing consequences for unethical behavior. Most people (91) % agreed that reported unethical behavior should certainly or possibly re-

sult in that person not being allowed to attend or present at music therapy conferences; additionally, 83.3% of people agreed that if the behavior is severe, a consequence should be the revocation of the person's CBMT standing.

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THE IN-BETWEEN: MUSIC THERAPY IN THE LIMINAL SPACE OF PEDIATRIC PALLIATIVE CARE

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Background

The prevalence of children (ages 0-17 years) with life-limiting or life-threatening conditions has risen exponentially over the past twenty years (Fraser et al., 2021). Due to the specialized nature of their healthcare needs, children with life-limiting medical conditions require palliative care to begin at diagnosis, and run concurrently with curative measures (Vandermeer, Kain, & Hoehn, 2022). Despite the rise in incidence of children with such chronic conditions, research in the area of long-term palliative care has been limited. Children, in particular, often present with an uncertain disease trajectory following diagnosis, creating a sense of ambiguity for all involved.

Pediatric Palliative Care as a Liminal Experience

This space between diagnosis and death, also known as the “liminal space”, can be described as a person between two phases of life—literally at the threshold of transition (Turner, 1969; van Gennep, 1960). Children in this space are suspended between two worlds, and caregivers work to experience the joy of living while simultaneously awaiting the sorrow of dying. For many children, this period can extend for years. The experience of unbounded time can place strain on the child, the family, and the care team (Dahlborg Lyckhage & Lindahl, 2013; Jordan et al., 2015). Naming the liminal phase in care equips the palliative care clinician with a

framework to address the seemingly unbounded space for patients and families (Carter, 2017).

Music Therapy in the Liminal Space

While meeting in music, or collaborative musicking, music therapists have the potential to shift and redefine experiences of the child, family, and care team. Music may possess certain forms which mirror the liminal experience described by van Gennep (1960): the theme (original state of being), development or variation (liminal space), and recapitulation (where a new identity is formed). Music marks time, either abstractly or very obviously. When we consider the “unbounded” experience of the liminal space, this may be more or less important. Boyce-Tillman (2009) presented six transformational qualities created by musicking within the liminal space: relationship between space and the everyday world; the loss of boundaries; collective vulnerability; the opportunity to try out new personas; the handing over of responsibility to a higher power; and the capacity for joyful play and the possibility of empowerment. This presentation explored how each of these qualities are present in music therapy practice, and shared ideas for an emerging framework in need of further exploration.

Music Therapists in Parallel Process

As music therapists, we may be moving through all of the phases of a liminal experience simultaneously—marking the beginning

with new clients, shedding roles into the liminal space, and transcending to new roles at the completion of the therapeutic journey. Our distinct roles as music therapists uniquely position us to enter into this space with our clients, to shed our roles, to hold space, to witness, to complete rituals, and to experience joy.

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THINKING INTEGRALLY ABOUT MUSIC THERAPY FOR BLIND OR VISUALLY IMPAIRED PEOPLE

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Introduction

Blindness or visual impairment (B/VI) happens across the lifespan. It can be congenital or occurring at any point in one's life; acute (caused by trauma or acute disease) or chronic (caused by genetic factors or by a chronic disease such as diabetes). A person's vision status can be static and unchanging, or it could be the result of a disease or deterioration process that causes fluctuation. B/VI does not happen in a vacuum, yet we may have learned to think of this diagnosis in a stand-alone sort of way. An example was experienced by this author; when, working at a pediatric hospital, a doctor (who knew this author had experience working with B/VI children) referred a patient to music therapy because "they were visually impaired", yet the patient's vision loss was not the reason that they were hospitalized.

Music therapists are quite likely to provide services to a client with blindness or a visual impairment. Diagnoses and labels can encourage the formation of assumptions and can also encourage us to engage in one-way thinking about a client, based on a clinical diagnosis. In this one-way thinking, we may infer, incorrectly, about a client labeled as "blind" or "visually impaired" – that they do not know what colors or shapes are, that they read braille, or that they are a superior musician. An added complexity is the influence of culture related to B/VI.

This author presents the application of the

metatheory known as *Integral Thinking*, which was introduced to the field of music therapy in the United States by Ken Bruscia (2011; 2014), who was influenced by Ken Wilber (2000). Integral Thinking challenges us to deliberately consider our clients' *contexts* in which they live, learn, work, and participate in their families, communities, and cultures. It allows us to provide the safety of the therapeutic space for meaningful, client-led *experiences* to unfold, where clients can musically explore, express, engage, and connect with what they need in therapy. Lastly, it supports the planning for and targeting of therapeutic *outcomes* – those observable things that therapists help their clients achieve.

The strength of Integral Thinking is that we, as music therapists, can and do move easily between these ways of thinking when we are working with our clients. This is because music, the craft through which we work, is, in and of itself, integral. Music integrates notes, harmonies, rhythms, and timbres into emotional experiences which can impact our lives. In the clinical setting, music therapists can seamlessly target specific outcomes (goals and objectives) identified via client assessment; quickly pivot to allow the freedom of emotional expression when needed; and influence the larger contexts in which our clients exist through advocacy, connection, education, and communication.

This author applies Integral Thinking to clinical examples from their experiences working with B/VI children in an educational setting,

their dissertation research related to auditory-rhythmic entrainment of gait patterns of B/VI adults, and their clinical experiences in pediatrics. These examples include music therapy *outcomes* such as improving travel skills, orientation of body position, and auditory perception and processing; music therapy *experiences* such as processing grief and loss of independence due to deteriorating vision; and advocating for clients in *contexts* such as school, home, or community participation in music events.

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BUILDING AN INCLUSIVE SOCIETY THROUGH MUSIC COMMUNITIES: A CASE STUDY OF COMMUNITY MUSIC THERAPY

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Introduction

Since the birth of the social model of disability and the deinstitutionalization movement in the 1970s, more people with disabilities have lived in community-based settings (Goggin & Newell, 2005). Yet, community participation of people in various areas of our society is not guaranteed. In this paper, I'm presenting my clinical work with a group of adults who had varying levels and types of disabilities, which occurred at an adult day service facility in Australia for over 4.5 years. The paper aims to demonstrate how community music therapy promotes inclusion and equity for adults with disabilities.

An Inclusive Music Band: The Party Pack

The Park Pack was formed after about a year when a group of seven clients performed at a local sports event. Music therapy students (MTSs) in practicums and disability support workers (DSWs) supported the clients in group music therapy and public performance. The first performance was so inspiring that the clients, MTSs, DSWs, management staff, as well as parents were instantly moved by the power of the musical collaboration on the members of the Party Pack. Based on the philosophical and theoretical foundations of Humanistic Music Therapy (Abrams, 2017), Community Music Therapy (CoMT, Stige & Aaro, 2012), and Resource Oriented Therapy (Rolvjord, 2010), individual and group music

therapy were offered. Public performances were the fruits of these sessions that incorporated a variety of recreative, receptive, improvisational, and compositional methods. The Party Pack members embraced every opportunity to shine thereafter, and performing once a year grew to four times a year. The members built confidence in music making, and with the supporters, an inclusive musical community was developed.

According to Bruscia (2014, p. 249), the main goal of CoMT is "to help the client adapt and assimilate into the community while also helping the community to adapt and accommodate to the client." I was able to prepare not only the clients but also their families, DSWs, staff, and the disability organization, which enhanced their perception of the persons with disabilities and equipped them with more resources.

Once after a performance, a young person excitedly shouted out, "*this is the best night of my life!*" A director of the facility also commented, "*we've never been invited anywhere, now we're invited everywhere!*" Over the years, the members of the music band found new skills, developed new identities, and renewed their confidence as musicians and providers of music to the wider community. The transformation of the members from being passive clients to being active musicians who provide joy to the community was incredible.

Reflection

Attending public events such as “InteGration Celebration” and “People with Disability’s Days” were great occasions for the members of the band to help the public enhance an understanding of people with disabilities. The members demonstrated their active engagement in society, being seen as equal citizens in these performances.

Preparing everyone involved for these public performances fostered collaboration and partnership as an inclusive musical community as we planned and organized each aspect of the performance altogether. Everyone was able to contribute according to their individual capacities, willingness, and experience. Over time, we witnessed a ripple effect, which resulted in receiving grants from a local bank (AUD 10,000) and the state government (AUD 9,000) to support additional clinical and research work.

Embracing the social model of disability and creating an inclusive band with the members of the Party Pack have been the most heartwarming and rewarding work that I have done in my career as a music therapist as I value a social justice-oriented and anti-oppressive practice.

In the future, more research will enhance our

understanding of the impact of CoMT on the clients and the surrounding community. Interviewing the music therapists, the clients, DSWs, and parents might offer fresh insights and knowledge, which will then benefit more communities.

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MUSIC THERAPY DEGREE PROGRAMS IN SOUTHEAST ASIA: A COMPARATIVE CONTENT ANALYSIS

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Introduction

Members of the music therapy community in Southeast Asia have called for increased access to formal training (Tague & Kern, 2019). In particular, there have been calls to develop music therapy degree programs in Malaysia (Chong et al., 2014). However, Malaysia currently does not have any formal training programs in music therapy. In response to the call for training programs in Malaysia, two music therapists—one Malaysian and one American—began in 2022 to explore the development of the first music therapy degree training program in the country.

Method

We conducted a comparative content analysis of music therapy degree programs at six institutions in six different countries. Countries included Australia, India, Indonesia, Philippines, Thailand, and the United States (USA). The United States was included because both researchers completed their music therapy training in the USA. The purpose of this content analysis was to identify and describe common elements in the music therapy training programs across the six programs included in the analysis. Data assessed were drawn from website reviews of program-specific information or from program of studies materials available from the academic institutions. We created a spreadsheet to

capture program-specific information such as credit hours, course competency areas, clinical training requirements, and faculty specifications. Information was recorded for each program included in the analysis, and program representatives were contacted if clarifying information was needed. Data were then compared across the six programs to identify commonalities as well as any gaps that might exist.

Results

Master's degree programs were most common, and all programs had some aspect of in person instruction. Entrance requirements varied across the programs, with five programs explicitly stating that they included some sort of audition. The number of faculty per program also varied, as did the number of credits included in the degree programs. All master's programs took at least two years to complete.

There was a wide range in the number of clinical hours required by each program (~500 to 1200), and all programs cited exposure to at least two different populations or client age groups. Most programs appeared to accept international students and all programs provided at least some info via webpages. However, some major programs components like faculty requirements and clinical training hours required were challenging to identify in both online and offline materials.

Conclusion

Given the results of the analysis, a Malaysian music therapy degree may benefit from (a) being a graduate degree, (b) structuring the degree across a two-year timeline, (c) accepting international students, and (d) including demonstration of musical ability in the application process. Given the lack of clear info available on important program elements in some of the programs benchmarked, consideration should be given to clear communication of program elements via program webpages.

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MUSIC FACILITATION ORIENTATIONS AND STYLES ACROSS THE HEALTH-CARE CONTINUUM: EXPLANATORY MULTIPLE CASE STUDIES

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Introduction

Understanding how music group facilitators promote wellbeing impacts for participants is an area that has received sparse attention in the literature. An explanatory multiple case study design following Murphy (2016) was chosen because the aim of the research was to investigate how music leaders facilitate positive group experiences (facilitation behaviours analyzed through video observations) and why music facilitators use approaches with their groups (philosophical and theoretical orientations studied through interview analysis).

Methods

Five music facilitators working in contrasting areas of practice (e.g., group size, conditions and cultural identities of the participants, music repertoires and activities) were purposefully identified and invited to the study. Each of the five facilitators was video-recorded, engaging with the same existing groups at three-time points, and individual interviews were conducted with each facilitator. For video data, microanalysis was undertaken using the technique of “operationalization”

where the researcher reduces “the totality of a session to several items or part the whole” (Wosch & Erkkila, 2016, p. 578). Through repetitive observations, important facilitation behaviors were coded and then grouped into categories. The average percentage of certain behaviours then through three sessions was calculated for each facilitator. Narrative analysis of the interview data was conducted to create a descriptive narrative for each facilitator (Polkinghorne, 1995).

Results

Facilitators all demonstrated four common behaviours: (a) applying a consistent structure for each session; (b) creating a positive and relaxing atmosphere for the work; (c) engaging with varying musical repertoire; and (d) offering clear instructions for the participants. Facilitation styles varied, shaped by personality of the leader and their education background, and were also clearly influenced by size of group, health conditions and cultural identity of the participants. Across all participants, two types of leadership styles (e.g., director, collaborator, labourer) were identified. One was for group management influenced by the size of the group, affected

the way song/music materials are chosen, and another was for interpersonal styles that were influenced by the health conditions or cultural identities of the participants, e.g., choosing song/musical materials and giving clear instructions (director) while also supporting group therapeutic, emotional, health, or musical needs (labourer).

Discussion

These findings seem similar to previous research that reported facilitators spend most time scaffolding, modeling, and undertaking organizational activities. However, this study expands those findings since those previous studies were focused on older adults whereas facilitators in the current study demonstrated similar behaviours with children, adults living with disability, and people managing diseases. This study also included music groups that are not only choral but also play various musical instruments such as brass band or music therapy groups. Using positive interpersonal styles was more observed in the experienced facilitators, and it is recommended for future music group facilitation practices.

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STUDENT SUPERVISION: THEORY & STRATEGIES FOR SUCCESS

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Introduction

Understanding the intellectual development of music therapy practicum students helps supervisors appropriately teach, advise, and supervise. With the appropriate guidance and support from their supervisor, a music therapy student's cognitive maturity can evolve during education and clinical training. Supervisors who do not recognize student development may have difficulty facilitating student learning. Supervision strategies based on William Perry's Scheme of Intellectual and Ethical Development in the College Years provides a theoretical foundation that can be applied toward supervising music therapy students.

Perry's Scheme of Intellectual and Ethical Development

Supervisors are required to understand students' cognitive developmental levels in order to meet them where they are, provide the appropriate support, and challenge them to continue developing. William Perry's Scheme of Intellectual and Ethical Development in the College Years has four developmental stages: dualism, multiplicity, contextual relativism, and commitment within relativism. Music therapy students can be identified within each stage of this model.

Supervision Strategies

Students in the dualism stage expect a "right" and a "wrong" way of doing things. However, the supervisor's role is to challenge that thought process to prepare students for the next stage of intellectual development. Therefore, the supervisor should present concrete suggestions regarding music and clinical implementation in preparation for clinical experiences.

Students in the multiplicity stage have three perspectives: (1) what is right; (2) what is wrong; and (3) what is not yet known can be known. Supervisors can encourage students to justify their ideas as they are exploring uncertainty in knowledge. A supervisor's role is to provide methods, such as reading materials and names of researchers, for students to find answers, while the supervisor transforms from being a transmitter of knowledge to facilitator.

In the contextual relativism stage, students experience a shift in perspective as they begin to critically evaluate information based on their chosen point of view. The hierarchy between student and supervisor is diminished as both parties search for meaning within various contexts.

The final stage is commitment within relativism, which typically takes place during internship or within the first year of professional practice. During this stage, the young professional recognizes that their choices will have an impact on their lives and their communities. The young professional's views regarding their supervisor shifts from an authority figure to a mentor. The supervisor can help the young professional by providing advice and supervision.

Summary

Moving between the intellectual stages requires a combination of both challenge and support from the music therapy supervisor. Considering the cognitive needs of the student during the supervision experience will promote academic and clinical growth.

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ACTIONS AND REFLECTIONS OF THE EDUCATION AND CERTIFICATION COMMISSION OF THE WORLD FEDERATION OF MUSIC THERAPY

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Description

The Education and Certification Commission (ECC) from the World Federation of Music Therapy (WFMT) encourages cross-cultural discussions and considerations on educational and certification standards across the globe. The current ECC commission has music therapy educators from six different

regions (Australia/New Zealand, Europe, Latin America and the Caribbean, North America, Southeast Asia, and the Western Pacific). Our tasks during our term of office have included:

- Writing guidelines for music therapy education programmes
- Updating the digital registry of music

therapy training programmes across the globe

- Compiling a Global Music Therapy Training Program contact list
- Creating an online education resources library and a members-only area on the WFMT website
- Creating video interviews on music therapy education, training, and certification around the world.
- Presenting at the Latin American Congress of Music Therapy - CLAM.
- Presenting online for World Music Therapy Day 2021

In our monthly meetings, we strive to move the music therapy profession forward in the C21st century by engaging with a range of voices from different educational and cultural backgrounds. We have found these meetings an invaluable reflective space to engage with the global community and look towards being part of systemic change and innovation in our community.

This presentation offers the commission the opportunity to share its work and philosophy with each member offering their perspective from their own area's cultural position. As awareness and attitudes of honouring diversity, equity and inclusion is a topic that is gaining vital importance to the development of music therapy education and practice, this session seeks to explore the different perspectives held around this topic in different parts of the world and the role of the ECC in supporting this goal. Following these presentations, the discussion will be opened up to the audience to engage in a reflective discussion that will inform the direction of the next Commission.

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Dr. Claudia Zanini, music therapist, PhD. She is an educator and research supervisor (Brazil). She is currently the President of the Department of Gerontology at SBGG-Goiás, member of the WFMT Education and Certification Commission and of the Ethics Council of UBAM.

Dr. Jin Lee has served as research professor at Chung-Ang University, Korea. As the newly appointed academic director, he will teach and coordinate the international graduate Music Therapy program at Chulalongkorn University in Bangkok, Thailand.

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LEVERAGING CULTURAL ASSETS OF CULTURALLY AND LINGUISTICALLY DIVERSE INDIVIDUALS IN MUSIC THERAPY

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Description

The purpose of this study was to examine how music therapists can engage in cultural humility and leverage cultural assets of those who are culturally and linguistically diverse (CLD). The primary research question involved in this study was: "In what ways can music therapists leverage cultural assets of CLD individuals in practice?" Sub-questions included the following: "What awareness, knowledge, and skills do music therapists need to grow in culturally sensitive practice?" "How can music therapists whose first language is English effectively serve linguistically diverse individuals?" "What steps might music therapists take to effectively serve culturally diverse individuals?" and "How might cultural and linguistic diversity influence the therapeutic relationship?" I investigated these questions using a qualitative phenomenological study. Specifically, I conducted semi-structured interviews with a purposive sample of eight experts including music therapists, specialists in Universal Design for Learning (UDL), and specialists in equity, diversity, and inclusion (EDI). I analyzed and interpreted the findings from these interviews using a combined inductive and deductive qualitative data analysis approach. This analysis revealed themes related to acquiring and developing knowledge, knowing the impact of self on others, and knowing and honoring others to leverage cultural assets of CLD individuals. Throughout this study, I used the

frameworks of UDL and the Multicultural and Social Justice Counseling Competencies (MSJCC) to inform research and interview questions, analysis, and interpretation of results. Findings of this study provide foundation and practical guidance for music therapists regarding inclusive, equitable, and culturally sensitive clinical practices with CLD individuals.

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MUSIC THERAPISTS' EXPERIENCE ON SUPPORTING NEWBORNS' SLEEP-WAKE CYCLE IN THE NICU

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Abstract

This phenomenological study explores board-certified music therapists' lived experience in supporting newborn's sleep-wake cycle/sleep health in the neonatal intensive care unit, aiming to understand how sleep is addressed, the role and involvement of music therapy, clinical decision-making processes of assessment and the therapeutic use of music for sleep-related outcomes.

Description

Sleep and sleep cycles are critical for premature infants' physical and neurological recovery and development (Graven & Browne, 2008). To ensure physical survival, most premature infants will require hospitalization in the neonatal intensive care unit (NICU). Unfortunately, the NICU environment can be overwhelming and interfere with the development of infants' sleep-wake cycle.

Music as a potential sleep intervention has been investigated in numerous sleep studies. However, inconsistency in methods of sleep measurement/assessment, varied quality of evidence and outcome measurement, lack of music decision-making descriptions and detailed consideration of music characteristics had led to conflicting results on the effectiveness of music for sleep health in the NICU (Liao et al., 2018; van den Hoogen et al., 2017). Thus, there is no known music therapy intervention that targets premature/infants' sleep as a primary treatment outcome.

Method

This phenomenological study will utilize in-depth interviews to explore the lived experience of music therapists who work with hospitalized infants on a regular basis (Patton, 2002). Semi-structured interviews will be transcribed and analyzed inductively to illustrate the emergence and interpretation of categories and themes from music therapists who are actively working in the NICU.

Results

We will build and organize foundational knowledge of the real-life role and involvement of music therapy on sleep health for premature infants in the NICU. We will also reflect on the variables, and underlying knowledge associated with the constructs of infants' sleep-wake cycle and environmental sensory stimulation in the NICU. The findings of this phenomenological study will be expected to inform characteristics of a music protocol and to guide music decision-making.

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PERSONALITY AND THE QUALITY OF THE MUSIC THERAPY SUPERVISOR-INTERN RELATIONSHIP

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Introduction

The music therapy internship is the capstone experience of music therapy training, in which students build clinical skills necessary for entry level into the music therapy profession. This dyadic relationship has both the supervisor and intern learning from one another, each bringing their past experiences, ideas, and skills into the supervision experience (Salmon, 2013). Differences in learning and supervision styles can cause conflict in the relationship but may also lead to growth and flexibility for both the supervisor and intern (Henle & Gross, 2014). Understanding personality differences of individuals may help create a supportive supervision experience and help the supervisor and intern cope with individual differences (Lesiuk, 2018).

Methods

The purpose of this study was to examine the supervision attributes [i.e., safe base and commitment] of the relationship between music therapy supervisors and interns. Further, personality traits of supervisors and interns were identified and examined for their influence on the aforementioned attributes. A sequential explanatory mixed method design was utilized in the study to examine the relationship between personality and supervision attributes of music therapy supervisors and interns. Data collection tools for quantitative portion of the study included

the NEO-FFI Personality Assessment, a demographic survey, the Supervisory Relationship Measure (supervisors)/the Supervisory Relationship Questionnaire (interns). In addition, eight semi-structured interviews were conducted with supervisors and interns. A total of 69 ($N = 69$) participants completed the quantitative portion of the study and eight participants ($n = 8$) completed the qualitative interview portion of the study. The integration of the quantitative and qualitative data took place through the discussion, implication, and future research sections.

Results

Personality results of the supervisor indicates that the majority of supervisors scored low to average in Neuroticism, high in Openness to Experience, and high in Conscientiousness. A majority of the interns scored average to high in Neuroticism, high in Openness to Experience, and average to high in Conscientiousness.

The correlational analysis indicated four significant results for supervisors, which included a significant inverse relationship between Neuroticism and safe base $r(32) = -.35$, $p < .05$, with a $R^2 = .12$, a significant positive relationship between Conscientiousness and commitment, $r(32) = .47$, $p < .001$, with a $R^2 = .22$, a significant positive relationship between Openness to Experience and

commitment, $r(32) = .41$, $p < .05$, with a $R^2 = .17$, and a significant inverse relationship between Neuroticism and overall supervision score of the SRM, $r(32) = -.35$, $p < .05$, with a $R^2 = .12$. Two significant correlations were found for interns, a significant inverse relationship between Neuroticism and safe base, $r(33) = -.35$, $p < .05$, with a $R^2 = .13$ and a significant positive relationship between safe base and the total SRQ score, $r(33) = .87$, $p < .001$, with a $R^2 = .76$. Both supervisors and interns with higher Neuroticism perceived the internship relationship as less safe and had less overall satisfaction in supervision.

Discussion

Several clinical implications stem from the results of the study. Personality assessments can be a useful tool in internships in that supervisors and interns can learn more about their personality preferences. Supervisors can use the personality assessments of their intern to learn how to motivate their intern during the internship. Supervisors and interns with high Neuroticism should consider practicing mindfulness to mitigate symptoms of irrational perfectionistic beliefs.

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Notes

This dissertation research study was completed in partial fulfillment of the requirements for the degree of Doctor of Philosophy at the University of Miami.

SEVEN BEST SURVEY DESIGN TIPS

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Introduction

Surveys are important tools to describe trends, determine opinions, and identify individuals' beliefs and attitudes. In music therapy, they are widely used by graduate students and experienced researchers. Especially during the COVID-19 pandemic, many scholars engaged in survey research to capture the rapid changes in music therapy education and practice. However, survey researchers have experienced significant challenges, such as rising non-response rates, unfamiliarity with new data collection technology, and questions regarding the validity of response rates due to social media dissemination. This paper outlines seven tips shared by the authors during a #WCMT2023 Fireside Chat.

1. Engage your potential stakeholders in the survey development. It is essential to have industry partners buy into the project from the very beginning by introducing the purpose and benefits expected from the survey outcomes. Representatives from the target population should review the survey and test questionnaire for length, readability, and comprehension. International stakeholders can assist in translations, appropriate vocabulary choices, and assuring culturally responsive content.

2. Identify key partners necessary for distributing the survey. It is important to locate reliable collaborators who are well-connected

to the target population. Researchers should clarify specific tasks and timelines and keep everyone accountable in distributing the survey. Key partners may also give insights about any dissemination issues and public participant comments.

3. Pinpoint how to best reach respondents. It is crucial to find out if traditional (e.g., phone calls, emails) or contemporary (e.g., social media, instant messaging platforms) communication channels are more effective in reaching the target survey population. Different countries or organizations may have unique sets of communication idiosyncrasies and ethics to consider. Choosing the right time of the year, day of the week, and number of survey reminders should also be considered.

4. Capture respondents' attention to start the survey. It is vital to use contemporary media to attract potential survey respondents' attention. This may include video messages, explainer videos, or infographic content display. In addition, using alternative text and phrasing consistent with the target population can be very powerful.

5. Keep the questionnaire simple to keep respondents focused. It is imperative to think about what the end data might look like to make sure research questions are fully answered. Organizing questions by content (starting with demographic information) allows for a better flow and easier readability.

Today, mobile-friendly formats as well as limiting word count in the open-ended questions are also helpful!

6. Address the response rate. It is important to discuss the current conflict between accurate response rate and greater reach through social media channels. Accurate response rates raise the level of research quality but cannot be calculated when the number of invitations to an audience is uncertain. Reaching potential respondents via social media channels, therefore leads to less reliable response rates.

7. Consider focus groups. It is necessary to report findings in an unbiased way. Focus groups (or “member checking”) with key partners can assist researchers in confirming themes from open-ended questions and understanding inconsistencies in the data. In general, focus groups can provide a different perspective on findings.

Conclusion

Current digital landscapes demand that survey research must change with the times to

stay accurate and relevant. Survey research with a clear rationale and a strong ethical and structural design may increase the number of respondents and therefore strengthen the outcomes.

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MUSIC THERAPY WITH CHILDREN IMPACTED BY PARENTAL INCARCERATION

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Introduction

Children who are separated from their parent(s) due to parental incarceration often carry this loss with little support. Due to the associated stigma, children rarely voice their circumstances to others. This adverse childhood experience can have lasting effects in all areas of a child's development.

Music Therapy for Children of Incarcerated Parents

Music therapy for children facing this experience addresses their needs in the moment while also fostering skills and characteristics necessary to reduce generational incarceration. Common goals include increase positive communication patterns, identify emotions, emotional expression, increase coping skills, increase attention span, self-regulation, increase impulse control, and increase self-esteem. Common music interventions include singing, instrument play, movement to music, lyric analysis, and songwriting.

Presentation

The presenter will provide information on the effects of parental incarceration and ways that music therapy can assist children

experiencing it. Ideas for how to use music in person and virtually to address youth needs will be given. Deidentified teacher, parent, and counselor feedback about perceived effects of music therapy sessions will be shared.

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NON-COMPLIANCE, COMMUNICATION, OR AUTONOMY? EVIDENCE-BASED STRATEGIES FOR EMPOWERING MULTIPLE CLIENT POPULATIONS

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Introduction

Is your client “non-compliant,” communicating, or expressing autonomy? How can you tell the difference? Many behaviors traditionally considered to be non-compliance can be better understood by viewing the behavior from different lenses including sensory regulation, impulse control, manifestation of trauma, and expressions of autonomy (Alstot & Alstot, 2015; Berger & Shore, 2016; Perry, 2006). By treating “non-compliant” behavior as a problem to be solved rather than expression of underlying neurodivergence or processing differences, therapists at best risk missing out on an opportunity to understand their client while building stronger rapport. At worst, extinguishing non-compliance as a primary goal of therapy can communicate to clients that they must ignore their own needs and submit to authority at all costs, which is particularly dangerous for disabled clients who are at higher than average risk for abuse, self-harm, or suicidal thoughts and actions (Cassidy et al, 2020; Maclean et al, 2017; Weiss, 2012).

Method

We begin our workshop with a brief overview of common behaviors often labeled as “non-compliance” in multiple client populations including trauma, addiction, communication-

related, and Autism diagnoses. Participants are asked to consider the potentially harmful implications of approaching non-compliance as a behavior to be fixed rather than an expression of underlying causes, and the potentially harmful implications of striving for client compliance as a therapeutic goal at all. Presenters then lead participants through hypothetical scenarios in which clients are engaging in non-compliant behaviors and discuss practical approaches to build client autonomy, and discuss scenarios in which clients saying “no” and engaging in non-compliance can be an important and necessary part of the therapeutic process. Evidence-based strategies for addressing the underlying causes of non-compliant behavior are provided for Autism, psychiatric, and communication disorder populations. Presenters and participants then work together to rewrite measurable goals for the purpose of addressing the underlying causes of non-compliance, rather than for obtaining compliance itself.

Conclusion

As music therapists, we strive to respect and support the autonomy of our clients in order for them to live independent, fulfilling lives (American Music Therapy Association, 2019). Approaching non-compliant behaviors with an open mind and creating opportunities for

clients to express themselves and their needs is a vital practice for music therapists, particularly when working with traditionally marginalized populations.

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A FRAMEWORK FOR UNDERSTANDING AND USING MUSIC-CENTERED MUSIC THERAPY ASSESSMENTS

Elizabeth K. Schwartz

Raising Harmony: Music Therapy for Young Children, United States

Overview

Music-centered assessment focuses on the fundamental musicking of the client to determine its relationship to overall health, functioning, and identity. A new, multi-step framework for understanding and using music-centered assessments will be introduced and explored. Clinical examples of each step will be shared with resources of music-centered music therapy assessments.

Foundations

Assessment is a core component of ethical and professional music therapy practice; however, practices vary widely across clinical settings and educational programs. Assessments, assessment tools, and assessment documentation are frequently influenced by therapist training, theoretical stance, funding, and culture of practice. Many assessment tools are adapted from those used by other disciplines, with addition of the client's music responses or experience in music as secondary.

Music-centered assessment, in contrast, focuses on understanding the fundamental musicking of the client to determine its relationship to overall health, functioning, and identity. Music-centered music therapy is grounded in the belief that music and musicking is an essential part of being human and is central to the concept of 'self'. The strengths, needs, and resources of the person are discovered and evaluated within the mu-

sicking itself, leading to treatment within the music making.

Music-Centered Assessment Framework

This presentation shares a new, exploratory multi-step framework for understanding music centered assessment and its use in various music therapy practices. The framework was designed to outline connections between client responses within music making and specific aspects of health such as cognitive, developmental, communicative, physical/motor, psychological, sensory, social, or spiritual.

The eleven framework elements include:

- Musical Developmental Integrity
- Musical Authenticity
- Musical Congruence
- Musical Coherence
- Musical Organization
- Musical Enmeshment
- Musical Individuation
- Musical Flexibility
- Musical Communicativeness
- Musical Contextualization
- Musical Investment

Published music-centered assessment tools will be examined for clinical use as they relate to each of the items in the framework. Readers are invited to join in a discussion on the use of music-centered music therapy assessments and encouraged to share thoughts and resources for future study with the author.

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THE RESILIENCE FRAMEWORK FOR TRAUMA-INFORMED MUSIC THERAPY: IN PRACTICE

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Abstract

Music therapists have become increasingly aware of the impact of trauma in all settings, and the need for trauma-informed and culturally responsive considerations for safe and effective therapy. In this workshop, participants will deepen their understanding of the Resilience Framework for Trauma-Informed Music Therapy through case examples and reflective opportunities.

Discussion

When approaching clinical practice from a trauma-informed perspective, music therapists acknowledge that all clients may have experienced/are experiencing trauma. Thus, music therapists working in all clinical areas must recognize the signs and symptoms of trauma, and be prepared to provide and adapt music-based experiences to meet the resulting and emerging needs. In particular, music therapy interventions must be attuned to the level of intervention appropriate for each client's needs, while also flexible to the stages of the therapeutic process.

This workshop overviews the Resilience Framework for Trauma-Informed Music Therapy, and discusses its development, clinical

rationale, and its connections in both trauma and resilience theories. Participants will be guided through collaborative case experientials that are designed to encourage reflection and application of this reflexive framework in three stages (safety, processing, integration).

Conclusion

Through applying the Resilience Framework for Trauma-Informed Music Therapy, music therapists have the opportunity to better align assessment and treatment decisions, to consider safer therapy relationships and environments, and to reflect on the implications for safe, culturally responsive, and ethical practice.

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MUSIC THERAPY CLINICAL PRACTICE IN MEXICO: A SURVEY OF AN EMERGING DISCIPLINE

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Introduction

Public awareness of music therapy in Mexico has increased substantially in the last few years. To create a first portrait of clinical practice in this country, we conducted an anonymous online survey with self-identified music therapists and students.

Limited and isolated efforts to establish the discipline in Mexico have been apparent in the last 50 years (AMME, n.d.). A recently formed national association (*Asociación de Musicoterapeutas en México*, AMME) is supporting this development. However, to this date, there is no official educational degree or certificate program, no legal regulation of the profession, and public awareness of the profession is limited. To contribute to the professionalization of music therapy with research-based information, this survey aimed (1) to determine the educational and professional profile of self-identified music therapists in Mexico and (2) to understand clinical practice in this country.

Method

We implemented an anonymous online survey. The instrument was based on previous national and worldwide surveys (e.g., Kern & Tague, 2017; Sabbattella, 2003), and reviews of survey-research methods and online-survey administration (Babbie, 2000;

Creswell & Creswell, 2018; Sue & Ritter, 2012). We asked about participants' educational backgrounds, job circumstances, affiliation to national and international associations, educational needs, and attitudes towards music therapy and professionalization in Mexico. Recruitment occurred through public social media posts and email invitation to AMME members from April 8 to May 31, 2022. Data analysis included descriptive statistics and a content analysis of open-ended questions.

Results

Sample size was small ($N = 33$) but seemed representative of the number of music therapists in the country. Participants' educational level varied widely, from no university degree in any discipline to a graduate degree in music therapy from a foreign institution. Music skills also varied, from no music training to professional musicians. Populations served are similar to other countries, but young adults with mental health needs, served in private practice, represented the majority of the clientele. The most common music therapy approach is a humanistic model developed in Mexico, which does not require music training nor university-level training. Practitioners showed awareness and commitment to professionalization, and optimism and enthusiasm for the growth of the profession in this country.

Discussion

This survey of music therapists and clinical practice in Mexico shows an emerging discipline with a limited number of professionals, no regulation, and no official training programs. However, a burgeoning clinical practice is apparent, and the need and desire for university programs is supported by current professionals. A recent national association in Mexico is making strides in the development of the discipline. Foreign educators and institutions with greater music therapy development who want to support these efforts are encouraged to consider the ethical, political, social, and educational circumstances of the country, to avoid colonizing practices. Mexican music therapists should consider active participation in the national association to contribute with their voices. Lastly, modeling strategies after successful Latin American programs (e.g., Panama, WFMT, n.d.) may support future efforts.

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Notes

Full results of this study are included in a manuscript under review in one of the international music therapy journals.

PAST, PRESENT, AND FUTURE OF THE WORLD FEDERATION OF MUSIC THERAPY

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Introduction

The World Federation of Music Therapy (WFMT) is the global organization for music therapy professionals, students, and associations. Founded in 1985, the WFMT has grown and changed over the years to best serve the music therapy profession.

Presentation

The current officers of the WFMT will share information about the organization's past, present, and future. Specifically, topics such as organization structure, membership categories, and mission will inform participants on how and why the WFMT was designed and its purpose. Current commissions and work completed during this term, as well as proposed changes and ambitions for next term will be shared. Officers will also highlight the ways in which music therapy professionals, music therapy students, and those interested in music therapy can get involved in the organization.

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LOCKED DOWN-REACHING OUT: GROUP MUSIC THERAPY WITH ADOLESCENTS ON A REMOTE PLATFORM

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Introduction

Locked Down-Reaching Out describes the process of a music therapy group with three neurodivergent adolescents that was forced to move to a remote platform due to the global pandemic. The group met in person weekly until Mid-March of 2020 when New York City was forced to suddenly shut down.

COVID-19 had a significant impact on life in the city, especially in its early stages. Little was known about the virus then, and there was a general sense of vulnerability and fear. Ambulance sirens could be heard every few minutes and hospitals were overwhelmed. Before there was a vaccine, people were wary to engage with others. As time went on, plans of a temporary seclusion morphed into long-term isolation with no end in sight.

The pandemic had devastating effects in innumerable ways, some of them more specific for adolescents, such as the lack of social interaction opportunities so vital in human development at this age. It impacted neurodivergent people especially hard, many of whom face increased challenges in this realm.

Any opportunity for a meaningful connection acquired extra weight, so we made great efforts to keep on working and sustain our encounters in music.

Working on a remote platform: Challenges and Opportunities

Not only were group members faced with the external stresses of the pandemic, they now had to come to grips with the technology challenges of participating in our sessions online. Inevitable problems of sound distortion and delay arose regularly. Not every group member could play at the same time and be heard due to the limitations of the platform. They did not have their usual array of instruments to play. We had to discover how to make music together and have a meaningful shared experience.

Rather than relying on a fixed pulse, metric time became more flexible. We created musical experiences that contained opportunities for call and response. Songs were sung together but often included turn taking. At times the experience was chaotic, yet we could still have a sense that we were together and feel each other's support.

Before the pandemic began, the members of the group had experienced conflictive interactions. There was unease at times, and distance among them.

Gradually, we developed ways to create musical experiences which afforded the members the opportunity to openly share their feelings. The group members developed more

awareness of, interest in, and empathy towards each other.

Creative song improvisations emerged that allowed for the members to express thoughts and validate feelings that they might not have been aware of. They took risks in revealing their fears through spontaneous lyrics. One example early in the process was in response to a member who expressed his shock about something said in the session. The phrase 'I am shocked!' was accompanied by a conclusive minor cadence heavily accentuated, followed by a pulsating bass that opened space for each member to express what they were shocked about. The musical invitation framed the members' response in a way that made it easier for them to open up. These open phrases became a fruitful format that invited musical creativity and personal sharing.

Another member wrote phrases about the virus and how it impacted his life. We decided to put them together in a rap, and it became a collective cathartic experience, enriched by everyone's contributions.

Collective dancing became a source of joy and vital force to counteract the sense of oppression. Members also expressed their creative individuality by sharing personal objects, chan-

ging their screen backgrounds, and bringing songs to work on together. The appreciation and care they felt for each other was palpable. The group came to an end as one member moved away to start college. At the same time, the rules of the lockdown eased and in person social contact became possible again.

Conclusion

Crises can trigger both danger and opportunity. What we thought was going to be an uphill battle ended up being a vital resource for the group members and for us; a beacon of light during a dark period. Music making with others can be a transcending experience that defines our humanity. Being part of the group was fundamental to maintain our sanity, grow, and emerge on the other side of such a challenging time.

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EXPLORING THE BOUNDARIES OF MUSIC THERAPY AND MUSIC EDUCATION IN ACTION

Erinn Epp

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Abstract

In this roundtable, music therapists and music educators will explore the boundaries and limitations of professional practice in an international context.

As a collective group of researchers and practitioners, we have posed the following questions to one another: Which disciplines do we draw from when we inhabit multiple musical identities? What happens when therapeutic ‘expertise’ contradicts the ways people are already using music in health-promoting ways? How does the organizational nature of music education limit access to meaningful musical experiences? What is our responsibility in collaborative and interdisciplinary work? How can music professionals collaboratively care for people with music?

Our affiliation with the Nordoff Robbins PhD program has provided us with a platform to discuss these questions, in relation to our own experiences in music, health and edu-

tion. As a result, we have developed our knowledge on both practical and theoretical levels, by collectively exploring methods that allow us to observe the appropriation of music’s affordances, in action.

The aim of our presentation is to re-create this collective space, by addressing the questions posed above through open dialogue. We will use empirical data to illustrate the challenges faced in professional situations and how ethnography has been helpful in eliciting alternative approaches in our professional practice. We invite the audience to extend this interdisciplinary platform by engaging in such reflection, questioning, and productive debate along with us.

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Kjetil Hjørnevik, PhD, lives in Norway. He has primarily practiced as a music therapist in mental health and prison settings, recently completed a PhD at Nordoff Robbins/Goldsmiths, and currently lectures music therapy at the Grieg Academy, University of Bergen.

Maren Metell, PhD, lives in Norway. In her PhD, she explored together with families the accessibility and meaning of doing music together.

TRAUMA-INFORMED MUSIC THERAPY: PERSPECTIVES FROM AROUND THE WORLD

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Jacqueline C. Birnbaum

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A Global Perspective of Trauma-Informed Music Therapy

Our global community is connected by traumatic experiences, whether acts of war, natural disasters, sexual trauma and intimate partner abuse, or repercussions from treatments for physical and mental health issues. In this session, experts in the field of trauma-informed music therapy practice will engage with other presenters, exchanging thoughts, experiences, and inspirations through a trauma-informed lens. The purpose of this Pecha Kucha session is to give attendees a connected understanding of how music therapists work with clients who have experienced trauma.

Presenters

Moshe Bensimon, PhD, is a music therapist and an associate professor in the Department of Criminology at Bar-Ilan University, Israel, and his fields of research include music therapy with victims experiencing post-traumatic stress symptoms; music and music therapy in prison; and aggression, crime, and music.

Mireya González, BFA-MTA-BPS, is the coordinator for the Music Therapy Department at

COANIQUEM, Chile, and her work focuses on rehabilitation and trauma.

Jennifer Sokira, MMT, LCAT, MT-BC, is founding director of Connecticut Music Therapy Services, where she works with people who are healing from trauma and complex PTSD.

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CULTURALLY RESPONSIVE MUSIC AND IMAGERY WITH ‘MIA,’ A KOREAN-JAPANESE NURSING STUDENT

Sangeeta Swamy

California Institute of Integral Studies, USA

Introduction

The following case study shows how existing theories on immigration and acculturation informed re-educative and culturally responsive Music and Imagery with Mia, a Korean nursing student from Japan. Modern and postmodern theories of identity were used to assess her needs, honouring her strategies for inner survival, agency, and resilience, and assist her in navigating uncertain spaces of identity. I also used an ecological, contextual, and trauma-informed lens to understand how socio-political-historical events impacted her past and contributed to multiple layers of oppression. This focus on identity and context later became part of the Culturally Centred Music and Imagery (CCMI) approach that I later developed (2011; 2018).

Acculturative stress

As a Korean minority in Japan, Mia’s family and community faced intense pressure to assimilate to Japanese culture (Berry, 2017). This included adopting Japanese names, relinquishing their Korean citizenship, and becoming naturalized Japanese citizens to avoid forced fingerprinting and threats of discrimination and deportation. “These themes around exclusion, identity, oppression, and acculturative stress became a central part of Mia’s music therapy work” (Swamy, in press).

Culturally Responsive Music and Imagery

Six sessions of culturally responsive and trauma-informed Music and Imagery helped

Mia to address her resulting feelings of depression, oppression, and isolation, explore the complexities of her past experiences in Japan, and better understand her own multiple layers of internalised oppression and intergenerational trauma. Sessions also gave her the space and time she needed to begin exploring the more challenging aspects of her Japanese and Korean identities further and acculturate at her own pace. Through listening to European classical harmonies and Japanese pop music, Mia was able to further explore these experiences of exclusion as well as tap into new opportunities, hope, and possibilities, relief and freedom from Japanese imperialism and oppression, as well as possibilities for living her authentic Korean self.

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About the Author

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DIGITAL MUSIC THERAPY 2.0: REFLECTING, CONNECTING AND INNOVATING WITH THE GLOBAL COMMUNITY

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Introduction

Healthcare disruption caused by the COVID-19 pandemic stimulated rapid growth of telepractice services in music therapy addressing a broad range of clients' needs. While barriers and challenges have been reported in initial survey research, nearly all described unexpected benefits and new opportunities for clients and professionals alike. This paper provides a brief synopsis of the survey outcomes, a description of the most prominent service delivery models, and discussion points for the global music therapy community addressed during the #WCMT2023 World Café initiated by the authors.

Survey Research

Survey studies have provided perspective on issues associated with the rapid transition to telepractice service delivery: The majority of responding music therapists transitioned to telepractice service delivery (Gaddy et al., 2020; Fay et al., 2020); benefits included increased involvement of family members and access to services (Fay et al., 2020; Cole et al., 2021) and effectiveness (Baker & Tamplin, 2021); limitations reported included technical (Agres et al., 2021; Cole et al., 2021), relational and facilitation (Baker & Tamplin,

2021). Emerging evidence suggests possibilities available within the telepractice environment that may improve therapeutic outcomes for various populations (Cephas et al., 2022; Wilhelm & Wilhelm, 2022) and educational efforts that may beneficially shape student perception and approach to telepractice service delivery (Gooding & Rushing, 2022; Kern & Tague, 2022).

Service Delivery Models

During the onset of the COVID-19 pandemic, Knott & Block, proposed a 3-tiered service delivery model (i.e., curating resources, creating original content, and tele-interventions) to meet clients' immediate needs and to create sustainable services over time. This model has been applied widely in the U.S.A. and modified to specific populations such as early childhood (Kern, & Furman, 2021). It is also a focus point of clinical research. Comparable adaptations have been reported by music therapists worldwide in special issues of the Australian Journal of Music Therapy (Volume 32, Issue 1, 2021), imagine (Volume 12, Issue 1, 2021), and the Nordic Journal of Music Therapy Issue 31(3), 2022.

While consensus from researchers, practitioners, and clients is that telepractice is here

to stay, research-based guidelines, sustainable policies, and reimbursement options are still emerging. It will be up to music therapy organizations and experts to develop digital music therapy 2.0 worldwide.

Discussion Points

As a further step, the authors will engage attendees of the #WCMT2023 World Café in an interactive dialogue to reflect and share their perspective. The following four questions will be discussed:

1. REFLECT: Which music therapy telepractice services do you continue to provide?
2. CONNECT: How do you use music in a virtual therapeutic relationship?
3. INNOVATE: What ideas do you have to improve music therapy telepractice services?
4. ADVOCATE: Why is digital music therapy 2.0 worth developing globally?
5. Major points will be recorded and shared in future publications and presentations.

References

For a complete list of resources, scan the QR code.

SCAN ME



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EXPLORING PERSONAL IDENTITY THROUGH GROUP ANALYSIS OF NARRATIVE SONGS

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Abstract

This presentation will explore patient identity through group analysis of narrative songs. Lyric analysis is a common music therapy technique used in inpatient settings (Schuldt & Silverman, 2020; Silverman, 2021). Intervention will be used as a patient's personal measurement of current identity and motivation towards future goals.

Introduction

Narrative songs tell a story based on real or fictional events. As humans, we learn from stories told to us through word of mouth, publication or song. Each human has their own story and identity—one which may have become more difficult to share after experiencing adverse events. Character archetypes have been mentioned throughout history as well as in relation to psychology.

Method

Lyric analysis can be a helpful discussion tool in the inpatient behavioral health or substance use treatment setting (Schuldt & Silverman, 2020; Silverman, 2021). It gives participants a literal, as well as metaphorical way to discuss emotions, experiences and treatment goals.

This particular technique utilizes songs that include multiple characters. Discussion of lyric analysis is patient-lead through identification of key themes and group character descriptions.

Participants

Patients in groups have a variety of mental health diagnoses and may or may not be oriented to reality. Characters in song represent elements of patient identity as well as motivators they can use to move towards desired future goals.

Conclusion

Although this presentation highlights the use of group analysis of narrative songs in the acute inpatient mental healthcare setting, it can be a helpful tool for use in other group music therapy settings.

Multimedia & Releases

No audio/visual or images of music therapists or patients will be included in this presentation to protect privacy.

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BETTER TOGETHER: BUILDING AN INTERNATIONAL MUSIC THERAPY SUPPORT NETWORK

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Abstract

This support network includes music therapy leaders from the Central/Southeast Asian Region (C/SEA) and international partners that collaborate on key global, regional, national, and local issues. Building on collective knowledge, shared values, and mutual support, this collaboration resulted in thriving regional initiatives. This paper reflects the initial idea, collaborative impact, and collective actions presented at a #WCMT2023 roundtable.

Initial Idea

Dedicated to supporting countries in establishing recognized standards and unlocking greater access to music therapy education and services, two industry experts (first and second authors) invited academic and clinical pioneers from the C/SEA to join a music therapy support network via a free bi-monthly online seminar. The intent was to build a strong professional support community to drive organic growth, build new capabilities, and sustain performance that improves the

health and well-being of people in C/SEA. Today, the network includes participants from Thailand, Malaysia, The Philippines, India, Nepal, and Indonesia.

Collaborative Impact

Initial dialogues, held in November 2020, were the starting point of building a journey together and focused on pandemic perseverance. Later the group identified the top four challenges that occurred across all countries as they looked for more meaning and impact of their work in C/SEA:

- Awareness and positioning,
- Small music therapy workforce,
- Limited financial resources, and
- Shortage of student education.

The group utilized the knowledge acquired during discussion of issues from multi-country perspectives, as well as drawing from expertise worldwide, to reach out to their institutional partners (UPM Symposium, 2022) for a cross-sector deep dive to identify workable solutions and implementation support. This collaboration resulted in the exchange of best practices for advocacy and ed-

ucation between countries and the establishment of regional initiatives.

Collective Actions

As of today, the C/SEA Support Network has successfully completed several initiatives and continues to implement additional programs. The following table displays a snapshot of advocacy and education efforts.

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About the Author

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MUSIC THERAPY TELEPRACTICE: SHOULD I STAY OR SHOULD I GO?

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Abstract

Telepractice increased among music therapy practitioners and educators during the global pandemic to continue services for clients and offer student clinical training opportunities. While barriers and challenges were described in survey research, benefits were also discussed, and most reports suggest telepractice is here to stay. Based on a #WCMT2023 pre-congress workshop, this paper briefly discusses telepractice pros and cons, essential technology/interactive media, basic guidelines for telepractice services, and student telesupervision.

Pros/Cons of Telepractice Services

Over the past two years, survey outcomes described three major advantages to telepractice services:

- accessibility to safe services for clients who are immune-compromised and those living in areas with limited services,
- opportunity to observe clients in their home environment, greater flexibility in scheduling assessment and co-treatment sessions, and increased caseload efficiency due to reduced travel time, and
- involvement of clients' family members/caregivers leading to expanded music therapy service delivery models (e.g., coaching).

The top three barriers reported were:

- lack of access to technology, instruments, and internet connectivity,
- latency issues during joint music making, and
- drop in meaningful client engagement over time due to screen fatigue.

Essential Technology/Interactive Media

As outlined in various publications, music therapists and clients alike need access to a computer or mobile device with a webcam and microphone, a HIPAA (or like) compliant video conferencing platform with high audio quality, and adequate internet connectivity and network capacity. When used, interactive media such as music software, apps, and digital instruments, should lead to client engagement and interaction. Technology and interactive media should be tested for function, content, and client accessibility before a music therapy session.

Basic Guidelines for Teleinterventions

1. Start with technology: Set up your digital music therapy room and have your interactive media at your fingertips.
2. Connect and build rapport: Gather information, clarify roles, and have a telepractice consent form signed.

3. Prepare a plan: Design engaging and interactive online music experiences congruent with in-person music therapy goals and techniques.
4. Interact in session: Model concepts, engage through technology, use analog/digital visual supports, and pause for check-ins and encouragement.
5. Communicate through follow-up: Share electronic notes, continuance, and check in as needed.

Student Telesupervision

As telepractice is here to stay, clinical supervisors need to prepare music therapy students for telework by offering tele-experiences with various populations. While there are no standardized protocols available, supervisors from various supervision models commonly suggest embedding topical learning and practice components (i.e., observing, co-treating, and treating) with interactive live supervision followed by supervisee reflection and supervisor feedback. Overall, tele-supervision prepares students for the digital workforce, increases access to clients worldwide, and might be more cost- and time effective.

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Additional references as cited in the two listed publications!

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MUSIC THERAPY WORLDWIDE: COMBINING CLINICAL TRAINING WITH GLOBAL DEVELOPMENT THROUGH COMMUNITY-BASED PROJECTS

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Introduction

Though music therapy as a clinical discipline is currently practiced in each of the eight regions outlined by the World Federation of Music Therapy, there are still many locations worldwide where access to music therapy services is limited or nonexistent. At the same time, there are often substantial gaps in clinical music therapy education and training when it comes to building skills for working with culturally diverse populations. One way to address both challenges simultaneously is through community-based international music therapy volunteer projects. For over a decade, Music Therapy Without Borders (MTWOB) has been working to bridge these gaps by running international volunteer projects with a threefold mission to provide multicultural clinical training to students and professionals, to support communities and individuals that do not have access to music therapy services, and to expand the reach of the field in a culturally responsive, community-led, sustainable way.

Global Development

When working to develop new clinical music therapy programs and expand the field globally, particularly when entering another culture as a visiting practitioner, it is imperative to be aware of the harmful, long-term effects of colonialism (past and present) on many communities around the world. It is essential

to take steps to engage in this work with humility, reflexivity, and a culturally responsive, anti-colonial approach so as not to perpetuate the history of occupation and exploitation and do further harm. This involves, in part, approaching the work as a collaboration—not as a benevolent, omniscient outsider with “the answers”—and building true partnerships with local organizations, community leaders, health care providers, musicians, and other relevant stakeholders. From that foundation, it is possible to work together to develop sustainable music therapy programming that is culturally appropriate and responsive to local needs, not based on the desires and projections of the volunteer group. Even with these considerations in place, some question whether it is truly possible for international community-based learning projects to be anti-colonial. This topic will be further explored in the presentation.

Multicultural Clinical Training

The American Music Therapy Association states in its Professional Competencies that music therapists should “demonstrate skill in working with culturally diverse populations” (C.17.11). This is particularly crucial in a field like music therapy, where cultural differences can greatly impact the therapeutic relationship and therefore the effectiveness of treatment. In order for students to build these skills, it is critical for them to have multiculti-

tural clinical training experiences that help them broaden their perspectives and develop their cultural responsiveness. Unfortunately, in many cases it can be challenging to gain this multicultural experience due to the location of the training program or availability of diverse practicum and internship placements.

Community-Based Learning Projects

Community-based international clinical training experiences provide students and professionals with the opportunity to work in real-world settings, applying their knowledge and skills in a meaningful way by supporting individuals and communities while learning from local health care providers, community leaders, musicians, and others. By collaborating with community partners and providing access to services that are not typically available, volunteers can gain valuable experience while supporting local efforts to grow the field of music therapy, thus making a lasting impact on individuals and communities worldwide. Additionally, volunteers have opportunities to learn first-hand about different musical traditions and how they can be integrated into the music therapy practice. International community-based music therapy

volunteer projects offer a unique opportunity to gain clinical training experience in multi-cultural settings while also contributing to the growth of the field of music therapy. Examples of successful global projects will be given in the presentation.

References & Recommended Resources

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SOCOM: A SOCIAL COMMUNICATION MUSIC THERAPY PROTOCOL FOR ADULTS WITH DEVELOPMENTAL DISABILITIES

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Abstract

SOCOM is a music therapy protocol for adults and adolescents with developmental disabilities focused on developing social communication skills given an in-person and online format. This presentation will offer therapeutic approaches, techniques, testimonials, and resources to empower this population as they embrace their neurodiversity and enter adulthood.

Description

As neurodiverse populations grow older, there are fewer available resources to support individuals with developmental disabilities transition to adulthood. The COVID-19 pandemic presents additional layers that make it challenging for this population to develop social skills. The Oral Roberts University Music Therapy Clinic in Tulsa, Oklahoma presents a social communication music therapy protocol for adults and adolescents with developmental disabilities, called SOCOM. This protocol offers interactive music-making experiences simulating an adaptive university experience. It focuses on empowering neurodiverse individuals with tools to contribute to society by developing their social communication skills. This presentation provides therapeutic approaches and mechanisms to maximize the use of music to develop receptive and expressive language,

interpersonal skills, self-expression, and relationship building. It will offer music therapy techniques, interventions, resources, and session plans given an in-person, online, and hybrid protocol format with various levels of functioning. Lastly, this presentation will present testimonials of caregivers and educators expressing how music therapy supports neurodiverse families as their adolescent children embrace adulthood. Thus, this presentation offers the global music therapy community tools to empower neurodiverse populations and become contributing members of a society navigating the COVID-19 pandemic.

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UNDERSTANDING THE POTENTIAL FOR HARM IN MUSIC THERAPY PRACTICE

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Introduction and Rationale

Although music therapists' focus is on the clinical benefits of music-based interventions, a greater understanding of the potential for music stimuli to negatively impact clients is needed to further the development of the music therapy field. Additionally, music therapists have an ethical obligation to understand when music's application is contraindicated for various clinical populations and scenarios. However, few resources currently exist by which to understand music's potential to harm clients.

For the purposes of this presentation, *harm* is defined as a negative experience that the client experiences as a result of participating in a music therapy session, that also does not serve the client's purpose for participating in the session. The client may experience harm as either physical symptoms (e.g., physiological dysregulation, maladaptive neuroplasticity, etc.) or via psychological symptoms (e.g., emotional dysregulation, triggered trauma, unhealthy therapeutic alliance, etc.).

The Music Therapy and Harm Model, (MTHM)

The Music Therapy and Harm Model (MTHM) (Figure 1) is presented as a framework by which clinical music therapists may identify potential sources of harm that may arise during music therapy sessions. The MTHM is arranged as a triangle whose corners repre-

sent the client, the music therapist, and the music that occurs in the session, and whose sides represent the relationships between these components. The triangle is surrounded by three concentric circles that represent micro-, meso-, and macro-level contextual factors, collectively referred to as *ecological factors*. A diagram of the MTHM can be seen in the figure below.

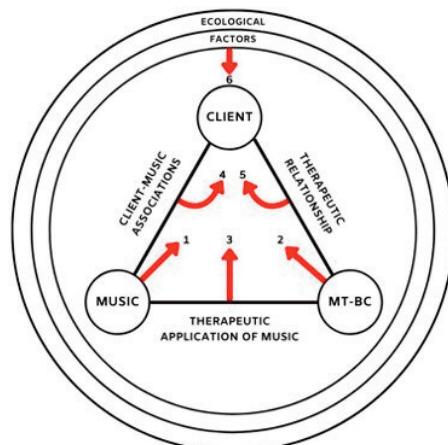


Figure 1. The Music Therapy and Harm Model (MTHM).

The MTHM theorizes six potential sources of harm can arise from these session components: 1) the music, 2) the music therapist, 3) the therapeutic application of music, 4) the client's associations to the music, 5) the therapeutic relationship, and 6) the ecological factors. From any of these sources, harm may also be experienced on continuums of intensity (from mild to intense) and time (from immediate to delayed).

Applications of the MTHM to Clinical Practice

It is likely that most, if not all, music therapists have caused or allowed harm to occur during their career. In order to minimize harm, clinicians may use the following steps to identify, analyze, and respond to harm during a session. First, music therapists should be vigilant in their observations of client responses and recognize client distress. Then, the music therapist can identify which MTHM source may be causing the distress. Finally, the music therapist can modify other MTHM components in the moment to minimize or eliminate the source of harm. For example, a client whose trauma is triggered by a piece of music presented in session (MTHM component #4) can be re-directed by removing the music and processing their response within a safe therapeutic relationship (MTHM components #3 and #5). Hence, the MTHM components can also serve as protective factors against harm.

Music therapists applying the Music Therapy and Harm Model should consider several contextual factors, including the music therapist's

scope of practice, the goals for the session, and the cultural backgrounds of the client and the music therapist. Additionally, the MTHM may support music therapists in advocacy and research efforts.

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WHAT HAPPENS WHEN MUSIC IS SHARED?: UNDERSTANDING AUDIENCES IN COMMUNITY MUSIC THERAPY PERFORMANCE

Erinn Epp

Nordoff Robbins UK/Goldsmiths College, USA

Abstract

Within a Community Music Therapy framework, performance is often seen as a practice where new identities and relationships can be imagined, created, and experienced – transforming a social fabric – and can be especially important for people who face social exclusion due to illness, disability, or other life circumstances. The therapeutic value of such performances is often located in the encounter between the client-performers and the audience. While the therapeutic significance of performance for performers has been documented in music therapy research, very little attention has been given to the engagement and impact of the other participants in this interaction: the audience. If it is true that performance opens social possibilities for performers via their engagement with a public audience, the mechanisms of this process – specifically the details of audience engagement – are not clearly understood in the current professional literature and discourse.

Taking ecological and sociological approaches to the study of music and music therapy, in this paper-presentation I discuss: 1) a review of attitudes toward the performer-audience relationship among music therapists (as found in the professional literature), 2) a summary of the issues and questions these attitudes and assumptions reveal, 3) the findings of an ethnographically-informed research project, in which I interviewed an interna-

tional sample of audience members at therapeutically-oriented choir performances, and 4) the implications of these findings for an understanding of how musical performance might be a resource for social life in music therapy practice and beyond.

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INNER CULTURE AND REMINISCENCE: A MUSIC THERAPY APPROACH WITH OLDER ADULTS

Arlene Manso Witt
Private Practice, USA

This presentation is culled from the presenter's master's thesis. Old age is a period of the illumination of the self, according to Carl Jung. His question "could the passing on of culture be the meaning and purpose of the second half of life" was left unanswered by him.

The presenter will explore this question by illustrating a connection between her concept of inner culture and reminiscence as a music therapy (MT) approach in the context of a long-term care setting for older adults.

Culture and the presenter's concept of inner culture are defined. Music is considered by ethnomusicologists as one of the most stable elements of culture.

Three case studies are summarized which illustrate reminiscence and inner culture as a music therapy approach.

Two theories of aging, activity theory and disengagement theory, that guide a music therapist in a clinical setting, are described. "Culture bridgers" and "transmitters of cultures" are identified among the residents in the case studies. How can music therapists (MTs) working in a clinical setting be more effective and engaged when working with older adults who are immigrants? How can music therapists support and facilitate the role of older adults in "passing on their culture as the meaning and purpose of life" in a long-term care setting?

As MTs in a global community we will explore the WCMT theme "to reflect, connect, innovate". This paper reflects on "the passing on of culture... as the purpose and meaning of old age".

The attendees will learn the role of older adults as "culture bridgers". The connection between inner culture and reminiscence as an MT approach in a long-term care setting is illustrated.

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Arlene Manso Witt, MA, MT-BC, LCAT, obtained an MA in Music Therapy from New York University and has twenty years of clinical experience in long term care and acute care settings with older adults in New York City and Philadelphia.

BEYOND TWINKLE, TWINKLE: ALIGNING EARLY CHILDHOOD INTERVENTIONS TO DEVELOPMENTAL MILESTONES

Kellee Coviak Hansen

CODA Music Therapy Services, LLC, United States

Abstract

Facilitators of early childhood music classes are a valuable resource in supporting new parents, communicating developmental expectations, and providing referrals. This presentation will provide an overview of developmental milestones, examples of music interventions targeting skills across the developmental domains, and appropriate next steps if a concern arises.

Description

The American Academy of Pediatrics contends that early identification of developmental and behavioral issues “ensures early treatment, access to early intervention programs, better school placement, and ultimately better developmental outcomes” (American Academy of Pediatrics, n.d.). However, many new parents are unaware of developmental expectations and important developmental matters may go unnoticed. Many parents enroll their children in early childhood music & movement classes as one of their first organized, extracurricular activities. Facilitators of these classes should be a valuable resource for new parents who are not familiar with developmental expectations. Music interventions can be used to assess and target many developmental milestones. Further, music therapists who monitor developmental milestones can serve as a resource in providing referrals for additional assessment if concerns arise.

This presentation will provide an overview of Developmental Milestones (as identified by the United States’ Center for Disease Control) and examples of interventions that can be used to target skills across the developmental domains. Video examples and participant experiential will be used to facilitate comprehension. In addition, this session will address appropriate next steps to be taken if a developmental concern arises.

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STRATEGIES FOR IMPLEMENTING SCHOOL-WIDE PROGRAMMING WITHIN MUSIC THERAPY

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Description

Many evidence-based programs are being implemented within school-wide programming. This presentation will introduce three such programs, as well as strategies for collaborating with other service providers and incorporating these programs within school-based music therapy. These programs include: Positive Behavioral Interventions and Supports (PBIS), Mobility Opportunities Via Education/Experience (M.O.V.E.), and Project Core.

Positive Behavioral Interventions and Supports (PBIS) is a multi-tiered, proactive behavior support system that reinforces desired behaviors. Often implemented at a school-wide or district-wide level, the program focuses on 3-5 preferred behavioral expectations of all students. Mobility Opportunities Via Education/Experience (M.O.V.E.) is an activity-based program which combines instructional processes with practice and development of mobility skills. M.O.V.E. is intended to be implemented across settings – school, home, community – to increase number of practice trials and encourage generalization of skills. Finally, Project Core is a program

which aims to increase communication through the comprehensive implementation of universal core vocabulary instruction and augmentative communication supports.

The presenter will focus on the current evidence-base and experiences incorporating these school-wide programs to recommend strategies for implementation within music therapy.

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INTERACTIVE MUSIC THERAPY FOR CHRONIC PAIN MANAGEMENT IN PEOPLE WITH ADVANCED CANCER

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Background

Chronic pain is one of the most feared symptoms in people with cancer,¹ with 70% to 90% of people with advanced disease reporting pain.² Although music therapy is frequently used for pain management in cancer care, there is a lack of knowledge related to underlying mechanisms (i.e. mediators) that lead to improvement. Yet, it is well accepted that knowledge of mediators as well as a validated theory of action (i.e., how the intervention activates the mediators) are needed to optimize psychosocial treatment interventions.³

Objective

The purpose of this multi-site clinical trial was to examine mediators hypothesized to account for the pain-reducing effects of interactive music therapy (IMT) in people with advanced cancer who have chronic pain.

Methods

This study used a mixed methods intervention design in which participants were randomized to 6 individual interactive music therapy (IMT) or 6 individual social attention control sessions. The mediators (anxiety, mood, pain-related self-efficacy and perceived support) and pain outcomes (pain intensity and pain interference) were measured at three time points (baseline, week 4, and week 6) using self-report measures. We included treatment expectancy, perceived musical competence, and adult playfulness as potential moderators. Follow-up interviews were conducted with a subsample to examine congruence between the hypothesized mediation model and participants' explanations of how IMT impacts chronic pain.

Results

Self-efficacy was found to be a significant mediator for the effect of IMT on pain intensity

(indirect effect $ab = 0.79$, 95% CI 0.01 to 1.82) and pain interference (indirect effect $ab = 1.16$, 95% CI 0.02 to 2.51), while anxiety, mood, and perceived support were not. This was supported by the qualitative findings. None of the proposed moderators were found to be significant.

Conclusions

This study suggests that the impact of music therapy on chronic pain management is mediated through self-efficacy. This knowledge can help further optimize music therapy interventions for chronic pain management in people with advanced cancer by capitalizing on teaching music-based self-management techniques.

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BREAKING BARRIERS, CONNECTING CULTURES: SERVING LATIN AMERICAN GERIATRICS THROUGH MULTICULTURAL MUSIC THERAPY

Alejandra Arevalo

Oral Roberts University Music Therapy Clinic, United States

Abstract

In the midst of a global pandemic, technology has become a vital tool in minimizing geographical barriers. The Oral Roberts University Music Therapy Clinic in Tulsa, Oklahoma presents a case study on the use of multicultural music therapy to serve older adults in Latin America through online sessions.

Description

As the global music therapy community responds to the COVID-19 pandemic, the Oral Roberts University Music Therapy Clinic in Tulsa, Oklahoma presents a case study on the use of multicultural music therapy to serve elderly in Latin America. They will offer clinical examples of how multicultural music can maximize therapeutic gains among international clients by maintaining the integrity of musical and cultural traditions. Additionally, they will present how evidence-based music therapy techniques and interventions can be adapted to diverse cultural contexts and create positive changes among international communities. This case study will provide practical examples of how online music therapy sessions can overcome generational, geographical, cultural, political, and societal barriers for individuals living in countries where music therapy is not easily accessible. Thus, this presentation will analyze existing multicultural therapeutic approaches and

ethnomusicological philosophies to provide a framework on empowering the international music therapy community and make music therapy services more accessible worldwide.

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PERSONAL AND PROFESSIONAL GROWTH DURING SELF-EXPERIENCE IN ANALYTICAL MUSIC THERAPY TRAINING

Seung-A Kim Jung
Molloy University, NY, USA

Juliane Kowski
MusicConnects, Berkeley, CA, USA

Abstract

Self-experience is part of the Analytical Music Therapy (AMT) training requirements. The presenters will discuss how self-experience via tele-health or in person enhances personal and professional growth of music therapists during the pandemic. They will also emphasize the role of referential improvisation and share their experiences of working with trainees.

The Analytical Music Therapy Training at Molloy College in New York is an advanced clinical training program which provides music therapists with the opportunity to enhance their music psychotherapy knowledge and skills. This training program is offered through a variety of modalities - online, in person, and intensive programs. It is approved by CBMT and NYSED for continuing education for MT-BC and LCAT. Upon completing the training, the trainee specializes in AMT and receives an AMT certificate as well as a CE certificate. The training is divided into two levels — entry level and advanced level. The entry level consists of self-experience and the advanced level has three phases - Intertherapy, Individual Supervision and Group Supervision. This presentation focuses on self-experience. During this entry level, the trainees work on their real life issues and problems facilitated by an experienced AMT therapist. They experience a variety of AMT techniques created by Mary Priestley, the founder of AMT. By doing this self-exploration trainees increase their level

of self-awareness, work through many of their unresolved issues and strengthen their egos. This process also helps them reevaluate their professional and personal goals, improve interpersonal skills and develop effective stress management strategies. Presenters will share their experiences of this training phase utilizing on-line platforms.

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Juliane Kowski, (she, her), MA, MT-BC, LCAT, is an analytical music therapist with 25 years of experience working in a variety of clinical settings with children and adults experiencing trauma, grief and loss in NY, WY and now in Berkeley, CA.

WHAT'S THE FEEL OF THE MUSIC: USING COUNTERTRANSFERENCE IN ANALYTICAL MUSIC THERAPY

Audrey Morse

Private Practice, USA

Analytical Music Therapy was invented in the 1970s and written about by one founder, Mary Priestley, who was influenced by her own personal experience of psychoanalysis. Priestley drew upon the writings of psychoanalysts such as Racker and Heimann to provide a theoretical basis for her model. The significance of the role of musical countertransference in AMT has parallels with contemporary psychoanalytic theory. I will discuss the implications of these connections and provide examples of AMT techniques from my clinical practice that highlight the present-day relevance of this advanced practice form of music therapy. One of the key components of AMT is the therapist's use of countertransference and how it impacts the improvisational music created with clients. Priestley wrote in depth about her embrace of empathic countertransference as a means of researching the patient's unconscious. She made passing references to other forms of countertransference, such as complementary identification. The usage and analysis of various forms of countertransference can be informative for the AMT practitioner. By investigating the theoretical underpinnings of AMT, I hope to spark interest in the global community in this form of depth-oriented music psychotherapy, which stresses the symbolic nature of co-created improvised music and how its interpretation can help both clients and therapists uncover unconscious layers of meaning in all areas of life. This way of working requires that the practitioner undergo in-depth personal therapy and super-

vision in order to facilitate recognition of the complex intersubjective dynamics involved in the client/therapist relationship.

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REFLECTIVE PRACTICE & EXPERIENTIAL LEARNING TO ENHANCE UNDERGRADUATE MUSIC THERAPY STUDENT AUTHENTICITY

Carol L. Shultis

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Description

In undergraduate music therapy training in the USA, students are asked to take in large amounts of information and to understand the underlying process of clinical work. Using Bruscia's (2014) four methods as the foundation of the curriculum, students are engaged in music and self-reflective practices throughout the four years of training. Experiences in music help students to develop needed skills to work with clients and to embrace a deeper level of self-awareness. Self-awareness results from many different experiences but is brought to consciousness and integrated through reflective practices (Boyd & Fales, 1983).

Research specific to music therapy has explored experiential learning using many techniques and constructs (Hiller, et al., 2021; Gardstrom & Jackson, 2012; Murphy, 2013; Stephens, 2001). Experiential learning theory (Kolb, 1984) defines "the process whereby knowledge is created through the transformation of experience. Knowledge results from the combination of grasping and transforming experience" (p. 41). To operationalize Kolb's idea, reflective learning is necessary. Reflective learning requires the ability to interpret an experience and construct meaning. Helping students to construct that meaning requires the teacher to provide the space for reflection along with the safety to explore openly. Mezirow (1991) described transformational learning as "the process of learning through critical self-reflection, which results in the reformulation of a meaning perspective

to allow a more inclusive, discriminating, and integrative understanding of one's experience. Learning includes acting on these insights" (p. xvi). In other words, learning occurs when students have opportunities to reflect on experiences in such a manner that a new perspective is gained and this new understanding leads to changes in behavior. For music therapy students, this is seen in changes in the music therapy process in clinical fieldwork and in experiential exercises in classes.

When experiential exercises with a reflective component are included in supervision, music therapy students are challenged to explore the medium used in client treatment as a means of gaining deeper understanding of their personal responses to making music for/with clients. Experiential exercises using music making help to extend the integration of this learning. Student perceptions of these different experiential learning opportunities provide insight and guidance to the teacher or supervisor.

Qualitative data gathered from a small sample of undergraduate practicum students and site supervisors will be used to discuss the benefits and challenges of incorporating music-based experiential exercises in both the classroom and the supervisory experience for undergraduate music therapy students in the USA.

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INTEGRATING RESEARCH ON NEURAL NETWORKS, TRAUMA, AND MUSIC AND THE BRAIN

Gene Ann Behrens

Professor Emeritus & Consultant-Speaker, United States

Brain scan research provides new perspectives for understanding symptoms and the treatment process in music therapy. This literature continues to expand as (a) different diagnoses are investigated (Dahlitz, 2017); (b) new neural connections are identified, (Buckner et al., 2008); and (c) research on music and the brain increases (Stegemöller, 2017). This expanding knowledge base offers hope that supportive, sequentially challenging music interactions can positively change the brain's neuroplasticity (Dana, 2018).

More specifically, research since the 1990s has informed music therapists about four key areas to apply to treatment. Many of the brain scan studies initially provided information about the negative impact of trauma on the brain (van der Kolk, 2015) that linked to symptoms and provided treatment directives. Around 2015, brain scan research shifted from investigating individual brain areas to studying brain networks (Birkeland et al., 2020). These results often involve information that can be applied when implementing various music tasks. Soon after, music and brain research increased as music was identified as a viable method to study how the brain functions (Putkinen et al., 2014). These outcomes often supported the phenomenon of "music as therapy" and supplied further insights into a more focused use of music components and tasks (Fischer et al., 2021). Finally, the Polyvagal Theory (Porges, 2017) provides a functional approach for therapists

to monitor their own nervous systems and those of their clients.

Behrens (2020) integrates the everchanging outcomes of these four areas of neuroscience research into her frameworks for music therapy trauma work which she identifies as neuro-informed. She proposes a flexible framework that recycles to describe the integration of several Polyvagal concepts. The use of music as therapy within music interactions uniquely establishes safety with clients and further develops clinical relationships. Clients' musicking responses are monitored as indicators of neural activity that help direct an improvisational approach to treatment. Co-regulation, another major strategy, becomes doubly potent in music therapy as it is not only facilitated by the therapist's presence but also by the music components. Then as interactive musicking influences neural change and safety is established, music therapists can begin to provide more challenging music interactions that further increase neural plasticity.

In addition, Behrens (2020) mapped a series of 11 increasingly interactive categories of musicking responses along the Polyvagal hierarchy. For the lowest withdrawn response categories of the hierarchy, the client either is unable to relate musically or ignores the music therapist while interacting with instruments. During the middle hyperactive categories, the client acknowledges the music therapist and

responds to some music components, but the music interactions tend to be unorganized, dysregulated, and non-imitative. As the client moves into the higher interactive-safe categories, the person begins to perform varying levels of imitative, interactive improvisations with the music therapist. Outcomes from research on the neural networks also are applied across the 11 categories of music interactions. This framework also is flexible and constantly revised as new research evolves.

Both frameworks provide informed improvisational strategies and methods for observing and interpreting responses for music therapists providing strength-based, client-centered neuro-informed trauma treatment.

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CREATING AN INTERSUBJECTIVE FIELD OF PLAY THROUGH MUSICAL IMPROVISATION WITH AUTISTIC CHILDREN

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Introduction

Contemporary theoretical perspectives of Nordoff-Robbins music therapy draw from diverse scholarly and clinical approaches, including the neurodiversity movement, musicology, and psychoanalytic theory. Along with adaptations to indigenous theory first developed by Paul Nordoff and Clive Robbins, the presenters use theory from adjacent disciplines to offer a fresh perspective of music therapy with autistic children.

Nordoff-Robbins, Intersubjectivity, and Neurodiversity

Paul Nordoff and Clive Robbins believed that musicality is inherent and universal, and that nurturing this domain of human experience—through active and responsive musical collaboration—could afford therapeutic potentials (Nordoff & Robbins, 2007). Recently, Nordoff-Robbins therapists have sought to understand and explain the value of this approach in various ways. Birnbaum (2014) first described how interactive and spontaneous musical improvisation within the context of a

therapeutic relationship creates ideal conditions for intersubjectivity. The current presenters build on this idea by outlining specific elements of musical interaction that support this interactive space, including structural and expressive/aesthetic domains.

Maintaining respect for autistic children's inherent neurological differences is central to this way of practicing music therapy. Within this approach, joint musical experiences are not focused on transforming a child into a more "neurotypical-looking" person. Rather, therapists build on a child's innate sensitivity for music, cultivating interactions based on the child's musical interests and capabilities. By embracing a client's differences, music making affords rich intersubjective states of relating and experiencing.

Cases

The presenters share four clinical vignettes of their work with autistic children at the Nordoff-Robbins Center for Music Therapy at New York University. Each case highlights a different

aspect of intersubjectivity in joint music making. The first case describes how musical engagement goes beyond attending to an activity to achieve “joint attention.” It involves attuning to a child and sharing in creative play with sound that taps into the imagination of each participant in a meaningful, exciting way. The second case highlights how varying levels of musical structure in joint improvisation accompanies the development of deeper intersubjective states between client and therapist. The third case exemplifies how musical form and structure foster a sense of anticipation. When expectations are not fulfilled immediately, the musical interaction provides a space for humor and play, and subsequently an avenue for communication. The final case emphasizes how music conveys the feeling of being understood. Through meaningful connection in music, both client and therapist are stimulated and enriched by the shared creative interaction.

Conclusion

The spontaneous and open-ended nature of improvisation creates conditions for an intersubjective field of play, whereby the inner lives and outward musical expression of clients are met by the therapist’s personal stamp on clinical musicianship. While maintaining respect for neurological differences of autistic children, the shared musical creative process affords a space where clients can thrive socially, expressively, and personally.

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TELEHEALTH MUSIC THERAPY WITH AUTISTIC PERSONS: NAVIGATING CHALLENGES TO CONTINUE CARE

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Introduction

During the COVID-19 pandemic, in-person therapeutic services for autistic individuals were interrupted. Some providers began to offer therapy via online platforms (White et al., 2021). Telehealth music therapy was an effective medium for some clients on the autism spectrum, whilst others struggled with the virtual format (Richard Williams et al., 2022). Aside from mode of delivery, the effect of music therapy on motor goals is an understudied but important frontier in autism research (Srinivasan & Bhat, 2013). Together, these two studies aimed to identify best practices for telehealth music therapy for autistic clients, particularly concerning motor goals.

Methods

Our first study, a survey of music therapists, investigated 1) factors influencing autistic clients' engagement over telehealth, and 2) factors affecting therapists' clinical hours lost during the pandemic. Our second study was a telehealth intervention pilot study with autistic children and their caregivers. We investigated: 3) whether nine sessions of telehealth neurologic music therapy (NMT) would affect motor and attention skills, and 4) therapists and caregivers' perceptions of telehealth feasibility.

Results

Survey study: 1) Music therapists perceived that familiarity with screens, technical issues, setting factors, differences in social connection, client characteristics, caregiver presence, and attention factors affected engagement. 2) Client age and therapist place of work did not affect percent change in clinical hours during the pandemic. Practicing NMT was associated with losing fewer clinical hours ($p < 0.05$). Intervention study: a one-way repeated measures ANOVA found a significant difference in motor assessment scores between pre-test, post-test, and follow-up assessments ($F(2, 8) = 5.612, p=0.03$). Post-hoc inspection located the difference in scores between the pre-test and follow-up test indicating possible motor learning and consolidation. No statistically significant differences were found between attention assessments. 4) Caregiver and clinician feedback indicated that music therapy was seen as effective, despite challenges for participants with greater sensory needs.

Conclusion

With caregiver support and attention to the factors that affect online engagement, it is possible to implement telehealth music therapy to support autistic clients in many areas including the motor domain.

Future Directions

Future studies will further explore how NMT motor interventions support motor skill development in autistic individuals within an in-person setting. A cornerstone of this research is evidence demonstrating the presence of motor deficits in autistic individuals (Fournier et al., 2010). Since music reaches motor areas of the brain such as the cerebellum, basal ganglia, and premotor areas (Thaut, McIntosh and Hoemberg, 2015) and auditory pathways in autistic persons are intact (Jamey et al., 2019) we must continue to explore music-based interventions for motor symptoms in people on the spectrum.

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CROSS-CULTURAL ADAPTATION DURING COVID-19: CHALLENGES AND OPPORTUNITIES FOR INTERNATIONAL STUDENTS

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Introduction

International students can face unique challenges when studying music therapy abroad, including a language barrier, social isolation, financial pressure, and cultural differences. The global COVID-19 pandemic, which began in March 2020, added new layers of complexity to this issue. Forced online learning due to lockdowns has led to the loss of cultural immersion, one of the primary benefits of studying abroad. Closing borders, nationalism, and subsequent uncertainties about immigration policy added distress. Increasing xenophobia and aggression toward particular cultural groups have also worsened discrimination. As the outlook of music therapy education transforms in response to the pandemic, it is crucial to explore the impact of the pandemic on international students along with their views on music therapy training and the profession.

Method

This qualitative inquiry examined the lived experiences of international students during the COVID-19 pandemic. It aimed to understand their unique needs and identify critical issues related to cross-cultural adaptation in response to a global crisis. We interviewed

five students at 6 and 15 months after the initial outbreak. These participants attend schools across the US, ranging from an undergraduate student to a doctoral student who also holds the roles of teaching assistant and clinical supervisor. Most of them are from an Asian country, with one from the east Mediterranean. Three students remained in the US, and two returned to their home countries during the pandemic.

Emerging Themes

Six themes emerged from the interviews: First, the dilemma at the onset, describing the factors complicating international students' decision to stay or return to their home countries when the lockdown was enforced in March; Second, the cultural differences in response to Covid-19, particularly in the adherence and compliance with the precautionary measures and mandatory regulations, such as mask-wearing; Third, the challenges with online learning, including the environment, the time differences, and the language barrier; Fourth, social isolation and the lack of cultural immersion, which is one of the reasons they came to the US to study in the first place, resulting in the sense of loss; Fifth, the positives and appreciation to the support received; and sixth, the hopefulness to the future education and career.

Discussion

Our findings indicate that the challenges faced by international students studying music therapy during a global crisis are complex. They include multiple aspects such as health and safety, immigration regulations, cultural differences, location and time zone, and language barriers. Faculty and supervisors need to pay attention to the unique needs of each student and continue to support them at the individual level. It is important to remain flexible, understanding, and supportive. Despite the difficulties, our participants demonstrated resiliency and remained optimistic about the future. They believed that the pandemic was only temporary, and they would be able to stay on the same path as they had initially planned, to receive their education and training in the US and become music therapists.

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MUSIC THERAPY AND COUNSELING WITH MIXED-RACE POPULATIONS

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Introduction

Understanding multiracial experiences helps to build awareness and improve multicultural competence and care with clients. Research and literature exploring the diverse and unique mixed-race experiences will be discussed. Music therapy and counseling techniques will be suggested for mixed-race clients to develop a stronger sense of self and achieve self-actualization.

Description

Multiracial individuals currently make up 10.3% of the United States population. While there are a few biracial identity development models in existence, there are currently no music therapy models or music therapy literature that involves work with mixed-race populations. Mixed-race experiences such as the need for belonging/acceptance, exoticization, common stereotypes, and the lack of a strong ethnic identity will be discussed. Traditional counseling methods of biracial identity formation including heuristic and ecological models will be utilized as a basis to further inform music therapy practice and techniques. Musical Presentation can be a therapeutic tool utilized in multiracial group settings to increase individuals' knowledge of themselves as well as help the group members get to know each other via music. Improvisational models of music therapy could help give voice to an identity that might not have been acknowledged or explored. While being mixed may not be the reason a person

seeks out therapy, the lived experiences of microaggressions, discrimination, isolation, and a weak sense of self often present themselves as problems in the therapeutic work. Music therapists will learn how awareness of this population's uniqueness can inform collaborative treatment plans that encourage development of a whole identity and acknowledges mixed-race lived experiences.

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Notes

It is important to keep in mind that one biracial or mixed lived experience will not be equal to another. The mixed experience is a unique one that has dozens of variables (i.e., age and development, ethnic/racial background socioeconomic status, social environment, ecological factors, if a monoracial identity is claimed, etc.).

ANALYTICAL MUSIC THERAPY: THE MODEL, CURRENT APPROACHES, AND FUTURE POSSIBILITIES

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Abstract

This paper will be a discussion of the music psychotherapy model, Analytical Music Therapy (AMT). Practitioners will share how AMT is currently practiced in inpatient psychiatric units and private practice, and how its theoretical underpinnings can be enhanced and adapted in the search of new paths of the integration of psychoanalytic principles in a music-centered therapeutic method.

The presentation will offer unique perspectives from clinicians trained in the music psychotherapy model of AMT. This model, developed by Mary Priestley in the 1970s, integrates psychoanalytic principles with music therapy techniques, and involves a distinctive self-experience component in the training stage. With the recent passing of Benedikte Scheiby, the principal developer of AMT, current practitioners face the challenge and op-

portunity of thoughtfully considering ways in which AMT is currently practiced, and how its theoretical underpinnings can be enhanced and expanded. This involves the use and adaptation of AMT techniques to working with adults and children, including those who have experienced trauma, in settings such as inpatient psychiatric units and private practice. This panel will also consider how AMT can illuminate theories of intersubjectivity and aesthetics in the musical experience. We will also discuss what the AMT training model may have to offer to the field as a whole, given its distinctive use of music in supervision, individual therapy, and in a dyadic training phase. Presenters hope to inspire future collaborative conversations to serve as a starting point to chart new paths in the integration of psychoanalytic principles in a music-centered therapeutic method, and that these will enhance the training of future practitioners in the field of music therapy.

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FINDING HOPE: USING VOCAL PSYCHOTHERAPY TO COMPANION A CLIENT WITH EARLY-STAGE ALZHEIMER'S

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Being told that you have a new medical diagnosis can be terrifying and traumatic, especially one that is degenerative, with no known cure. The patient can be left feeling confused, anxious, unsettled and as if their world has been flipped upside down. It is at these times when music psychotherapy, including the vocal psychotherapy model, can play a critical role in helping patients feel that they are not alone, through the companioning role of the therapist. Vocal Holding as well as Free Associative Singing can help bring unconscious feelings that the patient is experiencing into the conscious realm of the psychotherapy space. These feelings can then be worked with and explored through the therapy process, helping a patient feel both seen and heard, as they navigate the unknown nature of their diagnosis.

Alzheimer's Disease

Alzheimer's disease is presently the most widespread progressive neurodegenerative disorder among those aged 65 or older. Clinical symptoms of Alzheimer's disease include a progressive decline in cognition, memory, language, speech, and other functions. Psychological symptoms including depression, anxiety, apathy, agitation, restlessness, sleep disorders, and others are also reported in patients.

Vocal Psychotherapy

Through her decades of experience working with adolescents and adults with develop-

mental trauma, Dr. Diane Austin concluded that "working with a person's voice could be one of the most powerful and direct ways in working with the person's psyche" (Fu, 2023, p. 115). Vocal Psychotherapy is "the use of the breath, sounds, vocal improvisation, songs and dialogue within a client-therapist relationship to promote intrapsychic and interpersonal growth and change" (Austin, 2008, p. 13). The vibrations our voices produce while singing (or sounding) resonate inward throughout the body, which helps us become more connected to our emotions. When we sing with others, emotions can be released or expressed outwardly, connecting us to others. Vocal holding involves the use of two alternating chords played on the piano, in combination with the therapist's voice, creating a consistent and stable musical environment that facilitates improvised sounding, without words, within a client-therapist relationship. Free associative singing (FAS) occurs when words enter the process of vocal holding. This facilitates an environment where a therapist can companion a client through difficult feelings. A considerable amount of the vocal psychotherapy literature focuses on working with adults with developmental or complex trauma. Utilizing the FAS method can assist a patient in navigating through feelings stemming from a new diagnosis such as Alzheimer's. Themes including the fear of death, navigating the unknown together, and nature as a resource all surface through the vocal psychotherapy work with Dale, a 69-year-old client diagnosed with early-stage Alzheimer's disease. For Dale, the FAS helped

him put words to his feelings and deepened the process, all while enhancing his feeling of connection.

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THE RESILIENCE FRAMEWORK FOR TRAUMA-INFORMED MUSIC THERAPY: AN OVERVIEW

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Abstract

This presentation outlines the newly developed Resilience Framework for Trauma-Informed Music Therapy (RFTIMT). This conceptualization provides a reflective approach to the clinical process, with a focus on healing and resilience. Emphasis is placed on the therapist's clinical self-awareness and maintaining ethical practice through effective personal growth and development.

Discussion

With the understanding that trauma experiences are pervasive, therapists, regardless of theoretical orientation, level of practice, or work setting, need support to ensure safe and effective interventions. The Resilience Framework for Trauma-Informed Music Therapy describes and connects resilience theory as it relates to clients who have experienced trauma as well as to music therapy clinicians providing services. This presentation will highlight the importance of the music therapist's understanding of the neurobiological and bodily process and effects of trauma as foundational to assisting the client to grow and heal resiliently will be highlighted. Next, three stages of treatment focused on clinical needs will be overviewed, along with cultural

considerations, and scope of clinical practice. Lastly, emphasis on the therapeutic relationship, development of protective factors, and the interplay between vicarious trauma and vicarious resilience will be detailed.

Conclusion

Through applying the Resilience Framework for Trauma-Informed Music Therapy, music therapists have the opportunity to better align assessment and treatment decisions, consider safer therapy relationships and environments, and reflect on the implications for safe, culturally responsive, and ethical practice.

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INTEGRATING NARRATIVE FORMATION IN MUSIC THERAPY TO PROMOTE HEALING IN VETERANS

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Introduction

Narrative therapy informed music therapy provides a worldview through which music therapy clinical experiences can be understood. Veterans diagnosed with post-traumatic stress (PTS) benefit from music therapy experiences centered around narrative formation to assist in mental health wellness and recovery.

Defining a Narrative Therapy informed Approach to Music Therapy

Everyone has a story that they tell themselves about their life experiences, triumphs, and struggles. These stories (or narratives) can impact one's self-perception, self-esteem, and identity formation. For people that have experienced trauma and/or who have trauma related diagnoses re-formulating their personal narrative can assist in reducing the symptoms associated with PTS.

Narrative therapy is a post-modern strengths-based paradigm that encourages clients to rewrite personal narratives to increase feelings of empowerment and to promote meaning making in the face of a challenging situation (Erbes, Stillman, Weiling, Bera & Leskela, 2014).

Narratives are found in abundance in music. They are present in melodic and harmonic content of music, in rhythm, and in lyrics. For

this reason, music provides a container in which people can strengthen their personal narratives. Music experiences within music therapy provide opportunities for exploration and understanding of life experiences to assist in narrative formation (Hodas, 1994).

Narrative formation in Music Therapy for Veterans

Music therapy with veterans diagnosed with PTS and other comorbidities will be the clinical context in which narrative therapy informed music therapy will be presented. Veterans, like their civilian counterparts, have a range of needs and diagnoses that can be addressed within music therapy.

Narrative formation can be fostered in active and receptive forms of music therapy. Veterans are often hesitant to process traumatic war-related experiences out of fear of being misunderstood, being emotionally vulnerable, or having moral injury in relation to their experiences. Additionally, music therapy can be utilized to work through emotional numbness associated with PTS (Borczon, 2015). Music therapy experiences provide veterans with a means of formulating their narratives in a space without judgement. The interpersonal connections fostered in music therapy between client and therapist, and amongst peers help veterans to feel comfortable sharing their narratives. (American Music Therapy Association, 2014).

Music Therapist Responsibilities

Music Therapists who wish to use narrative formation or narrative therapy informed music therapy experiences should be mindful of the ethical concerns surrounding This work. Bearing witness to client narratives, establishing a safe container for music therapy experiences, and ensuring that correct therapeutic applications are being selected for use are of paramount concern. Most importantly, music therapists who have not worked with this population or treatment paradigm but wish to do so should seek supervision to ensure best practice (Dileo, 2007).

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COMMUNITY MUSIC THERAPY, IN CONCERT WITH YOU: PARTNERING WITH SUMMERFEST MUSIC FESTIVAL

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The phenomenological process of partnering a music therapy continuing education experience with a large music festival in June, 2022 is the focus of this paper. Summerfest is held over three consecutive weekends each summer in Milwaukee, Wisconsin. The festival features more than 800 acts and 1,000 performances on 12 stages (Milwaukee World Festival, 2023b). Another feature of the festival grounds is the Northwestern Mutual Community Park, featuring inclusive playground equipment with interactive musical themes (Milwaukee World Festival, 2023a).

The first two authors have experience with music therapy students working at a music festival. In 2018 they took undergraduate music therapy students to an international folk festival and wanted a behind-the-scenes experience for working professionals. As contacts were made, it became apparent that a longer working relationship would be needed as the infrastructure for volunteering was different in Milwaukee. When sharing about music therapy with the organization's liaison, donation of tent along the perimeter of the children's community park became possible. Alverno College would host a training session for clinicians interested in professional development and supervision. The focus would be resource oriented practice through a commu-

nity lens with the festival goers and space establishing the community. Following pre-readings and presentations by DiMaio and Nelson the training took a similar approach with collaborative planning for materials and practices being established by two separate groups of participants. One group centered around teen and adult attendees and the other specifically addressed the community of children gathered on the playground at any given time.

The adult-focused group chose instruments like a keyboard, guitar, microphone, and world percussion. They created a QR code linked to a survey about the ways in which the individual connected to music in their lives. Between the live music jams and conversations, results indicated, perhaps not surprisingly, that adults attending the festival were either musicians themselves, or active listeners. Some reported attendance primarily because their children love music and wanted to stop by our booth; however, given the content and context of the festival, the authors interpreted these comments as deflection and shifted focus to the children. A number of adults re-visited the booth to have additional conversations about music and were encouraged to share their stories and make music with the clinicians.

Child and family were the focus of the second group, who stationed themselves for much of the time in the playground area under a metal canopy with music notes carved out for splashes of light in the welcoming shade. A variety of brightly colored melodic and rhythmic instruments as well as a few props, including scarves, were available. Children were drawn to the space whether to walk the perimeter and look, touch and go, or stay and play, sometimes for extended experiences with shifting players. Some parents and grandparents joined in and a several returned multiple times for more group musicing and respite from the din of the larger stages nearby. Data was collected regarding numbers of participants, activity type (playing, singing, dancing, composing, etc.), and duration of engagement. There were hundreds of people passing through and the supervisor recording data stepped in to create more, small musicing communities. Demand was great, leading to a feature story on the local news network (CBS 58, 2022).

Most importantly, music therapists participating in the experience received professional feedback on their therapeutic interaction and implementation of the theoretical underpinnings from the faculty. Participants reported learning a lot through the intensive immersive nature of the experience and would like a longer pre-service tutorial. Collaborating with the faculty to build an experiential music space for the festival attendees was identified as a highlight and a reason to do this again. Alverno College plans to offer this training for music therapists again in 2024.

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PREVALENCE OF MENTAL ILLNESS IN COLLEGE MUSIC STUDENTS: CONSIDERATIONS FOR EDUCATORS

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Mental Illness in College Students

Rates of mental illness among North American college students have reached unprecedented highs, and students' use of mental health services nearly doubled from 2007 to 2017 (Lipson et al., 2019). The number of students formally diagnosed with a lifetime mental health condition has also increased from 22% to 36% respectively. Unfortunately, these increases are not unique to North America. Auerbach et al. (2018) analyzed data from 19 universities across eight countries, finding that roughly 1/3 of first-year college students presented with a mental health disorder, with anxiety and depression diagnosed most frequently. (ACHA, 2022).

Higher rates of depression and anxiety prevail in music majors as compared to nonmusic majors (Gilbert, 2021). Payne et al. (2020) surveyed 1100 music education majors and found that 57% exhibited moderate to severe depression and over 70% exhibited moderate to severe anxiety. Scholars have also found that 21 to 50% of college students experience music performance anxiety (MPA), conceptualized as a type of social anxiety disorder in the DSM-5 (Papageorgi, 2022). A link between MPA and depression has also been found, suggesting that music students may be

at risk for more than one mental health condition (Robson & Kenny, 2017).

The university setting poses stressors that may result in an exacerbation of symptoms for students diagnosed with a mental health condition. Common challenges include heavy course loads, low grades, feeling lonely, and changes to sleep and eating habits, living environment, and social circles (Acharya et al., 2018). These experiences negatively affect students' academic performance and may result in students leaving college altogether (NAMI, 2012).

Supports and Resources

Adequately supporting college students with mental illness can contribute towards successful degree completion. Faculty can ensure that students are aware of the resources available to them, including 24-hour crisis hotlines, walk-in health clinics, and screening services. Handouts containing resource information should be made readily available to students.

Faculty can also adjust test settings and homework deadlines, increase availability for advising and mentorship, and allow the student to withdraw from a course without penalty. Advocating for appropriate services,

normalizing rather than stigmatizing the need for support, and discussing the importance of wellness and self-care across the curriculum can also be of benefit. Long-term strategies should also be developed, including (a) mental health programs (Nagel, 2009), (b) health-focused courses (Bernhard, 2005), (c) mentorship programs, (d) health-focused, developmental advising strategies (Teasly & Buchanon, 2016) and (e) self-care plans (Kuebel, 2019).

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GLOBAL PERSPECTIVES ON MUSIC THERAPY AND ELEVATING DIVERSE OLDER PERSONS

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Music therapy with older persons is not new, however, the voices of older persons are often missing from discourse about aging owing to stigma and disability. This team of music therapists from Australia, Canada, Singapore, and the United States will discuss the topic of elevating the voices of diverse older persons within their country of practice. A global perspective is important to understanding the changing demographics and needs of older persons around the world. The presenters will discuss issues and trends that affect older persons such as sexual expression in long-term care, ageism, stereotyping of older adults, and ableism in public policy. Additionally, presenters will explore how social identities inform music therapy clinical practices and share the challenges of developing culturally appropriate music therapy services in their countries, recognising multi-racial, multi-religious, and multicultural contributions and needs of their older adult participants. For many older adults despite having lived in the same country with shared history, the cultural and language differences posit a

challenge, especially to music therapists when conducting group sessions. A research example will illustrate how therapeutic songwriting involving people with dementia and their care partners offers a powerful forum for intergenerational and multicultural discourse about aging. The presentation will invite attendees to discuss opportunities aiming to elevate older persons' voices.

Recommended Resources

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Amy Clements-Cortés, PhD, RP, MT-BC, MTA, is an assistant professor in music and health sciences at the University of Toronto, and is a registered psychotherapist in Canada.

Eta Lauw, M.MusThrpy, RMT, Austin Vocal Psychotherapist, is a registered music therapist practicing in Singapore with a focus on older adults with dementia.

WHAT ABOUT THEORY? LET'S TALK ABOUT MUSIC THERAPY IN THE NICU... PLEASE

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Abstract

The role and application of theory within current NICU music interventions can shape the future of neonatal music therapy. We share patterns of existing theoretical rationales for music intervention research in the NICU literature and provide suggestions for using theory to move the field forward.

Background

Acceptance and integration of music as an appropriate and efficacious developmental experience in the NICU is growing; yet there is still little understanding of the underlying mechanism for effective music interventions. Many music interventions are general in their approach without explaining how and why music is the active component of the intervention to target specific needs of the hospitalized infant. Theory provides the replicable rationale for how and why music is an active ingredient for change and provides a pathway to music intervention in the NICU as an essential and efficacious intervention. However, few NICU music interventions report theory to create a traceable context for a phased research trajectory. Thus, limitations exist in the advancement of NICU music interventions,

their effectiveness, replication, and clinical translation and practice guidelines.

The purpose of this presentation is to advocate for the use of theory to support the development of music interventions in the NICU that hold greater potential for efficacy and systematic examination. Results of our configurative systematic review indicate a lack of clear theoretical constructs underpinning description of the health need, rationale for music as intervention, theory of intervention, and explicit features of music elements. Our analysis and clinical reflection provide insights into the critical effect of theory on complex health intervention development. We include implications for fundable research agendas and transdisciplinary team collaborations.

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Dr. Deanna Hanson-Abromeit (Director, Baby Music Intervention Research Lab, University of Kansas, USA) research focuses on music in-

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Professor Helen Shoemark (Temple University, USA) researches team-based program development and family-centered music therapy in pediatric NICU.

Dr. Amy Smith (Children's Mercy Research Institute, USA) is a postdoctoral fellow researching early implications of long-term health and developmental outcomes.

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FROM NEW YORK TO SEOUL: A COLLABORATIVE VIRTUAL TRAINING GROUP IN VOCAL PSYCHOTHERAPY

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Vocal Psychotherapy is the first voice-based model of music therapy. It is the use of the breath, natural sounds, songs and vocal improvisation within a client therapist relationship that promotes intrapsychic and interpersonal growth and change.

I have taught Vocal Psychotherapy Distance Trainings in Seoul, Korea for many years. When Dong Min and Hye-Seon contacted me during COVID and asked if I would conduct a virtual training in vocal psychotherapy, I said that would only work if one of them would do the singing. I could not do virtual training because of the lag in the sound when two people speak or sing at the same time. This lag prevents singing in unison, harmony and the other vocal variations that had developmental counterparts in vocal holding and free associative singing which are two of the methods in vocal psychotherapy. Hye-Seon said she would work with me to come up with a solution and she would be my translator, so I agreed. There were many challenges. I had never done this before and neither had she, but she was a vocal psychotherapist and had translated for me many times.

In warm-up exercises where we would normally be sitting or standing in a circle, we now had little boxes on Zoom, and they were not stationary. How could we pass improvised sounds and movements in this situation? Hye-Seon came up with a way to do this. It

was a different version but it worked. Many of the experiential exercises were recreated for Zoom. A group of 17 students who began the training as strangers, gradually began to bond and talk about issues that were troubling them.

Then it came time to work on “vocal holding.” Vocal holding is a method that involves the intentional use of two chords in combination with the therapist’s voice in order to create a developmental musical environment. Now we faced another challenge. We needed some students to come to the music therapy center and we had to figure out how to train them in this method while I was on a computer screen in New York. Hye-Seon set up the computer so that the student taking the role of the therapist and the student taking the role of the client were directly facing me. Not only could I hear them singing together, but I could see their body movements, pick up their feelings in most cases, and glimpse their facial expressions which were revealing even with the masks. Afterwards they processed their feelings and received feedback from me. As we progressed, the group felt comfortable enough to add their feedback and when I felt some trainees would be comfortable with more feedback from me, I sometimes stopped them before the conclusion of their singing, to help them achieve a more successful experience. The example that stands out is when the InGyu’s singing, was drowning out the client.

I stopped the pair from continuing and told InGyu that he was singing too loud. The group laughed. "You are not the star the client is." InGyu laughed. He was an opera singer and had difficulty singing softly when the music became exciting.

The most difficult and in-depth intervention in vocal psychotherapy is "free associative singing." This method was difficult for me to teach even when I came to Korea because words now enter the vocal holding experience. The student playing the role of the client sings improvised words, ideally spontaneous lyrics and the student playing the role of the vocal psychotherapist repeats the lyrics (as an alter-ego) and eventually makes interventions that deepen the process. The vocal psychotherapist helps the student/therapist make interventions. The main issue for me was that my students sang in Korean and I didn't but Hye-Seon my co-therapist did. So she created a system using the "chat" in the computer. As the students sang she would quickly translate their lyrics into English and send them to me through the chat. I would read them and quickly send an intervention back to her and she would quietly whisper it into the ear of the student therapist. Because of her training as a vocal psychotherapist, her

experience working with me, and her therapeutic skill, she would know when my intervention was no longer useful because the "client" had already moved on to a different subject so she sent the next set of lyrics to me and I sent the interventions back that fit. This system worked beautifully and the students were able to complete a virtual vocal psychotherapy training.

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NEUROLOGIC MUSIC THERAPY AND NON-INVASIVE BRAIN STIMULATION FOR PATIENTS WITH CORTICOBASAL SYNDROME

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Background

Corticobasal syndrome (CBS) is a rare neurodegenerative disease in which brain networks involved in movement coordination, visuospatial and executive function are selectively affected (Armstrong et al., 2013). It was previously found that patients with movement disorders could improve upper extremity performance and/or retain their functional motor skills by moving to musical patterns (Patterned Sensory Enhancement, PSE) and playing instruments (Therapeutic Instrumental Music Performance, TIMP) (Thaut & Hoemberg, 2014). Transcranial direct current stimulation (tDCS), using low-intensity direct electrical current, modulates the activity of specific cortical areas (Nitsche & Paulus, 2000). Thus, we aim to investigate if Neurologic Music Therapy (NMT) techniques (e.g., PSE and TIMP) with tDCS can enhance functional upper extremity performance in individuals with CBS.

Methodology

The participants are randomly assigned to 6 NMT (delivered by a single Neurologic Music Therapist according to established methods) + sham tDCS or 6 NMT + active tDCS sessions lasting 30 minutes each. Using the 32-electrode StarStim EEG/tDCS system (Neuro-Electrics, Inc., Barcelona, Spain), Brodmann areas 1-6 (primary and association motor and somatosensory cortices) contralateral to

the more affected arm are targeted; these areas are associated with movement execution and sensation. Participants undergo gross/fine motor (Purdue Pegboard test (PPT); Box and Block Test (BBT), respectively) and emotional assessments (State Trait-Trait Anxiety Inventory, STAI) at baseline (one week before the first session), after the 6th and last intervention session, and at follow-up one month after the last session. The participants, music therapist, and outcome assessor are masked to whether participants are in the sham tDCS or active tDCS group. The detailed study protocol and data analysis methods can be found in the study by Kang et al. (2023).

Results

As study enrollment is ongoing and the author (KK) was masked to whether the participants received real or sham tDCS, the results presented here show only preliminary and descriptive data for the participants who have completed the study to date ($N=3$, average age (standard deviation, SD) = 67.33 (8.02), average years since clinically probable CBS diagnosis (2.83 (0.76)). For gross and fine motor skills assessed with BBT, participants showed improvement on their more affected side from baseline ($Mean = 6.00$, $Standard Deviation = 7.21$) to post-intervention ($M = 9.00$, $SD = 7.94$), and remained improved in follow-up ($M = 9$, $SD = 7.81$). On the PPT, they also improved on fine motor/hand coordination

from baseline ($M = 8.33$, $SD = 6.51$) to post-intervention ($M = 9.67$, $SD = 8.02$), but worsened back to baseline at 1-month follow-up ($M = 8.33$, $SD = 7.02$). Decreased anxiety levels were observed from baseline ($M = 52.67$, $SD = 6.66$) to post-intervention ($M = 47.00$, $SD = 5.57$), and anxiety levels increased from post-intervention to 1-month follow-up ($M = 56.50$, $SD = 7.78$) on the STAI.

Discussion/Conclusion

There is a strong need for effective symptomatic treatments for CBS. Our preliminary results suggest that music therapy and noninvasive electrical cortical stimulation may have a positive symptomatic impact by improving the quality of functional arm/hand performance and reducing anxiety levels. Some aspects of improvement may persist 1 month after the end of intervention.

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JOHNS HOPKINS CENTER FOR MUSIC AND MEDICINE: CURRENT RESEARCH AND PRACTICE

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Center for Music and Medicine (CMM) at Johns Hopkins

The center comprises interdisciplinary teams and partnerships with physicians, nurses, music therapists, and physical/occupational/speech therapists throughout a world-class hospital system. The CMM provides and supports music intervention research and multidisciplinary outpatient and inpatient care for individuals with neurological diseases such as Parkinson's disease, Alzheimer's disease, epilepsy, and stroke.

Current Practice

At present, the center hosts ongoing multidisciplinary clinical programs including a music-therapist led Zoom-based drumming program for patients with parkinsonian disorders and their care partners, as well as a choral group for patients with Parkinson's disease, which focuses on participants' vocal volume and clarity, rhythmic movement, and confidence of emotional expression while cultivating a sense of community. The music therapists at the Johns Hopkins Center for Music Medicine also receives department-wide referrals for individual and group music therapy services

centering psychosocial support for patients with a range of neurodegenerative and neuromagnetic diagnoses.

Current Research

The CMM also conducts brain image (e.g., functional magnetic resonance imaging, fMRI and electroencephalography, EEG) and stimulation (e.g., transcranial direct current stimulation, tDCS) research with Neurologic Music Therapy (NMT) and music-based interventions to expand our understanding of the neural mechanisms for patients with Alzheimer's disease and Corticobasal Syndrome. Additional projects include piloting the use of wearable digital therapeutics using sensors, music, and software to build evidence-based interventions to improve walking in patients with Parkinson disease. Ongoing qualitative projects include exploration of the impact of virtual music therapy support groups on public health, conducted in partnership with the School of Public Health, and impact of music therapy in pediatric intensive and acute care units. We believe that these projects will open a new avenue to accommodate patient-centered protocols in rehabilitation settings in the future.

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MUSIC THERAPY FOR FAMILIES, A SYSTEMS THEORY PERSPECTIVE

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This presentation is the result of an international collaboration on a book chapter for the forthcoming “Music therapy handbook”. The paper presents the main findings and arguments from the chapter and will outline how systems theory is integrated and applied in music therapy in family settings. We are informed by a rights-based perspective. According to the convention of the rights of the child (UNCRC), the child has the right to be cared for by their parents. However, in the case of abuse or neglect, separation from the parents or caregiver may be necessary. Any measure taken should therefore be in accordance with the best interest of the child. But what is the best interest of the child, and how can music therapy support best practice in line with the best interest of the child? Following a systems theory perspective, we believe that the best interest of the child is found in the consideration of the child's own perspective, the adult's perspective and the community's perspective on what childhood and family life is. From this perspective we will argue that in order to meet the rights of the child in work with children and their families. There is a need to bridge traditional therapy interventions and techniques, with a more holistic «child in context» perspective, with an understanding of how the intersectionality of their relationships impacts every member of a family. We will share case examples to support the theoretical discussion. Case examples include descriptions of using

activities and experiences such as band settings, songwriting, improvisation, music café and concerts to facilitate space for children's and family's participatory processes.

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MUSIC, TIME & SELF: A TIME- MODEL FOR UNDERSTANDING NORDOFF AND ROBBINS'S IMPROVISATIONS

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Abstract

Embedded in the Nordoff-Robbins (NR) approach, my presentation focused on the temporal aspect of improvisation in music therapy. I introduced a time-model that includes four different temporal invitations employed by NR in supporting their clients' engagement, based on a micro-analysis of NR's improvisations with ten of their clients. Finally, I framed my theory within cognitive and psychoanalytic perspectives, i.e., schema theory, and Daniel Stern's developmental approach.

Background

Several researchers studied time and temporality in music (e.g., Doffman, 2009; Doffman et al., 2021; Keil, 1995) and in music therapy (e.g., Hadar & Amir, 2021; Robbins & Forinash, 1991). This work focused on methods deployed by NR (Nordoff & Robbins, 2007) in their attempts to create a musical context for meeting a child, and in particular, in the decisions they made regarding the temporal aspect of their musical interventions.

Methods

Full therapy sessions of ten of the children NR worked with were analyzed. In the first stage, the author engaged in repeated listening to all sessions, and marked specific moments when (1) the client was reacting to NR's music (using their body, voice or instruments); and (2) the music went through a change of tempo or timing. In the second stage, the au-

thor invested in characterizing different types of moments, and connecting them to possible therapy goals. In the third phase a time-model was established. Finally, the author reframed the time model in schema theory (Aigen, 2009) and in Stern's (1985) developmental theory, to gain further insight about the significance of each temporal stage.

Findings

This study gave rise to a four-phase developmental time model, including the following stages: 1) Augmented time frame: referring to moments which presented many musical pauses and an extended feeling of time; (2) Emotional time: referring to moment which introduced a time-free approach, following the client's *inner time*; (3) Synchronized time: moments when clients were invited to play in synchrony with therapist; and (4) Synchronization discrepancies: moments in which client and therapist were negotiating over the tempo.

Conclusions

This work's central contribution is highlighting temporal techniques that can be utilized by music therapists to address various clinical goals.

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MUSIC THERAPY'S IMPACT ON PSYCHOSOMATIC DISORDERS OF ABUSED & WOMEN – LEBANON

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Introduction

Creative Art therapies (Figure 1) provide expressive experiences at the crossroads of the body and the mind. The inseparable body and mind are absolutely disturbed during domestic violence. This abstract will look at the impact of music therapy and dance therapy on the self-reconstruction of women suffering of psychosomatic disorders after domestic violence (18 to 45 years old) in an NGO in Lebanon.



Figure 1.

Objectives of the study

The study is based on the validation of the violence psychotraumatisms effects on the psychosomatic functioning of abused women. An intervention protocol based on music therapy and dance-therapy has been developed to confirm their effectiveness on the reconstruction of disrupted psychic patterns of women by the violence effects.

Methodology

Standardized scales are used to evaluate physical and mental health components (HAM-A, PANAS, WCQ, VAS, SWLF) before and after the therapeutic protocol intervention for 12 group sessions.



Figure 2.

Results

The results revealed severe anxiety prevalence, somatization's heterogeneity (muscular, sleeping attentional and sensory issues), high pain's intensity, life dissatisfaction's prevalence, a significantly high negative affectivity and disturbed coping mechanisms. Moreover, the protocol meets the women's psychosomatic needs through receptive and expressive music therapy, movement and painting experiences. After the intervention, the results proved the effectiveness of the protocol, with a significant progress on positive affectivity, pain intensity, and coping mechanisms (higher social support, positive behavioral strategies).

Conclusion

Music and dance therapy meet the psychosomatic suffering inflicted by the violence psychotraumatisms and offer women a mind-body self-growth and reconstructive opportunity.

Thus, this study constitutes a research draft in the women psychosomatics field in Lebanon. Hence the need to carry out this study on a larger population and duration, to collect more significant results.



Figure 3.

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EUROPE

PARTICIPATORY RESEARCH IN MUSIC THERAPY: POTENTIALS AND CHALLENGES IN «MY TUNE»

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Introduction

In music therapy (MT) research, service users' views are underrepresented. This is partly due to norms and hierarchies in MT research and clinical practice: In setting goals and methods for evaluating MT, for example, most expertise is usually attributed to health-care professionals and academic researchers rather than service users (Baines, Edwards, McCaffrey & Noone, 2014). Hence, such approaches leave a gap, namely the views of service users. In the participatory research project «My Tune – Music Therapy from Our Perspectives», we addressed this gap by involving service users, MT clinicians, and caregivers as co-researchers in the collaborative development and testing of an MT evaluation tool for young adults.

Methods

The main components of the «My Tune» tool were developed in eight co-creation workshops that were held in three different constellations of co-researchers: (1) Service users (experts by experience) only, reflecting on their MT experiences and discussing the potential benefits of an MT evaluation tool for the service users. (2) Music therapists only, discussing their current practice of evaluating MT and the resulting expectations towards an evaluation tool. And finally, (3) mixed workshops, in which the central char-

acteristics of the tool were specified, such as: Who should be involved in the evaluation? How often and in what context should it take place? What purpose should it serve for the individual actors? What should be the content of the evaluation and how should it be carried out?

The workshops were planned and led by members of the «My Tune» leading team, which consisted of two academic researchers, two music therapists, two service users, and one caregiver.

Over a total period of 10 months, also including two revisions of the tool, the final «My Tune» tool (cf. Stepnitzka & Fent, 2023) was developed.

Results and Discussion

Participatory research has the potential to critically question and challenge values and hierarchies in MT research and clinical practice (Stige & McFerran, 2016). However, this potential can only be utilized if all researchers continuously reflect on their position in these hierarchies, and their individual roles in the project. In «My Tune», this was enabled by continuously evaluating the process within the leading team and subsequently adapting the workshop design. Participatory research also requires an epistemological approach that values experiential knowledge as much

as academic knowledge (Seeley, 2014). In our project, this was realized through critically examining questions like, e.g., what expectations and attitudes we have towards each other and whose ideas and contributions shape the research results in the end. Finally, methodological approaches are needed that are capable of eliciting these different forms of knowledge. In «My Tune» , therefore, we also used creative materials and procedures for knowledge generation.

With our project, we aimed to promote the reflection on norms in MT research and clinical practice, complement existing approaches to MT evaluation, and strengthen service user participation in research.

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DIALOGUE QUESTIONNAIRE (Dia-QNR): A TOOL FOR CAPTURING (INTER)SUBJECTIVE IMPROVISATION EXPERIENCES

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Introduction

Guided by theories of intersubjectivity and dialogue in music therapy, the Dialogue Short Questionnaire (Dia-SQN) was developed as an instrument for assessing subjective experiences in dyadic improvisations (Smetana, Stepniczka, & Bishop, 2023). Based on the first results from a feasibility study with adults ($n=17$) a revision and renaming of the questionnaire was carried out. Currently, clinical implementation in mental health settings is pursued. We introduce the Dia-QNR's structure, aims, and targeted scopes and give insights into the planned clinical evaluation process.

Methods

The Dia-QNR is a written de-briefing questionnaire that assesses several subjective qualities experienced during music therapy (MT) improvisations and is available in two formats: patient/participant (P) and therapist (T). A third version of the questionnaire is in development, i.e., observer (O).

It is applied immediately after an improvisation and – as a result of a comprehensive revision of the initial questionnaire – exists in a

basic version (part 1; duration: 15–20 minutes) and an extended version (part 1 and 2; duration: about 50 minutes). These two parts are followed by a third part for therapists only (part 3; duration: about 10 minutes).

In Part 1.1, patient and therapist reflect on their perceptions of mutual relatedness, of self and other, relational needs, emotions, and meaningful situations. Version T also contains questions on the therapist's intentions by which his/her playing was guided (Part 1.2).

In Part 2.1, meaningful situations are additionally identified and subjectively reflected in detail by the client and the therapist based on the replay of the improvisation's video/audio recording. In the next step therapist and client reflect on their individual experiences together in a joint conversation (Part 2.2).

The questions and tasks of Parts 1 and 2 are designed in parallel for patients/ participants and therapists in a complementary way and comprise various qualitative and quantitative elements. Finally, in Part 3 of the Dia-QNR, T additionally goes into detailed reflection of his/her intentions and applied techniques.

Results & Next Steps

Data from the feasibility study shows that the initial Dia-SQN (P/T) was reasonable in terms of time, psychological and physical aspects. Furthermore, the resulting test scores do not discriminate against certain persons and can be considered fair. In the evaluation of the internal consistency and reliability of the questionnaire, Part 1 achieved an acceptable Cronbach's α value and face validity was given according to the feedback. Based on the results a larger-scale study is planned with the amended versions of the Dia-SQN in a clinical context.

The open questions on the occurrence and experience of meaningful moments (Parts 2.1 and 2.2.) proved to be suitable in the initial version of the Dia-SQN and therefore were also considered for further development regarding the purpose of in-depth debriefing interviews between music therapists and their clients in the newly developed Dia-QNR.

Future implementation of the Dia-QNR in clinical research and practice is intended to promote the development of a tool for capturing nonverbal processes and specific predictors of therapeutic change through musical dialogue in improvisation. Combining MT

practice and research, the questionnaire is supposed to initiate and deepen reflective processes in the context of subjective and intersubjective relational experiences and will further enhance differentiated concepts of music therapeutic enactment.

Reference

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IMPROVED MUSIC PERCEPTION AFTER MUSIC THERAPY FOLLOWING COCHLEAR IMPLANTATION IN THE ELDERLY POPULATION

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Background

Cochlear implantation (CI) and the accompanying rehabilitation has become a routine procedure in hearing restoration. Literature is sparse on elderly CI recipients focusing on the issue of age and their inclined auditory resolution, taking their diminished cognitive function into account, which requires adaptation of rehabilitation programs to overcome habituation.

Objective

This study aims to show that a few adjustments in the therapy program towards age, mental, physical and auditory condition significantly improve music perception and overall auditory benefit, hence normal communication and social interactions can be found.

Methods

Subjects implanted with a CI 65 years or older were compared to age-matched normal hearing subjects. Questionnaires were administered before and after ten music therapy sessions, to evaluate the participant's music habits, the perception of sound

quality and self-awareness and hearing implant satisfaction.

Results

The greatest benefit was seen in participants' gain in self-confidence and enjoyable music perception. Not only did the amount of listening to music increase, but also the impression of sound quality changed from poor up to good/very good sound quality.

Conclusions

The music therapy was well accepted and resulted in beneficial subjective as well as objective outcomes towards hearing and music impression, hence improved quality of life.

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DYADIC NONVERBAL & HEART-RATE SYNCHRONY DURING MUSIC THERAPY AND ITS RELATIONSHIP TO SELF-REPORTED THERAPY READINESS

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Abstract

Nonverbal synchrony has been associated with treatment efficacy and symptom reduction, while heart-rate synchrony may be observed during important moments during therapy. In this case-series study, we investigated both synchronies during talking, music interventions, and moments of therapeutic interest during single music therapy sessions and their relationships to therapy readiness.

Description

This study investigated nonverbal synchrony and heart-rate synchrony during single music therapy sessions of 11 therapist-patient dyads. Seven female and four male inpatients of a neurological rehabilitation facility in Lower Austria and one female music therapist participated in the study. The paper «Dyadic nonverbal synchrony during pre and post music therapy interventions and its relationship to self-reported therapy ready-

ness» (Yap et al, 2022) presented our results on nonverbal synchrony. Using Motion Energy Analysis, we found a statistically significant increase in nonverbal synchrony, which we defined as quantified coordination of body movement between patient and therapist, while they engaged in verbal interaction before and after music intervention. We also found that patient leading during nonverbal synchrony increased significantly after music intervention. Moreover, a significant negative correlation was shown between the post music intervention nonverbal synchrony and patients' self-reported therapy readiness. At the WCMT 2023, we will present our findings on heart-rate synchrony between the music therapy dyad during the music interventions. We will highlight the anthropological aspect of synchrony and the dyadic interactions during moments of therapeutic interest as well as during segments of high and low heart-rate synchrony. Although the sample size limits the generalisability of this study, it presents insights into a less researched population and introduces new analytical perspectives such as motion energy analysis and heart-rate synchrony to music therapy research. The combined application of quantitative tools such as Motion Energy Analysis with qualitative analysis could also be of interest to other music therapy research.

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«MY TUNE» – MUSIC THERAPY EVALUATION FROM A NOVEL PERSPECTIVE

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Introduction

Music therapy (MT) assessment and evaluation instruments are mainly developed, applied and evaluated by researchers, therapists and other healthcare professionals. They often centre on service users' diagnoses and changes which are assessed and measured in relation to it. These approaches focus on external views of MT service users but leave out the users' own expectations and experiences regarding their MT processes.

In «My Tune – Music therapy from our perspectives» we addressed this gap by innovatively reversing the perspective of MT evaluation (Fent & Stepnitzka, 2022). We applied an as-yet little-used research approach to develop an innovative reflection tool capturing the service users' perspectives, perceptions and experiences related to their MT processes.

Methods

The project was approved by the Ethics Committee of the University of Music and Performing Arts Vienna.

In a participatory process we developed, implemented and reviewed the “My Tune” tool by enabling several participatory qualities

(e.g., codetermination, decision-making power) and settings (e.g., steering committee, co-creation workshops) together with young adult service users, MT clinicians, and caregivers as our co-researchers (cf. Fent & Stepnitzka, 2023).

The «My Tune» tool was tested over 2.5 months and reactions to it were gathered through six different feedback questionnaires (three per music therapist & three per service user) including qualitative and quantitative elements.

In a final step, closing workshops with the co-creation team were held to give the finishing touches to the «My Tune» tool.

Results & Discussion

The «My Tune» tool is an instrument to evaluate music therapeutic processes by service users. It is designed to accompany and empower young adults in their MT processes and to help them to reflect on their needs, their ability to engage in therapy, their satisfaction with the therapist, as well as the potential therapy value.

Prerequisites for the use of the «My Tune» tool are that a reliable therapeutic relationship already exists and that the service user

is not currently experiencing an acute crisis or critical topics.

The «My Tune» tool includes guidelines for the therapists in the form of an introductory handbook and a short description for the service users exclusively. The tool itself consists of two parts (part I to be filled out by the therapist in conjunction with the service user & part II to be worked on by the service user separately). Additionally, there are accompanying materials integrated for part I, namely, multi-colored cards with questions and possible answers as well as a die with activity symbols.

The two parts of the «My Tune» tool can be used independently of each other or be applied together in different contexts (e.g., clinical, private practice) and are meant for service users who take part in single or group MT.

Both parts of the tool target personal reflection, but in different ways: Part I of the «My Tune» tool is interactive and completed by the service user and therapist together. It supports the service user in recognizing their positive experiences as well as their challenges. Part II consists of a collection of questions the service user can reflect on individually, it further highlights personal needs and illustrates one's own progress.

Currently, «My Tune» is available in the Ger-

man language but intended to be translated into other languages as well. An online version may also be developed.

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ERASMUS + ABROAD: MUSIC THERAPY IN DEVELOPMENTAL DISABILITIES AND WITH TERMINALLY ILL PATIENTS

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Introduction

This manuscript discusses subjective experiences from a newly graduated Belgian music therapist who participated in an Erasmus+ program in Italy. She worked in the following settings: «Antoniano Insieme» a rehabilitation center for children and adolescents with developmental disabilities; «Casa Madonna dell'Uliveto» a hospice providing palliative care for oncological patients and patients with neurological diseases. Considering the congress' themes, this review's content is all about interpersonal connections through music therapy on an international level, where people with different cultures and languages find common ground.

Content

This presentation elaborates on how an Erasmus+ internship can contribute to the early identity and professionalism of a young music therapist.

First of all, the personal quest of the Belgian music therapist to integrate in and adapt to the Italian culture and language will be discussed, as well as the adaptation to new music therapeutic working methods. It becomes clear that entering new work settings

without bias is crucial. Therefore, observation is a key starting point to learn about different working methods. Within six months, the therapist was able to follow a path from observer-therapist to active co-therapist to a few sessions as solo therapist. Within the overwhelming experience of settling into a new country and new work settings, it was a welcoming gift to enroll in the therapeutic music processes at this adapted and flexible pace.

Secondly, there will be explored how speaking a different language influences communication and therapeutic relationships. Other than the use of body language and vocal expressions, music became, more than ever, the primary medium for communication and understanding one another.

At last, the alternation between the two work fields will be elaborated, being the rehabilitation center for children and adolescents on the one hand and the hospice for terminally ill patients on the other hand. The therapist was taken back and forth between sessions with children who are in the first stages of their physical, emotional, and personal development and sessions with individuals at the end of their lives. Being able to alternate between a more playful setting and

a more profound setting allowed her to create a healthy equilibrium and an open state of mind in between sessions. Nonetheless, it remained a challenge wherein flexibility was required.

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FROM GROUP-BASED TO COMMUNITY MUSIC THERAPY

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Abstract

The workshop will present the theoretical and practical aspects of music therapy techniques used in the Tloskov Social Services Center in Tloskov. The event will introduce the group-based and community concepts of music therapy that form a part of the everyday life of the facility's clients.

Description

The workshop will present the theoretical and practical aspects of music therapy techniques used in the Tloskov Social Services Center (Tloskov SSC) in Tloskov, Czech Republic. The event will introduce the group-based and community concepts of music therapy that form a part of the everyday life of the facility's clients – individuals with a mental and combined disability, including persons with autism spectrum disorders. The approaches used in the Tloskov SSC include a holistic music therapy concept developed by Tomáš Procházka, a developmental support music therapy concept developed by Matěj Lipský, and a community music therapy concept for groups of individuals with mental disability formulated by former director of the Tloskov SSC Antonín Dušek 45 years ago. In addition,

the workshop will present the facility's project, which is unique in the global context and which consists of an online radio station where programmers and presenters are individuals with mental disability, and a music club, which exists within the Tloskov Social Services Center which caters for individuals with a mental and combined disability as well as to other guests. The workshop will be divided into two parts. The first part will present the individual types of group-based music therapy concepts. The second part will feature a video containing a presentation of community music therapy. The workshop will include an overview of music therapy intervention systems used in the Czech Republic.

About the Authors

PhD Mgr. Et Mgr. Matěj Lipský, DiS, PhD, is the director of the Tloskov SSC, the founder of the Czech Music Therapy Association, an expert with more than 15 years of experience in the field of music therapy, and an external instructor at Universities in Prague and Olomouc.

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MUSIC THERAPY AND THE AUTISM SPECTRUM: ASSESSMENT PRACTICES AND RESOURCES

Gustavo Schulz Gattino

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Introduction

The assessment process in music therapy for autistic people must be guided by basic principles that guide the practice of music therapists. Different writings can inspire these principles, and one example is the document «A National Guideline for the Assessment and Diagnosis of Autism Spectrum Disorders» published by the CRC Autism (Whitehouse et al., 2018) in Australia. Gattino (2022) adapted these principles to music therapy, especially focusing on neurodiversity in music therapy and publications in the area of social justice and multicultural diversity. According to Gattino (2022), the six principles for assessing autistic people in music therapy are 1. Evidence-based, 3. Individual or family-centered, 3. Holistic framing, 4. Focus on strengths, 5. Equity, and 6. Lifetime occurrence.

Presentation overview

There is limited literature on the assessment practices in music therapy directed to people on the autism spectrum, especially how to apply different assessment practices and resources in the music therapy practice. Music therapy assessment involves procedures where the music therapist gathers information, analyses data, and makes decisions on how to carry out the music therapy process (Gattino, 2021; Waldon & Gattino, 2018). According to Waldon & Gattino (2018), music therapy has four assessment methods: reviewing, interviewing, observing, and testing. This presentation will focus on how to use the

four assessment methods (reviewing, interviewing, observing and testing) for people on the autism spectrum and will present some practical activities using the assessment tools Music in Everyday Life (Gottfried et al., 2018), Intramusical Relationship Scale (Ferrari, 2018), Goal attainment scaling (Carpente, 2018), and Observation Plan for groups in Music Therapy (Gattino, 2020). The presentation will also focus on planning, organizing, and using specific documents for the assessment practices in music therapy in the autism context. The presentation is organized in four parts: theoretical foundation, application of practices in clinical vignettes, a quiz to review the content presented, and a final space for questions about the content shown during the presentation. Throughout the presentation, attendants will have moments to ask questions and reflect. This presentation encourages the attendees to consciously reflect on the music therapy assessment practices as part of quality assurance and professional, ethical consideration in practice for people on the autism spectrum.

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AN INCLUSIVE CHOIR AND SITUATED LEARNING

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The beginning

The music therapy program at Aalborg University has been based in the House of Music since 2015. In 2016 the House of Music was the first cultural institute in Denmark to be certified as being «dementia-friendly». Following this the House of Music, the music therapy program and the regional Alzheimer's Association joined forces in 2017 to create a «Dementia Choir» for individuals with dementia and their relatives.

The content

Choir sessions take place three times each semester and participation is free of charge. It is run by students at the music therapy program during their third and fourth semester. The session consists of a warm-up exercise, five songs, a coffee-break, and another five songs. To create a recognizable framework (Ridder, 2019) three songs are kept the same each time (i.e., the first and last song and the song before the coffee-break). The warmup includes a combination of body and vocal exercises, and the primary purpose of the warmup is to allow the participants to become present and participate, regardless of their level of function. The songs are selected by the students prior to the session. They are picked from a list of songs, that has been suggested by the participants. This is done partly to ensure, that the songs are known and liked by the participants, but also to include the participants and provide them with co-ownership of the sessions.

To foster a more equal dynamic between the students and the participants and provide the students with a training situation where they train using their voice and instruments to project their sound, both speech, song, and music is delivered unplugged.

Preparations

To prepare the students to plan and carry out the sessions in accordance with the general needs and level of function of the participants, the students receive training on various aspects. This includes conscious song-selection and progression, optimal choice of key and tempo of the songs, as well as being mindful of the volume and tempo of their own voices (Ridder & Krøier, 2022).

Everyone's a winner

The choir is a social construct where both the students and the participants can give and receive. The participants receive an opportunity to take part in a meaningful and safe social situation, where the dementia disease does not hinder the possibility of being included. Thus, the participants experience the sessions as positive and meaningful. The participants provide the students with a hands-on learning experience with individuals with dementia, which several participants have expressed consciousness about in positive ways. The students can do *in-situ learning* in a safe environment and be supervised by a trained therapist and teacher, who can intervene musically as well

as therapeutically if needed, as well as framing the students learning experience through feedback.

To stream or not to stream

Due to COVID-19 related restrictions the Dementia Choir was held online both in the format of live streaming and later as pre-recorded streaming. While these formats were seen superior to cancelling, they did not come without challenges. Both formats required high levels of technical skills and the content of the students' learning potential was drastically different than during "normal" live events. For example, the students would not experience feedback from the participants, but instead would gain experience with performing in front of cameras. Although streaming may allow people to participate that are not able to attend otherwise, the session becomes a different ecopsychosocial (Zeisel et al., 2016) construct, where the participants miss out on the opportunity of singing at the venue. Therefore, the streaming format is not preferable.

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CHALLENGES IN MUSIC THERAPY PRACTICE AND RESEARCH IN SCHIZOPHRENIA, PARTICULARLY REGARDING NEGATIVE SYMPTOMS

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Introduction

In this lecture, I will present and reflect on the challenges we met during the national research project «music therapy towards negative symptoms in people suffering from schizophrenia», that took place in 2015-2020 in Denmark. The challenges concern clinical interventions and research designs within music therapy as a psychosocial intervention for people suffering from schizophrenia with predominantly negative symptoms.

In 2015-2016 we developed two manuals for applying music therapy activities in two conditions (experimental and control conditions). The manual for the experimental group was based on intervention guidelines, including tools for contact building and how to engage the patient suffering from schizophrenia. These guidelines simultaneously emphasized how an awareness of the client/therapist relationship regarding closeness/distance and active listening attitudes by the music therapist are needed. The guidelines in the manual for the control group were based on a description of a passive listening attitude by the therapist – thus not actively building alliance with the patient.

In the presentation a short description of Cochrane and meta-reviews of music therapy and schizophrenia published before we started and during our study will be presented, with an emphasis on the needs in re-

search design and developments for future studies that these reviews were asking for. In the design of our assessor- and patient-blinded, randomized, controlled trial, regarding music therapy vs. music listening for negative symptoms in schizophrenia as a psychosocial intervention, we tried to meet some of these developmental needs. I will further emphasize the challenges in clinical practice that influenced the manuals, and the challenges in research design that influenced the results. I will identify and describe different kinds of challenges emerging through our study and give some suggestions about how to cope with these. A short presentation of the results will be included.

Finally, I will discuss the complexity of doing controlled trials and using blinded research designs with this vulnerable population.

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PSYCHODYNAMIC MUSIC PSYCHOTHERAPY IN ADOLESCENCE: THEORY AND PRACTICE

Dr. Sami Alanne

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Introduction

A phase-specific approach of individual psychodynamic music psychotherapy twice a week for three years may help to build a contact and support young clients in their transitions from childhood to adolescence and from adolescence to adulthood. In the author's clinical experiences of two clients representing different genders, the adolescent clients were better able to verbalize their thoughts and emotions with music psychotherapeutic work that was combining music and words (Alanne, 2014, 2023; Bruscia, 1998). Particularly, music seemed to develop the capability of symbolic thought, reflection, and using language in clients.

Methods and Outcomes

Such music psychotherapy methods combined with psychotherapeutic discussion as music listening, songs, free improvisation, and composing that were used in the cases may be applied to support the adolescent clients' self-expression and finding of emotions and words for their experiences (Alanne, 2014, 2023; Bruscia, 1998). As the outcomes of clinical cases, music psychotherapy decreased the depression, isolation, anxiety, psychotic symptoms, and acting-out and self-harming behavior, like slashing and playing games, with these clients. Individual music psychotherapy supported the clients' activation, education, and age-appropriate development of independence, self-regulation, and formation of relationships.

Theoretical Discussion

In the clinical cases of intensive psychodynamic music psychotherapy with adolescents, music seemed to mirror the clients' emotions and personality as the language like praxis and selfobject (Alanne, 2014, 2016, 2023). During the working-through of music psychotherapy, music seemed to be an unconscious developmental object in grieving and a part of the separation-individuation process for the clients. Music seemed to lead a way to the early bodily experiences and the therapeutic regression during their psychotherapy processes. As such, the clients' experiences appeared to be symbolizing the calming mother as a transitional object in the transference of clinical improvisations.

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MUSIC THERAPY TRAINING IN EUROPE: COMPETENCE BASED TRAINING FOR CLINICAL PRACTICE

***European Music Therapy Standards (EMTS) Commission
European Music Therapy Confederation (EMTC)***

Abstract

The European Music Therapy Confederation (EMTC) currently represents 51 music therapy associations in 33 countries across Europe. The scope of approaches, training programs, and areas of practice is thus inevitably broad.

Standards recommended for music therapy training have been discussed for many years. A register, established in 2010, provided guidance on the requirements for Bachelor's and Master's degrees, but due to the complexity of training, practice and other multiple factors in the different countries, the register was not used by practitioners. In 2017 the decision was made to begin a «bottom-up» project to gather relevant information about training standards from all EMTC countries, providing a basis for formulating recommended standards that could ensure the safe and effective practice of music therapy.

In 2018 the «EMTC Survey of Music Therapy Training: Core Competencies, Course Contents, and Intensity», was developed in order to gather information about the spectrum of music therapy training in Europe. A total of 116 surveys were sent out, and 78 (65%) were completed and returned. The distribution of training programs was the following: 13% Bachelor programs, 45% Master programs, and 42% private training programs (Fuchs, 2020).

A detailed analysis of the survey has been

carried out in four stages by the European Music Therapy Standards Commission (EMTS). The European Qualifications Framework (EQF) was used as an important point of reference. Firstly, the EMTS focussed on the competence descriptions that included knowledge, skills and competence. Stage two merged and defined the competencies to reach a consensus regarding core competencies. These competencies were presented at a Round Table at the EMTC conference in Edinburgh, where feedback was gathered from those present. In a third step, suggested minimum standards for qualifying training programs were formulated and sent to the training programs for feedback. The feedback gained from this third step was used during the fourth and final stage of work. Stage four consisted of the formulation of a final set of minimum standards for qualifying music therapy training programs. In acknowledgement that curricula develop to reflect changes in society, the healthcare landscape, and associated pedagogies, there are no specific approaches, particular theoretical or philosophical backgrounds or academic levels of study mentioned or recommended.

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MULTIMODAL MUSIC THERAPY FOR FUNCTIONAL NEUROLOGICAL DISORDER: DEVELOPING A COMPREHENSIVE CLINICAL PROTOCOL

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Functional Neurological Disorder (FND) is a neuropsychiatric condition caused by impairment of the functioning of the nervous system in which patients experience neurological symptoms that are clinically incompatible with pathophysiological explanations. Symptoms can include gait disturbances, tremor, seizures, chronic pain, limb weakness/numbness, or loss of consciousness. Though not a requirement for diagnosis, prevalent comorbid diagnoses/risk factors include anxiety, mood disorders, and/or experience of trauma. The interdisciplinary overlap between neurology and psychiatry combined with patients' diverse experiences of their diagnosis and related symptoms makes it difficult for professionals to develop treatment plans catered to the unique needs of the individual.

Current recommendations indicate an interdisciplinary approach through consultation, diagnosis, and treatment of FND. Further, literature suggests that a multimodal approach to therapy would have implications for success in treating FND, as it would enable the integration of care of patients' physiological symptoms and psychological needs.

A current study aims to develop a refined clinical protocol for FND patients utilizing a multimodal music therapy approach, incorporating vibroacoustic therapy and active

music therapy methods. The multimodal treatment protocol was developed with flexible interventions which could meet the complex and individual needs of patients with FND. Additionally, the clinical protocol utilizes a multimodal assessment protocol, combining standardized psychological inventories with established music therapy clinical assessment methods to formulate a comprehensive profile of the patient, contributing further to the individualized treatment plan. In collaboration with the neurology and psychiatry units of the central regional hospital, a series of case studies were conducted from 2021-2022 in which the proposed protocol was piloted with patients diagnosed with FND.

Results from the series of individual case studies will be presented, along with general findings regarding the protocol. Implications for future development of the proposed clinical protocol will be discussed.

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ETHICALLY EFFECTIVE MUSIC THERAPY IN RCT PROTOCOLS: A FINNISH PERSPECTIVE

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Background

In the past work of our research team (Music, Ageing and Rehabilitation team, MART), music has showed positive impact in various neurological disorders such as dementia, stroke, traumatic brain injury, and aphasia. Personally, I have found working as a music therapist in multiprofessional randomized controlled trial (RCT) research programs to be highly interesting and responsible, and it has also enabled me to learn new methods.

Planning the protocol

When planning the intervention in RCT, it is crucial to consider the needs of the patients, know the best music therapy practices done already, and create an appropriate music intervention method that adds pragmatic understanding of the rehabilitation with the patients. Basic elements like feeling safe, being understood, and experiencing meaning through many-faceted music and therapeutic interaction enhances coping skills of the patient.

Some important outcomes of our RCTs

Favorite music listening (1 h/day) delivered by the music therapist was shown to reduce depression and improve verbal memory and focused attention in subacute stroke pa-

tients compared to audio book listening or standard care (Särkämö et al. 2008). Listening to vocal music also enhanced language recovery in aphasic patients (Sihvonen et al. 2020).

Music coaching in which music therapists and music educators guided small groups of persons with dementia (PWDs) and their carers on using music listening or singing together as part of daily care was found to enhance mood and cognition (including attention and orientation level) of PWDs compared to standard care, with additional positive effects on working memory and autobiographical memory induced by singing (Särkämö et al. 2014).

Neurological music therapy, which involved cognitive-motor training with drums and piano in individual rehabilitation setting, was shown to improve executive functions and emotional self-regulation after traumatic brain injury (Martínez-Molina et al., 2022).

Finally, *multicomponent singing intervention* led by music therapist and choir conductor involving singing and melodic intonation therapy in a therapeutic choir setting (see Figure 1) was found to aid communication and speech production skills in chronic aphasia patients as well as reduce caregiver burden (Siponkoski et al. 2022).

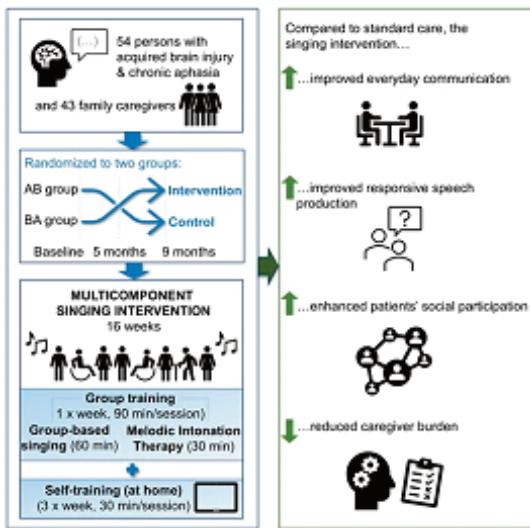


Figure 1. Multicomponent singing intervention in aphasia care (from Siponkoski et al. 2022).

Implementation

Besides publishing articles and books, active presence in media and in the education of professionals in the field of ageing and neurological rehabilitation is continuing. Working as a music therapist enables to use these newly developed practices. In addition, the Espoo Hospital has implemented projects that have managed to root music and art in the elderly care setting (Laitinen 2021).

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VALIDATION OF ITEM POOL FOR EARLY ADOLESCENTS EMOTIONAL SKILLS ASSESSMENT IN MUSIC THERAPY

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Introduction

Evaluating content validity is an essential step in the development of an assessment tool (reference). The evaluation of content validity includes an analysis of the quality of the items included in the tool. This presentation describes the development and content validation of a set of items for an early adolescent emotional skills assessment tool in a music therapy context.

Methods

Content validity was evaluated on the basis of the relevance scores given to each item by two expert panels. The psychometric scores of the items were obtained by calculating an item-specific content validity index (I-CVI), a scale-specific content validity index (S-CVI) and a modified kappa value, which reflects the consensus of the raters on the relevance of the items and also takes into account the possibility of chance agreement (Polit et al. 2007). In addition, the expert panelists responded to a quantitative questionnaire, and the responses were used to evaluate the coverage and understandability of the items.

Results

The content validity process eventually identified 60 valid items, which were divided into six different components of emotional skills: expressing emotions (eight items), monitoring emotions (four items), identifying emotions (six items), understanding emotions (four items), regulating emotions (14 items), and the ability to use emotional information both for self-management (14 items) and for establishing social relationships (10 items). The content validity of the items in the final pool of items was at an acceptable level. The item-specific I-CVI values ranged from 0.80 to 1.00, the overall Scale Content Validity Index (S-CVI) was 0.95, the item subject coverage at the scale level was 1.00, and the item understandability was 0.92.

Discussion

Based on the results, the final set of items has a high level of validity. The developed item set is the first to cover all the different components of emotional skills identified in the literature (Salokivi et al. 2021). In the future, the item set should be tested in prac-

tical music therapy work to provide the necessary information to determine the most appropriate size of the item set and to find the most suitable linguistic formulation. This study may provide a preliminary step in music therapy assessment research towards a validated assessment tool for assessing emotional skills in early adolescents with mental health conditions. In addition, the set of items validated in this study may be useful to music therapy clinicians who can use the items to help them observe in more detail the different dimensions of emotional skills in early adolescents and use this information to improve the well-being of their young clients.

Conclusion

The study describes a validation process to evaluate the content validity of items related to the emotional skills of early adolescents with mental health conditions. The results present a validated set of 60 items. The item set will be used in research to develop a valid assessment instrument to assess emotional skills in early adolescents. It may also help music therapists to better understand the broad field of emotional skills and its details when working with early adolescents with mental health conditions.

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MUSIC THERAPISTS ON THEIR ROLE AND STATUS IN MEDICAL SETTINGS IN FRANCE

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Introduction

The music therapy field in France developed under the influence of psychoanalytic philosophy, where music listening was used for calming restless patients, stimulating apathetic patients, and dispelling psychiatric patients' morbid ideas.

Although it has evolved over the past 50 years, in comparison with other countries where music therapy is recognized as a standard service in various medical settings, music therapy services in France remain limited in application and acceptability.

In France, there still exist misunderstandings regarding the profession of music therapists. Still, little is known about music therapists' status or how their professional situation is viewed in medical settings.

Aim

Therefore, the aim of this survey study was to provide demographic information about the status and employment conditions of music therapists working in medical settings in France, and to investigate music therapists' perceptions of their role and status in medical settings in France.

Methods

A survey was emailed to the 315 music therapists in France registered with either of the country's two professional music therapy associations. Respondents who reported working in medical settings within the last five years were asked to complete the survey. Descriptive statistics were used to analyze the data regarding their demographic, employment status, clinical practice, and perceptions regarding their role and status.

Results

Eighty-four respondents were included in the data analysis. Findings showed that nearly 30% of the respondents had to persuade their medical facility to offer music therapy services. Over half of the respondents (57%) received medical training as part of their degree requirements. On average, the respondents worked 14 hours per week, and this was mainly in residential care facilities with patients with neurodegenerative disorders. Respondents strongly agreed that a music therapist's role includes assessing patients, setting treatment goals, reporting progress, and communicating with the medical team. However, respondents stated that their status and role remained unclear to their medical colleagues.

Discussion

Despite promising advancements in the field of music therapy, in France, the profession lacks the full support and recognition of the medical community. Additional efforts in the areas of medical training and systematic evidence-based practice are needed to improve the status of music therapists in France and promote the acceptance and applicability of music therapy in medical settings across France.

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MUSIC THERAPY IN GEORGIA TODAY: AN INTERNATIONAL COLLABORATION

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Tamar (Tako) Zhordania

ინკლუზიური მუსიკალური განათლების განვითარების ცენტრი
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In a country where music therapy has historically had little recognition, a pioneering spirit is required to seek out training; resilience and ambition is needed to develop practice.

The presenters of this poster have taken different routes in their discovery of music therapy, but both have been driven by a passionate belief that people with disabilities deserve access to the benefits of music.

The non-governmental organization «Parents Bridge» has more than 20 years' experience of delivering services for disabled children, including music therapy. Since 2011, they have benefited from guidance and professional support from Music as Therapy International, including strengthening staff training and supervision. This support, alongside the significant impact the team have observed in their work with children with disabilities, gave the team the motivation to establish first music therapy center in Georgia in 2016.

Every year, «Parents Bridge» Music Therapy Center offers individually planned music therapy activities to up to 50 children. In 2018 the «Parents Bridge» therapists ran their own 40-hour training session for staff working with disabled people in different regions of Georgia and, since 2019, their two leading Music Therapist provide outreach music therapy sessions at a local children's hospice.

Tako Zhordania is a music therapist who originally undertook her initial professional training through a learning opportunity offered by a German Nordoff-Robbins trained music therapist in 2016. This enabled her to establish her practice in Georgia, where she works in a number of different centres for children with additional needs.

In 2022, Tako led a music therapy project for *Music as Therapy International* which played a significant contribution to her professional development and confidence. Further supporting her practice are the relationships she has built with music therapy centres and specialists in the US and the UK, and access to training in Georgia and from abroad.

However, in Georgia public awareness and understanding is still minimal and the government does not currently recognise music therapy as an alternative psycho-social service. The authors are united by a shared vision to make music therapy accessible and inclusive in Georgia as it is in other countries.

This poster explores how music therapy has been established in Georgia and reflects on what the future may hold for its emerging practice. The presenters will consider the question, what can local pioneers achieve and what is the role for international music

therapists to help strengthen music therapy practice in Georgia?

The poster will include images from local music therapy practice and international collaborations.

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PROVING THE EFFECTIVENESS OF A VIBROACOUSTIC MUSIC THERAPY INTERVENTION FOR POSTOPERATIVE DELIRIUM

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Introduction

Postoperative delirium (POD) is a highly prevalent morbid syndrome in intensive care units (ICUs). Approximately one-third of all patients over 70 years of age are affected by POD. Its fluctuating symptoms and manifestations pose serious psycho-physiological risks to the patients, as well as strains on their relatives and medical professionals (Janssen et al., 2019). Given the frequent side effects and uncertain benefits from pharmacological interventions, non-pharmacological approaches like music interventions might contribute to alleviate the symptoms and shorten the duration of delirium. The theoretical background is solid, but practice is still limited (Golubovic et al., 2022).

Aim and Objectives

The aim is to develop and implement an intervention that combines music therapy and vibroacoustic using the resono SoundPad in order to reduce the psycho-physiological burden of symptoms of POD. The efficacy, relevance, and applicability in managing POD will be investigated.

Method

The core element of the intervention is the

SoundPad - a thin wooden board with two small speakers that allows wireless connection to a mobile device. The SoundPad acts as a resonance body so that the vibrations can also be perceived haptically with the hands or other parts of the body, such as chest, stomach, and tights in addition to the auditory musical experience (Gießible, 2023).

After outlining the intervention and its theoretical implications, this presentation introduce the study protocol for a pilot study. It will be a two-arm RCT study conducted in the Department of Anesthesiology and Surgical Intensive Care Medicine of the University Hospital Augsburg in a naturalistic setting.

Results and Discussion

The results of the research project will open up a new field of work for music therapy, which will make an important contribution to the further development of the music therapy discipline. The concept development, further development and resulting scientific publications will make an important contribution to the care of delirious patients in intensive care. A possible adaptation of the findings for the care of delirious patients in normal wards is conceivable.

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MUSIC THERAPY FOR DEPRESSION: FINDINGS FROM THE MUSED STUDY AND CLINICAL-PRACTICAL IMPLICATIONS

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Background

Depressive disorders are among the most prevalent mental illnesses worldwide. The emergence, maintenance, and recurrence of depression are strongly associated with impairments in emotion and stress regulation. Although research is already well advanced, the non-responder rate among conventional therapy approaches is around one-third. This fact underpins the need for alternative, complementary therapy approaches. The body of research on music therapy and depression has been growing within the last few years, and a lot has been achieved (Aalbers et al., 2017). As music directly addresses the processing of emotions (Koelsch, 2014) and stress (Witte et al., 2022), music therapy can serve as a powerful agent in the treatment of depression. But still, only little is understood about the underlying mechanisms of action. Above, to date, no therapeutic manual for music therapy in depression exists. Hence, further research is needed to develop consistent therapeutic approaches and prove the effectiveness of music therapy.

Objectives

The intended presentation will give an overview of previous research, including the results of the randomized controlled trial «Music Therapy for Depression» (MUSED) (Gaebel et al., 2021). Thereby, both the psychological level (indicated by e.g., stress and emotion regulation) and the psychobiological

level (indicated by circadian heart rate variability and salivary cortisol) will be taken into account. Based on the experiences from the MUSED study, clinical implications will be derived, and a practical framework will be provided that can be adopted and applied by clinical music therapists in the treatment of patients who suffer from depression.

Discussion

The Results of the MUSED study add new knowledge to previous research by contributing to a better understanding, of how far music therapy may impact holistically relevant affect-modulating processes in depressive women.

Manualization and evidence base open the possibility of convincing potential funders of the effectiveness of music therapy for the treatment of depression. Limitations of manualized and evidence-based music therapy will be highlighted and discussed critically.

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MUSIC THERAPY IN THE TREATMENT OF BIPOLAR DISORDERS. A QUALITATIVE ANALYSIS OF GROUP DISCUSSIONS WITH MUSIC THERAPY PROFESSIONALS.

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Introduction

Bipolar disorders (BD) are among the most severe mental illnesses, and can place a considerable strain on the individuals affected for long phases of their lives. Both the diagnosis and treatment of bipolar disorders are very complex, as affective and psycho-chaotic phenomena and symptoms of varying intensity and severity can change and develop periodically during the course of BD. Although music therapy is used in the mental health care of people suffering from bipolar disorder (see f.ex.: Nolan, 1991; Odell-Miller, 2007; Carr, Odell-Miller & Priebe, 2013), specific therapeutic approaches that take into account the wide variance of bipolar manifestations have so far been insufficiently explored and described. There is a lack of explanatory concepts as well as disorder-specific process- and efficacy research. This concerns both acute treatment and the provision of treatment continuity across multiple episodes (Haugwitz, 2022).

We designed an explorative study that focuses on the following questions:

1. How do music therapists experience working with individuals suffering from BD?
 - a) What phenomena and characteristics of the music therapy encounter do they describe?
 - b) How do they describe the challenges,

but also the potentials of the treatment and its process dynamics?

2. What actions and decisions do music therapists derive from this regarding the setting, indication, treatment goals as well as methods and techniques used?
 - a) How do they shape the contextual conditions for the treatment of BD?

Methods

Six group discussions were conducted with experts from music therapy practice in mental health care recruited from Germany, Austria and Switzerland. Two focus groups were sampled: group A had 3 experts and group B had 4. Their work experience in mental health care ranged from 12-40 years (mean 20 years). Both groups each met 3 times for a duration of 90 minutes in a video conference setting.

According to the discussion guide, a central interest was to first describe the musical encounter with people who show phenomena of the bipolar spectrum and to explore its quality. In the second session, the groups dealt intensively with a case report presented by one of the experts. The focus of the third session built on the experiences of the previous discussions and left room for open questions, but also for unresolved and contradictory aspects. In addition to reflecting on pro-

fessional issues such as music therapy setting, indication and treatment concept, this guideline also provided an indirect insight into therapeutic practice and interaction.

The video- and audiotaped material is made available in transcribed and anonymous form. The reconstructive analysis is carried out using the Grounded Theory Method.

Results & Discussion

The experts' discussions reflect many years of practical experience, which is made up of extensive, often implicit knowledge of action, but also explicit expertise as well as explanatory approaches. The groups themselves develop new insights through the participants' interaction. In contrast to individual expert opinion, these are the basis of interpretation and theory development. The approach described aims to elaborate categories and relationships facilitating the development of theoretical hypotheses on the research questions that can be investigated in further research.

The long-term goal is to describe approaches for the treatment of BD as a basis for efficacy research. The research method and first interim results are discussed in the paper.

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CRISIS MANAGEMENT IN INPATIENT PSYCHIATRIC GROUP MUSIC THERAPY

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Abstract

This paper deals with the coping of critical and stressful moments in psychiatric group music therapy for patients and therapists. Ruptures or mismatches are both a challenge and an opportunity for reparation. Quantitative and qualitative research findings of group music therapy are reflected in relation to crisis management.

Background

Group music therapy has become the preferred method of therapy in psychiatry in recent years, with all its possibilities of mutual relatedness and synchronicity. Psychiatric patients seek therapeutic support in massive crisis situations. Dealing with critical moments such as massive volume, silencing, rejection or chaos is part of everyday music therapy. Tronick (2007) described the process of match-mismatch and reparation for infant-adult interaction and consequently as a central process that ultimately initiates change in therapy. In psychotherapy discourse, the process of rupture and repair has been researched by Eubank, Samstag and Muran (2023) for 30 years.

Music therapists therefore need a multi-layered knowledge of crises in group dynamic processes. Only the constructive processing and overcoming of crises through musical and verbal interventions enables therapeutic success.

Objective

This paper focuses on overcoming crises and ruptures in psychiatric group music therapy from the perspective of patients, as well as therapists, as a crucial developmental opportunity.

Methods

Quantitative and qualitative research results of group music therapy in psychiatry are firstly systematically processed and secondly examined in relation to the occurrence of crises and possible coping. Clinical vignettes on dealing with ruptures and reparation are also included.

Conclusion

Mastering of crises in group music therapy is an important factor that should be given more attention in research on group music therapy. Negotiating tensions and differences within musical play, and thus music therapy, can ultimately enable patients to better manage crises in their lives.

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IMPROVING TECHNOLOGICAL COMPETENCES IN MUSIC THERAPY STUDENTS

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Background

The digital transformation has already and will change the future of music therapy. To meet new requirements, (future) music therapists need to acquire specific knowledge and skills in digital technologies (Crowe & Rio, 2004; Magee, 2014). This includes both the ability to make sound decisions for the use of music technologies and their application in clinical practice as well as strong knowledge of e-health applications (Knott & Block, 2020; Werger et al., 2020). This project aims at the development of a curriculum including courses on the use of digital technologies in a music therapy bachelor's program.

The first step is to identify the necessary competencies in this area. In a second step, we look at which subject group (music, scientific research, music therapy methods etc.) the respective competencies belong to and whether they are already anchored in the curriculum. The last step includes the development of a range of suitable courses and reorganization of the curriculum. This innovative initiative relies on an interplay between given administrative and legal regulations, external experts and facilitators.

Methods

To get an insight in the process and results accompanying research was used. This included expert interviews with students, lecturers and

practicing music therapists as well as the evaluation of teaching practice and learning outcomes. A qualitative content analysis of the material was conducted.

Results

A range of competences in digital technologies evolved from the data provided by students, lecturers and music therapists, which can be subdivided into professional and personal competences.

For using digital technologies in music therapy, therapists need knowledge of current developments in hardware and software in music and in health as well as legal regulations for using digital technologies. They need the skills to make informed decisions about whether, how and when to integrate digital technology into music therapy. This includes the practical implementation of music technologies in active or receptive interventions as well as the professional use of hardware and software for tele-health, assessment, documentation, organization, and evidence-based practice.

Personal competences comprise the thoughtful, responsible, and flexible application of digital technologies, creativity and expertise in dealing with technology-related challenges and the ability of interprofessional cooperation in the use and development of digital technologies in the various clinical and non-clinical settings of music therapy.

The transformation of the curriculum based on these competences and the challenges of implementation will be presented.

Future Implications

In the spirit of the scholarship of teaching, the results of the project will be made available to other music therapy programs and continuing education providers. The project will thus make a valuable contribution to the innovative development of teaching in music therapy.

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INTERACTION FOCUSED FAMILY MUSIC THERAPY IN PEDIATRIC ONCOLOGY: A RANDOMIZED CONTROLLED PILOT TRIAL

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Abstract

Families with a child suffering from cancer are in a field of extreme emotions. As a non-verbal medium, music offers the possibility to make individual realities and divergent sensitivities tangible. The RCT «Interaction-focused music therapy with cancer affected children and significant others» examines music therapy processes and discusses solution approaches.

Background

Pediatric oncology patients and their families are in an existentially threatening situation for which music therapy has proven as a cross-linguistic field of action: the creative act of making music offers the possibility of strengthening individual competencies and makes socio- psycho-biological conflicts tangible in a very direct way. Although music therapy is an established component of multimodal care and the inclusion of significant others in the therapy setting is recom-

mended, there has been little clinical research on music therapy interaction processes in the family system.

We have designed a randomized controlled pilot trial (INMUT) that specifically addresses family interaction in a multi-person setting.

Methods

We investigate the efficacy of music therapy interventions involving the parent-child dyad (INMUT-KB, n=16) compared to music therapy interventions involving only the child (MUT-K, n=16) and a waiting group without intervention (WG, n=10).

Research questions

- 1) Does the parent-child interaction improve mutual attunement, nonverbal communication, and emotional parental response?
- 2) Are there effects on quality of life, psychosocial and psychosomatic impairments, and system-related level of functioning?

Evaluation tools

Primary goals will be assessed by the music therapy-based Assessment of parent-child interaction (APCI) pre and post. The secondary objectives will be assessed by self-reports in form of the psychometric questionnaires KINDL, Experience in Social Systems Questionnaire (EXIS), Burden Assessment Scale (BAS) and Symptom.

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VIBROACOUSTIC MUSIC THERAPY IN PALLIATIVE CARE: INTERVENTION FOR PATIENTS AND THEIR RELATIVES - KALLIOPE

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Introduction

Palliative care for terminally ill patients also includes the support of their relatives. Psycho-oncological, socio-legal, and pastoral counseling are already well established (Oechsle et al., 2021). However, standardized procedures do not include interventions that address the relationship between the patient and family members. The impending loss affects the relationship and the accompanying life balancing (Boss & Couden, 2002). Feelings like pain and happiness, fear and hope are experienced in a way that was often not known before. In order to share this with each other, it sometimes needs external support. Therefore, listening to music can help to resolve the ambiguities of such situations.

Methods

The music intervention, based on music therapy expertise, allowed patients and their relatives to listen to music together using a resono SoundPad. It is a thin wooden board with two small speakers connected wirelessly to a mobile device. A selection of well-known music tracks of different genres is stored on it. When

patients and relatives place their hands on it, they can feel the sound waves of the music, transmitted through the wooden board.

KALLIOPE is currently in the clinical trial phase. Through qualitative surveys, the research interest focuses on subjective experiences, especially the description of simultaneously hearing and feeling the music and the attributed effects of the music intervention. The focus is always on the experience of presence and connectedness. In the further course, feedback from ward staff will also be collected. The testimonials will be analyzed from a music therapy point of view. The evaluation is carried out with the help of reconstructive research methods.

Results & Discussion

Feedback to date has been consistently affirmative. So far, the testimonials tend to address the music-listening experience rather than the relationship situation. The implementation of the intervention into the ward routine is still a challenge. The results will be used for further methodological development and the preparation of impact research.

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BEING A MUSIC THERAPIST IN GREECE: A LONG AND WINDING ROAD

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A short introduction

The present study investigates the lived experience of being a music therapist in a country where music therapy is still not regulated by law. A phenomenological approach allowed for the essence of a «long and winding» experience to be explored.

The background

During the 1980's, Greece was welcoming the first qualified music therapists who had studied abroad. Since then a lot has changed. In 2004, the official professional body of music therapists (ESPEM) was founded and currently ESPEM has 71 members (<https://emtc-eu.com/>). Moreover, two master's programs are offered, seven music therapists have completed doctoral studies (Tsiris & Kalliodi, 2020), two music therapy Assistant Professors are appointed to State Universities, and *Approaches*, an open-access peer-reviewed bi-lingual journal –English and Greek– is published since 2009. Despite these changes, the field of music therapy in Greece still remains in its infancy. Without legal recognition, the profession is oftentimes misrepresented by practitioners who are not qualified music therapists, yet meddled with it, causing a misconceived discourse on its identity.

A qualitative approach

Guided by the research question of how qualified practitioners in Greece experience being music therapists, thirteen professional music

therapists were interviewed (18,3% of ESPEM members), 11 women and 2 men, from various educational backgrounds, practicing in diverse clinical settings. Their ages ranged from 29 to 50, and their years of experience from 2,5 to 20. They all studied music therapy solely at a graduate level, in the UK, Spain, Finland, Netherlands, USA and Greece. Following the descriptive phenomenological psychological method and the five-step analysis process proposed by Giorgi et al. (2017), data were analyzed and meaning units were identified in order to depict the essence of the general structure of the lived experience as narrated by participants. Each narrative was unique, yet common denominators allowed for an overall description of the lived experience.

The themes

At large, it seems that the profession of music therapy in Greece is travelling «*a long and winding road*» as the Beatles have sung. In particular, and using lyrics from the song, «*many times I've been alone*» refers to a solitary journey that participants feel they have embarked on, and highlight their need to network with fellow music therapists. «*And many times I've cried*» expresses the frustration that the participants feel towards a professional association that is tolerant of competitive and tangled relationships, and fails short in promoting a sense of unity among members. A misrepresentation of music therapy by non-qualified individuals «*has left a pool of tears*» and feelings of dismay, while participants

strive to strengthen their professional identity. «*Crying for the day*» and feelings of insecurity accompany the struggle with underpaid jobs, short-term contracts, and uncertainty for future employment. Feelings of disappointment were evident due to «*the many ways they've tried*», however there is «no understanding of what we do» and no recognition of music therapy, even from other health professionals. «*Don't keep me waiting here*» echoes the anticipation of all participants for the profession to be regulated by law. «*Let me know the way*» resonates the expressed need for continuous support through supervision, personal therapy and self-care practices to ensure high quality of music therapy services. A solid educational background, specialized trainings and continuing education are seen as the prerequisites that «*Lead me to the door*» of good practice. And «*I've seen that road before*» stresses the need for acceptance of diversity and the promotion of an inclusive way of acknowledging different music therapy approaches, different educational backgrounds and different ways of working.

Coda

In interpreting the findings, being a music therapist in Greece is painted by many colors,

ranging from satisfying emotions surrounding music therapy practice per se, to disappointing collegial relationships and statutory struggles. Each narrative highlighted a hidden yet strong image of professional identity. Embracing diversity within the professional association may act as a unifying force for the profession with a potential to turn differences into strengths.

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INVESTIGATING THE EFFECT OF MUSIC THERAPY ON OPERATIVE PATIENTS

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Introduction

Undergoing a surgical procedure can be an extremely stressful and overwhelming experience for many patients (reference). Hospital anxiety may cause acute psychological distress before an operation potentially affecting both the anesthesia process and the patient's recovery (Bradt et al., 2011). Music has been shown to be beneficial for people's wellbeing (Psaltopoulou, 2015) To that end, in this study we examine whether music therapy (MT) has a measurable relaxing effect on operative patients undergoing laparoscopic cholecystectomy, with the possible benefit of reduced drug use and patient hospitalization time. MT in no way replaces standard medical and pharmaceutical treatment but could be used to improve and support the patient's mental health before and after surgery. Any finding that will suggest a positive contribution to the qualitative and quantitative characteristics of the postoperative patient in this setting will be novel, important, and potentially impactful. At the same time, the ease or lack thereof with which the nursing staff can apply and support the proposed music medicine in the context of the treatment of operated patients will be examined. Finally, we will explore how interactive MT sessions will be perceived by the Greek population and the National Health System.

Previous studies explored the effect of music listening during surgical procedures (Kahloul

et al., 2017), or music playing either by the patients themselves or by staff members before, after or during surgery¹. Some even trained nursing staff to administer receptive MT to patients (Bojorquez et al., 2020).

Study Structure

This study compares the effects of receptive and interactive MT. The experimental design includes 3 groups:

Group A - Receptive MT: In addition to the standard pharmacological treatment, the patients will be provided with headphones to listen to music the night before, on the day before and on the day after the procedure. They will choose between different personally-tailored playlists which include multiple musical genres.

Group B - Interactive MT: In addition to the standard pharmacological treatment, this group will attend interactive MT sessions with a qualified, HCPC registered music therapist. The patients will have 1 session the morning before the scheduled surgery and 1 session the day after the surgery.

Group C - Control: Will be only receiving standard pharmacological treatment. All the participants will be patients from the National Health System of Greece at the Public Hospital of Kozani, Greece. Selection and invitation

1. <https://www.cnn.com/2015/08/13/health/music-therapy-surgery-patients>

of the participants will be made by consulting the doctors and appropriate staff prior to the operation allowing enough time for consideration and offering clear information to the patients regarding the study.

We will be comparing quantitative (NEWS physiological measurements) and qualitative characteristics (questionnaire) before and after the surgery, using appropriate statistical analysis methods. Moreover, we will observe the rates of requested PRN analgesia in relation to the MT sessions. No extra pain or discomfort will be caused to the patients.

As this study is still at a very early stage, we will present the preliminary results of the study and discuss the next steps.

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GUIDED IMAGERY AND MUSIC FOR RHEUMATOID ARTHRITIS PAIN MANAGEMENT

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Introduction

Analyzing clinical application data on pain and pain control in the nervous system, it is observed that music interventions are capable of relieving pain, while providing a pleasant aesthetic experience. Music therapy provides patients with opportunities to explore “inner experiences” while helping to process important experiences.

Methods

This study reports the preliminary results of a doctoral research in which the participants (the very first ten participants of the intervention group) who are patients with Rheumatoid Arthritis, suffer from chronic pain, and older than 18 years.

The research is carried out through the Pain Clinic of the Department of Anesthesiology of the University General Hospital of Larissa while the sessions took place in the home of each patient. The intervention of this study was performed three times for each patient with a weekly frequency (\pm one day). The “short music program” of Helen Bonny was used for all the participants. Simultaneously questionnaires and scales that measure other physical and psycholog-

ical health parameters of the patients were completed.

Results

The Wilcoxon test (t-test for dependent samples/pairs) was applied for the results of The Wong-Baker Faces Pain Rating Scale (Wong-Baker FACES® Pain Rating Scale, WBS)

1st Session

The session had a statistically significant result since $p\text{-value}=0,011<0,05$ (Asymp. Sig.). 80% of the patients improved their state of pain after the treatment session (Negative Ranks); 20% of the patients had no improvement (Ties).

2nd Session

The session had a statistically significant result since $p\text{-value}=0,005<0,05$ (Asymp. Sig.).

3rd Session

The session had a statistically significant result since $p\text{-value}=0,005<0,05$ (Asymp. Sig.).

Conclusions

This is the first study to examine the effects of GIM on Rheumatoid Arthritis patients who suffer from chronic pain. Positive ef-

fests are demonstrated for both patients and caregivers.

Notes

Link to registered clinical trial: <https://clinical-trials.gov/ct2/show/NCT04380129?term=nik&draw=2&rank=2>

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MUSIC THERAPY AND PEDIATRIC PALLIATIVE CARE: SONGWRITING WITH CHILDREN IN THE END-OF-LIFE

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Abstract

As a therapeutic intervention, songwriting has cognitive, emotional, physical and spiritual dimensions. This contribution explores the story of Christopher, an 11-year-old child affected by leukemia, and his creation of two songs. The theoretical basis of this work is rooted in experience-oriented music therapy, which follows a family centered approach.

Description

Children's needs in pediatric palliative care requires a significant amount of care of the patient and their family. To ensure an appropriate level of care, a multi-disciplinary team with an organized interdisciplinary and interprofessional approach is required. Music therapy is

often used in the field of palliative care as a complementary approach to improve a person's quality of life by relieving symptoms, addressing psychological needs, offering support and comfort, facilitating communication, and meeting spiritual needs.

Songwriting in music therapy is one of the most explored and applied techniques to account for the care of children in pediatric palliative care. Through songwriting, the client, Christopher, overcame the fear of abandonment that can be experienced by terminal patients, offering some perspective to his final days that may otherwise have been lacking. Through songwriting, Christopher was able to make choices and act on his own will. This represents a key element in the accompaniment to the end of life.

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NICU FOLLOW-UP: A WATER MUSIC THERAPY INTERVENTION

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Introduction

The birth of a very premature baby is a critical event in a family's life. After discharge, the family risks focusing on the clinical aspects, compromising the relationship with the newborn. Therefore, we structured a follow-up protocol in the neonatal intensive care unit with a special music therapy intervention in water. Music therapy facilitates emotional communication between the family and the child, through physical, sensory and emotional experiences. Music therapy in water becomes an activity that supports multilateral motor development through pleasures, needs, intellectual abilities, relational development, affectivity and language (verbal and non-verbal). This environment allows children to communicate in different ways to strengthen the relationship with their parents. Preemies are accompanied with their parents to the swimming pool and through music they discover the perception of their "body" and their sensory-perceptive abilities. Music therapy in the pool supports the neonatal bond of attachment between the child and his parents. Also, water and music offer the possibility to discover the rhythm of the body, time in space, movement skills, the development of self-knowledge, one's own perception and strengthen communication. The warm emotional climate supports the psychological de-

velopment and social relationship of newborns. So, music therapy in water climes the growth and harmonious development of the premature infant. The objectives of the project are to support the relationship between infant and parent and support the sensory and motor aspects of the newborn. The music therapy techniques used are chosen according to the medical procedures and the development of the newborns. The music therapy theoretical orientation is integrative by neurologic music therapy and music psychotherapy. Thirty minutes is the duration of each session. The pool is reserved for premature babies at a water temperature of thirty-four degrees Celsius. The setting consists of floating percussion musical instruments, flutes, bells, kazoos, flutes, floating sound balls and floating carpets. The endpoints for premature babies is to analyze the Neuro-behavioral development of the child by assessing by Griffiths Scale at 12 months of neonates. The endpoints for parents is to analyze the stress level of the parents by assessing State-Trait Anxiety Scale and Beck Depression Inventory at 12 months of neonates. The effectiveness of this protocol will be evaluated by a randomized study, from premature to 12 months old after discharge. All infants recruited were born between 23-32 weeks' gestational age and/or under 1500 g at birth and began participation in the study. Vision: positive trend re-

garding the beneficial influence of music therapy in a water on outcome in the long term of treatment.

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PEDIATRICS SURGERY: MUSIC THERAPY FOR CONGENITAL PULMONARY AIRWAY MALFORMATIONS FAMILY-CENTERED CARE

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Introduction

Congenital pulmonary malformations are anomalies that are diagnosed prenatally. They are divided into: CCAM-CPAM, pulmonary sequestration, lobar emphysema, and bronchogenic cyst. If the child is asymptomatic at birth, the intervention is scheduled for the 6th month. Treatment in pulmonary lobectomy by thoracoscopy is the choice. After surgery, a clinical and instrumental follow-up program begins. The criticality of this pathology in the child and the parent's stress requires a multidisciplinary approach that considers the psychological-relational aspects. For these reasons, we have developed a music therapy protocol for newborns and their families. This protocol analyzes how music therapy can have evident effects based on procedural and postoperative child pain and parental stress. Congenital pulmonary malformations are complex pathologies whose severity can vary from perinatal death to an asymptomatic life. The parents are faced with a highly stressful emotional situation with death fears towards their child. Parents find themselves in this situation for many months:

from pregnancy to the day of surgery. The parents' sense of responsibility, for undergoing their child to surgery with a high risk of intraoperative mortality, alters the bond with the newborn. The music therapy protocol provides assistance centered on the needs of the newborn and their parents to support the family relationship, from pregnancy to post-operation and follow-up. The music therapy techniques used are chosen according to the medical procedures and the development of the newborns. The music therapy theoretical orientation is integrative by neurologic music therapy and music psychotherapy. We use music listening, music improvisation, songwriting, singing, and songs of kin.

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EFFECT OF MUSIC THERAPY ON ANXIETY AND VITAL PARAMETERS IN HOSPITALIZED COVID-19 PATIENTS

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Description

This is the first documented and published study on music therapy application on site in ICU with COVID-19 patients (Giordano et al., 2022). Hospitalized COVID-19 patients are vulnerable to different degrees of stress disorders as well as depression, anxiety and fear. The aim of this study was to evaluate the feasibility of introducing Music therapy on site with COVID-19 patients and investigating the immediate effects a single session has on

anxiety, heart rate (HR), oxygen saturation (O2Sat) and satisfaction compared to standard care. A randomized controlled trial of 40 patients was conducted. Participants were assigned to control group (CG) or the treatment group (MG). MG received an individual single session of music therapy in person. CG received standard care. MG and CG were subjected to identical measurements (pre-during-post) of the parameters STAI-Y, HR and O2Sat. Participants in MG were asked to fill in an optional open-ended question concerning

their experience with music therapy. Significant difference in anxiety levels between scores in MG and CG 34.50 (23.25–40.00) vs 45.00(38, 25–54.00); p = 0.000) was observed. MG compared to CG had statistically significantly higher values of O2Sat 97.50 (96.25–99.00) versus 96.00 (96.00–98.00); p = 0.026). Results show the feasibility of introducing music therapy as a supporting complementary/non-pharmacological intervention on site in COVID-19 patients. A single session of music therapy improves O2Sat and can significantly reduce anxiety.

Notes

Trial registration: 14/10/2021 No. NCT05077306. <https://www.clinicaltrials.gov>.

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TRANSFORMATIVE EXPERIENCES IN HOSPICE MUSIC THERAPY. MUSIC, RITUAL AND RELATIONSHIP

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Abstract

Transformation has been identified as the third level of hospice music therapy (Dileo & Dneaster, 2005). Using case material, the presenters define and describe what may constitute transformative experiences of hospice patients in music therapy and how elements of music therapy contributed to these experiences, specifically music, ritual, and relationship.

Content

Numerous authors have described the transformative potential of music and music therapy in various contexts (Aigen, 2007; Crowe, 2004; Tsiris, 2008) as well as in hospice music therapy. In particular, Dileo & Dneaster (2005) have identified the third level of music therapy interventions as the “transformative.”

At the end of life, it is important for patients to complete some existential tasks, as they seek meaning to what they have experienced and achieved in life.

COVID-19 forced the team of hospice “Casa Madonna dell’Uliveto” to engage in a significant reconstruction of meanings and values, especially with regard to care, ethics, family, and the human dimension in clinical practice at the end of life. The music therapist was also involved in this process, addressing the vulnerabilities and frailties of patients and family members.

Using clinical material from 20 years of work in hospice, research literature, and existential theory, the presenters will define and describe what may constitute transformative experiences of hospice patients in music therapy. They will focus on the elements of music therapy that contribute to a liberating and transformative process with particular attention to:

- The relationship that allows the music therapist to be a facilitator of the process of transformation and a carrier of a message that will live on after the patient’s death.
- The music and the specialized methods used in hospice music therapy.
- Examples of rituals that honor and externalize the transformation process and create tangible meaning both for patients and caregivers.
- The collaboration with the team and the care for other professionals.

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MUSIC THERAPY IN HOSPICE: IMPROVISATION AT THE END OF LIFE

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Abstract

Improvisation is central in the relationship with the terminally ill and lets patients confront the complexity of the final days. Through cases from 20 years of work in hospice, the presenter will describe the value of the music, voice, and silence in music therapy sessions at the end of life.

Content

Music therapy in hospice offers the possibility to meet patients' needs in terms of listening, support, and accompaniment during the advanced stages of illness, helping to improve the quality of life for patients and families/caregivers. The presence of a music therapist inside the multi-professional and interdisciplinary team gives the opportunity to enhance the clinical-care project, offering a way to communicate when words fail.

At the end of life, contrasting emotions are demonstrated to impede the patient's full comprehension of their own state of being, which often reduces the possibility of verbal communication with the family and caregivers.

According to the philosophy of the hospice, music therapy offers a "suspension" from total pain, a time to reflect and get in touch with oneself. In music and improvisation, the patient can find a way to express what is inexpressible in words and comes out of isolation.

Through analysis of documentation gathered from case data and videos, using examples from 20 years of work, the presenter will describe the value of the music, voice, and silence during the accompaniment of the terminally ill.

Particular attention will be given to:

- The value of musical improvisation as support to the music therapist to confront the complexity and the challenge to stay close to the patient in the final days.
- The gradual modifications of the improvisation and the music during the five stages of grief (Kubler-Ross).
- How to face through music the abrupt end of the relationship when a patient dies unexpectedly, which often occurred during the Covid-19 pandemic.
- The importance of supervision to integrate this existential part of the relationship.

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WHO LEARNS FROM WHOM? MUSIC THERAPY IN MOZAMBIQUE: A CULTURAL AND METHODOLOGICAL EXCHANGE

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Introduction

The paper describes a music therapy experience in Maputo, Mozambique: a cultural and methodological exchange aimed to carry out a systematic process of intervention, to promote dialogue and to stimulate new ways of exploring music therapy. According to the conference theme, the focus will be on the importance of connection and exchange of views of music therapeutic ideas, through an open discussion and reciprocal learning.

Context and aim of the project

The music therapy course was set up in a structured way, where the intervention contents and methods were prepared and then carried out in a continuous work of action and methodological exchange. According to a community music therapy perspective (reference), the course was planned in group sessions to increase participation and individual development by engaging in relation-

ships with peers. The sessions took place in familiar surroundings close to the participants' homes, therefore extending the benefits of musical experience beyond clinical institutions.

By exploring musical experiences and relationships developed within the group context, the music therapy activities aimed to help the participants to improve their awareness of living in the community, their psychophysical well-being and their autonomy and personal identity.

The music therapy activities took place in the barrio of Mafalala (Maputo) and involved children of primary schools between the age of 7 and 12. The activities aimed to: encourage concentration and auditory and visual reflexes; improve listening to Self and the Other through reciprocal interactions in group; stimulate perceptual-motor coordination; work on self-esteem through play and gratification. The activities in the suburb of Katembe were carried out in an infant center

that deals with street children of various ages. Initially, the aim concerned the inclusion of the music therapy sessions in their daily activities, helping these children to discover and explore a different way of communication and encouraging them to open up to a relationship that passes through the musical mediator.

Conclusion

The music therapy experiences in Mozambique reflect this belief WFMT stance of supporting a global music therapy network that includes all cultural and ethnic backgrounds by encouraging open, on-going communication as the foundation of learning and growth for the music therapy profession (World Federation of Music Therapy, 2022). So far, the project aimed to stimulate cultural and relational exchange, social cohesion and inclusion, by creating intercultural dialogues through collaboration with trained Mozambican operators in the field of music therapy. The encounter with different expertise, experiences and cultural identities sensitizes new ways of exploring music therapy, promoting a change of perspective on musical experiences.

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«IT'S A GOLDEN OPPORTUNITY» - A QUALITATIVE INTERVIEW STUDY OF COMMUNITY MUSIC THERAPY WITH YOUNG PEOPLE IN AN OUT-OF-HOME, RESIDENTIAL CARE SETTING.

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Many children and adolescents in child welfare have histories of traumatising experiences (Kayed et al., 2015). Combined with a lack of regulation support from caregivers, these experiences may result in complex trauma often referred to as developmental trauma (Nordanger & Baarud, 2017) or «complex posttraumatic stress disorder» (CPTSD or PTSD type II) (Munro, 2011). The traumatic history may result in severe physical, psychological challenges, and/or disorders (Kayed et al., 2015; Felitti & Anda, 2010). The perspective referred to as trauma-informed care has been applied as a holistic approach in child welfare services in the last decades in Norway (Krüger, et al. 2018). A trauma-informed approach in music therapy involves facilitating experiences of safety, mastery, and emotional regulation (Bath, 2015). Evidence-based research shows that music therapy facilitates safe therapeutic relationships and trust (Gold, et al. 2018). Music activities like improvisation, songwriting, playing in a band, and performance, may support adolescents in expressing and regulating emotions and create new possibilities for participation (Krüger, 2020). The current paper is based on a study that explores the potential of a trauma-informed approach in music therapy.

We will present qualitative findings, describe examples from practice, discuss the potential benefits and risks of applying a trauma-informed approach in music therapy, and present recommendations for further research.

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THE FUTURE OF RESEARCH IN MUSIC THERAPY: USER PERSPECTIVES AND HOW THEY CAN BECOME EFFECTIVE

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Background

What kind of research is needed to facilitate further development in music therapy? How can we make sure that what we do in music therapy research relates to current and future problems and issues in our societies? How will music therapy research have changed the lives and health of people living in our world in ten, twenty, fifty years?

Engaging users in research processes is considered an important factor for increasing the relevance and applicability of research findings to practice, and involving various types of users has become an often obligatory prerequisite for conducting research projects in recent years. «Users» in this context includes patients and other service users who may be directly affected by research, but also organisations representing their interests, and other end-users of research findings, such as health care professionals, decision-makers in health and care services, or health authorities.

However, involvement of user representatives and community stakeholders is often limited to later phases of a research project, to consultation rather than joint planning and decision-making, and to short-term collaboration rather than ongoing engagement (Boyer et al., 2018).

Focus

In this contribution to the Spotlight Session «The Future of Research in Music Therapy:

Topics and Methodologies», I want to focus on users' perspectives on music therapy research in general, and on how these views can become effective in interplay with researcher input while developing and implementing research studies.

Examples of user engagement in music therapy research

To reflect on possibilities and pitfalls in user-researcher collaborations, I will talk about experiences and findings that emerged from establishing an «experience panel» of service users, relatives and representatives from user organisations that currently serves as an independent advisory body for music therapy research in Bergen, Norway.

Using the example of a collaborative effort to develop a research protocol for music therapy in the field of substance use disorder, various goals, levels and approaches of user and stakeholder engagement will be discussed.

Emerging conclusions

When reflecting on how to best allow for meaningful collaboration to develop, it may be useful to remind ourselves of what we do in music therapy settings to facilitate connection and relationships, thus bringing the spirit of resonating and playing music together to the arena of research. In doing so, I find it valuable to consider that «it is not a music therapist's job to make collaboration happen,

but to embody and offer a collaborative intent from which a mutual, shared process may emerge» (Bolger et al., 2018, p. 264).

In discussing and planning for adequate user engagement in music therapy research, I propose that a more systematic and comprehensive way of approaching such endeavours, but also taking small-step chances where and when they arise within our respective areas of work will be important.

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MUSICKING DRAWINGS AND A PHD PROJECT IN GIFS

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This presentation is based on a PhD study that explores musicking with disabled children and their families with a focus on how, when, and under what preconditions music becomes fully accessible and meaningful for everyone involved.

Disability and accessibility have often been considered in relation to the individual child. In contrast, this study considers accessibility and meaning as distributed across whole families and groups of families and positions disabled children and their families as co-researchers in understanding such processes.

The study consists of two projects that were informed by participatory and emancipatory approaches (Freire, 1972) and ethnography (Atkinson et al., 2008) and used music as both method and result.

Drawing musicking scenes on video stills became an important part of the study, both as an analytic tool and for representing what happened. For Goodwin (2018), images can simultaneously provide the explication and the evidence. By tracing the trails of people, instruments and songs, there were created detailed accounts of what actually happens between small children, family members, a music therapist, music, and materials and how both expertise and knowledge are co-created.



Figure 1. A drawing of a group of families.

This presentation consists of a selection of drawings and GIF's that both present the process of the PhD and zoom into particular moments. While presenting scenes from this study that explored the accessibility and meaning of musicking together, this presentation also invites the viewer to reflect upon the accessibility and meaning of research dissemination.

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EXPLORING THE POTENTIAL FOR MUSIC THERAPY TO SUPPORT 21st CENTURY EDUCATION GOALS

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School engagement is a global crisis predicted to intensify in the context of COVID-19. As a consequence, education agendas have increasingly adopted whole-child and inclusive approaches, leading to new mandates and curriculums designed to curb the associated individual and social outcomes of school dropout. Yet, teachers are often left to implement these initiatives with little to no support, and within the context of competing neoliberal aims. The subsequent pressure on teachers undermines whole-child and inclusive approaches and has led to calls for increased teacher support. This includes support in novel teaching and learning approaches that meet the needs of a greater range of students. To investigate the potential role that music can play in this space, the present paper explores the experiences and attitudes of six Norwegian educators who attended two university-accredited continuing education courses on the use of music therapy with adolescents. Interviews sought to explore whether teachers gained new insights into the use of music in the contemporary Norwegian school context. Results showed that teachers did grow their understanding of how

music can be used in schools, with a focus on the ability to use music to teach the new Norwegian curriculum. Findings also revealed the challenges faced by teachers wanting to use music in this way. Overall, results suggest music does offer great potential in contemporary school contexts, particularly when its implementation is informed by music therapy theory. Findings have implications for schools, educators and policy-makers.

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MUSIC THERAPY IN WORK WITH YOUNG REFUGEES FROM UKRAINE

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This presentation concerns music therapy for children and young people with a refugee background in the first phase of establishment in the recipient country. Findings from an ongoing research project will be presented. Music therapy activities and theoretical perspectives will be described. In the project, we focus on children and young people who have come to Norway from Ukraine. Like many other children, these also have a familiar relationship with music and several of them are active in music from their home country. Existing research and practice show that music therapy can support children and young people with a refugee background both in dealing with challenges related to war experiences, flight, and the integration process. These studies show that the opportunity to experience

quality of life is of great importance for health. Background: The war in Ukraine has been going on since 2014, and the conflict has worsened since February 2022. Since then, many refugees have come to Norway. These are ordinary people, driven to flee by the war, and who carry with them both human needs, resources and skills. One skill many bring with them is music. Music is a competence that, if facilitated, can be used to acquire valuable meaning and belonging in life. Research question: How can music therapy be used as an approach for children and young people with a refugee background in the first phase of establishment in the recipient country? Population: Children who have arrived from Ukraine to Norway with refugee status, their parents, employees working with young people Scientific

methods: Art-based research methods, participatory observation, semi-structured interviews and focus groups.

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PARENT-LED, INFANT-DIRECTED SINGING FOR PREMATURE INFANTS AND CAREGIVERS: MULTINATIONAL TRIAL LongSTEP RESULTS

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Background

Parent-infant bonding contributes to quality of early parent-infant relationships and long-term infant health. Stresses of neonatal intensive care (NICU) hospitalization can disturb or delay parent-infant bonding. Modest improvements in parent-premature infant bonding are demonstrated in small-scale music therapy (MT) studies, but definitive trials evaluating longer-term effects are lacking. We present main outcomes from multinational clinical trial LongSTEP ([clinicaltrials.gov NCT03564184](https://clinicaltrials.gov/ct2/show/NCT03564184)) at 6- and 12-months infant corrected age (CA).

Method

2x2 factorial, multi-center, pragmatic random-

ized controlled trial enrolling 213 preterm infants (born <35 weeks gestation) and their caregivers from 8 NICUs in 5 countries (Argentina, Colombia, Israel, Norway, Poland). Families were offered MT with parent-led, infant-directed singing tailored to infant needs as three sessions per week during NICU, seven sessions during the first six months after discharge home, both or neither. Outcomes included parent-infant bonding (Postpartum Bonding Questionnaire [PBQ]); parental anxiety, stress and depression; and infant development.

Results

Mean (SD) total MT sessions received was 10 (5.95) during NICU and 5 (2.53) post-dis-

charge, where 87 of 105 participants (83%) received a minimum of six sessions in NICU, and 63 of 105 participants (60%) received a minimum of five sessions post-discharge. No significant between-group effects were found for PBQ at 6m CA, nor for any secondary outcomes. Most mothers did not demonstrate impaired bonding at baseline. Findings contrast with qualitative results from the Israeli cohort of this trial and warrant further study. High levels of intervention completion and lack of adverse outcomes suggest that this first long-term study of parent-led, infant-directed singing was safe and acceptable to parents.

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THE MISSING VOICES: ON CHILDREN AND ADOLESCENTS IN PALLIATIVE CARE

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Abstract

Where are the voices of children and adolescents participating in music therapy in palliative care? Based on a scoping review, I suggest there is a missing part in the literature on paediatric palliative care in hospital-at-home. The presentation will address how research in music therapy can include the patient's voice to a larger degree than today. In recent decades, there has been a treatment shift in paediatric palliative care from hospitalisation to hospital-at-home. As a conceptual and practical expansion of treatment in the hospital, hospital-at-home means children receive the treatment they are obliged to at home. Children and their families report great satis-

faction with the opportunity to receive treatment at home. It is expected that this practice shift will continue to grow in the future. In this presentation, empirical evidence will be summarised, and the knowledge gaps that need to be investigated become exposed. Clinical vignettes are included in the presentation.

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MUSIC THERAPY AND ADULTHOOD - AUTOBIOGRAPHICAL REFLECTIONS OF MUSIC THERAPISTS

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Abstract

The pedagogical-andragogical perspective reveals new aspects of music therapist education. The analysis of autobiographies of female music therapists opens the exploration of the role of the music therapy experience in the dynamic process of becoming an adult. The results indicate the synergistic effects of the music therapy experience on the person.

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MUSIC THERAPY IN SPAIN: STEPS TOWARDS THE RECOGNITION OF THE PROFESSION

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Abstract

The profession of Music Therapy in Spain is challenged to achieve official recognition by government authorities. This presentation will describe the steps taken in the last 20 years, in the endeavor to organize and standardize training, establish clear guidelines, and encourage accreditation among professionals, with the objective of achieving a unified professional identity.

Music therapy as a profession was introduced in Spain during the 1960s. Since then, the development and presence of music therapy in educational, medical and community fields has advanced significantly. However, future challenges include the official (legal and institutional) recognition of the profession by the relevant authorities. To achieve this goal and to promote a unified vision of the profession within the labor market, different steps have been taken to organize the Music Therapy profession in the last twenty years. Between 2007 and 2018, a series of documents were produced by the representatives of five music therapy associations affiliated to the European Music Therapy Confederation (EMTC).

The European Music Therapy Confederation (EMTC), was established in 1989 and is a confederation of professional music therapy associations from Europe and some associated countries, to promote and support the development of professional practice in Europe, and to foster exchange and collaboration between member countries. Each of the member countries is represented by a Country Representative with clearly defined functions, elected by the music therapy associations affiliated to the EMTC.

In order to move towards the regulation of the music therapy profession in Spain, recommendations for postgraduate (master's degrees) training programs were written (2008); criteria for becoming a professional music therapist were clarified (2009); and a national procedure to register accredited music therapists was designed (2010) following the EMTC's criteria. To facilitate the accreditation procedure, a commission was established in 2010; the *Comisión de Acreditación Española de Musicoterapeutas* (CAEMT), a Spanish code of ethics for professional music therapists was formulated (2014); and guidelines were established for the organization

of national music therapy conferences (2015/2018). Since 2014, Spain has a register (REMTA) of accredited professional music therapists (MTAE) and supervisors (SMTAE). Currently, there are a total of 102 MTAEs and 26 SMTAEs.

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THE TRAVELING SUITCASE: HOME MUSIC THERAPY FOR CHRONIC COMPLEX CHILDREN AND PALLIATIVE CARE

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Abstract

In coordination with the Pediatric Palliative Care and Chronic Complex Children Service of the Sant Joan de Déu Hospital, a home music therapy program has been implemented for children suffering from life-limiting or life-threatening illnesses (oncology, complex chronic conditions...). Music offers continued support and care for these children and their families.

Description

There is evidence of the efficacy of music therapy in Pediatric Palliative Care in all dimensions of the human being: physical, social, emotional, cognitive and spiritual. We will show results and images of interventions carried out at home, such as support and continued care for children with Complex Chronic Conditions and their families.

Goals

To evaluate the efficacy of music therapy on family bonding, here and now, communication and emotional expression, sensory stimulation and meaning of life.

Method

Quasi-experimental study, with its own pre-post record of music therapy. Without control group. Children referred according to protocol who complete 15 sessions. Recorded data included sociodemographic, clinical, objectives, family and musical participation. The timing was between February to December 2021.

Results

276 interventions were administered to 32 patients at 400 km per week. The sample size

was 8 (3 girls, 5 boys), 3.75 mean years old (0-13). They experienced pathologies, particularly 8 Complex Chronic Conditions.

The reasons in which patients were referred to music therapy services included: stimulation (physical), family stress, anxiety, need to communicate and express feelings (psychosocial). The techniques that were used in the interventions included singing, playing, improvising, composing, and music for movement.

The goals are as follows:

- Family bond: 79% → 83% presence, 75% participation, 53% → 57% eye contact. Orientation here and now: 48% → 65% (interest in musical activities and initial/final greeting).
- Communication and emotional expression: 35% → 38% (gestures, vocalizations). Sensory stimulation: 80% → 89% (silence/sound awareness) 67% → 76% (location)
- The meaning of life is reinforced through spontaneous musical creations.

Conclusions

Music therapy is especially effective in sensory and neurological stimulation and the reinforcement of the family bond (Figure 1). The time factor, the pathology and evolution of the disease affect the communicative intention (increases) but not the expressive one session.



Figure 1. Intervention music therapy at HOME.

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SYMPHONIC ORCHESTRAS AND MUSIC THERAPISTS: AN ADAPTABLE COMBINATION FOR SOCIAL INCLUSION

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Abstract

The community music project 'an orchestral morning' has been evolving and growing in Catalonia, Spain, since 2012, and now involves nine symphonic orchestras. Designed for adults at risk of social exclusion, the project offers open orchestral rehearsals and practical music experiences led by music therapists.

Introduction

Social inclusion can be problematic in music environments, such as symphonic orchestra performances, where the enjoyment of the attending public can be marred by unexpected behaviors such as vocalizations or inappropriate movements amongst the audience. In this context, people with difficulties in maintaining concentration, stillness, or silence such as those with intellectual disability, dementias, and age-related limitations, or with mental health issues (American Psychiatric Association, 2013; Kallumkal, Jacob & Edwards, 2021; Volicer, 2018) can benefit from inclusive strategies.

Design

This project was designed by the social and education departments of the L'Auditori de Barcelona, in collaboration with the Barcelona Symphony Orchestra (OBC), for people whose characteristics prevent them from attending formal concerts. The project

offers three activities: attendance at an orchestra rehearsal, music-making using orchestral instruments tuned to favor harmonic coherence, and a brief meeting with one or two musicians. The whole experience, with two groups of up to 25 people in a morning, is coordinated and accompanied by music therapists, who also lead the workshop improvisation. Music therapists have been involved in the project since the beginning, working with the cultural facilitator Apropa Cultura (<https://www.apropacultura.org/>), based in Barcelona, Spain.

Sustainability and adaptation

Since 2012 the project has evolved and adapted to different geographical and political realities. Its sustainability is based on taking advantage of orchestral rehearsals, the use of public cultural centers, and the voluntary participation of musicians. Where the geographical or health contexts require an online solution, live streaming is used. An equipped itinerant music therapist reaches out to complex residential centers. The economic outlay involves the initial costs of instruments for practical music-making and the ongoing costs of the music therapists. Social centers contribute a symbolic payment per participant.

Results

Preliminary research suggests that the suc-

cess of the project is based on a balanced combination of different factors, such as the involvement of experienced music therapists in every step of the process (before, during, and after all the activities), high-level professionals (musicians, organizers, technicians) within the arts centers, and the adaptability of the musical activities which promote individual expression and participation, foster social relationships, and bring great pleasure.

In 2015, 914 people participated in the project, hosted by one orchestra, the OBC. Enthusiasm amongst orchestras and social centers led to an increase in participation: by 2021, 3329 people participated annually, hosted by five orchestras and in 2023, there are nine orchestras involved.

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MUSIC THERAPY IN AN ADDICTIVE BEHAVIOR UNIT: EFFECTS ON THE PARTICIPANTS

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Abstract

This study examines the effect of participation in a music therapy program on the mood status of an outpatient population suffering from substance abuse and addictive behaviors regularly attending a tertiary hospital in Barcelona. Mood ratings of the participants was gathered before and after receiving each session of music therapy.

Introduction

Various intervention programs attempt to address both emotional fortitude and mood stabilization. To concur with a better coping, we designed and implemented a program of music therapy that was added to the regular sessions of psychotherapy and to the pharmacological treatment delivered as standard of care to a sample of 16 subjects suffering from various types of substance abuse or/and addictive behaviors. We describe the perception of the patients about the patient status before and after shared and participative sessions based on drums, singing activities, and reflection. The intervention was conducted in a tertiary hospital with specialized addictive behavior. The present work is based on previous studies related to the intervention of music therapy with drug users and addiction disorders. The reader will learn more about how this type of intervention may impact the subjects that voluntarily agree to participate in music therapy.

Methods

The present work was carried out in the setting of a university hospital unit in the city of Barcelona, within an 8-week program with a population suffering from addictive disorders. The work presents mood and socialization changes after music therapy interventions. The music therapy sessions were carried out following the Rhythm2Recovery method using percussion instruments, spaces for reflection, and activities from a method on Biomechanics, Anatomy, Psychology, Neuroscience, and Ethnomusicology (BAPNE). This method is a method of cognitive, social-emotional, psychomotor and neuro-rehabilitative stimulation based on neuromotori-city.

Mood changes were evaluated with a participant-rated questionnaire based on visual analogue scales (VAS) where lower scores correlate with negative feelings (sadness, anxiety, and loneliness) and higher scores correlate with positive feelings (happiness, joyfulness, tranquility).

Results

Out of the 20 patients with addiction to cocaine and/or cannabis and/or alcohol initially included, sixteen completed at least 5 out of 8 planned sessions.

Mean VAS score of the total sample at base-

line visit (pre-treatment) was 6.27 (SD +/-1.8; range 3 – 9). Regarding different groups no significant differences ($p = 0.702$) were observed between baseline VAS scores for cocaine positive (6.1 +/-2) and Cocaine negative (6.5 +/-1.6) groups. A tendency to higher scores with a near significant difference ($p = 0.054$) was observed at baseline between Cannabis positive (7.75 +/- 1.2) and Cannabis negative (5.7 +/- 1.7) groups. No differences at baseline VAS scores were observed in the other examined groups.

Then, we performed an ANOVA of repeated measures to study if there was any effect between the first session at baseline (immediately before receiving music therapy) and the consecutive session evaluations which resulted in a significant effect: $p = 0.005$. By performing consecutive comparisons, we observed that the effect was mediated by a higher post session score than that obtained in the baseline visit, in each of the subsequent evaluations in the different sessions carried out.

Conclusions

These preliminary results are encouraging and support the need for further exploration of music therapy interventions as a non-pharmacological treatment for persons afflicted by addiction disorders. A significant proportion of patients who live with an addiction show high levels of stress and many consuming behaviors are partially driven by the need to alleviate and mitigate the discomfort gen-

erated by anxiety. Likewise, our results related to the perception of health professionals on how music therapy can help express emotions are promising as this is one of the most common difficulties in this type of population.

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MUSIC THERAPY IN SPAIN: A QUALITATIVE RESEARCH STUDY

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Introduction

Music therapy is an established profession in several countries all over the world. However, music therapy is not recognized as a profession by Spanish society. Previous studies have developed a review of the situation of music therapy in Spain (Del Moral, 2015; Mercadal-Brotóns et al., 2017; Sabbatella et al., 2017). Following this line of research, this work focuses on the study of the current state of music therapy in Spain. The main aim of this study is to know the opinion of the Spanish music therapists about the situation of music therapy in Spain.

Method

An exploratory-descriptive study, within a qualitative approach, has been carried out, based on action research methodology through focus groups. 103 music therapy experts, professionals, and students participated in this study and 16 focus groups were developed. A categorization of subjects and contents following the procedure of Grounded Theory (Glaser & Strauss, 1967) was carried out, using the NVIVO computer program.

Results

The most frequent category mentioned in the focus groups was music therapy professionalization. The lack of knowledge about music therapy in Spanish society and the lack of unity among music therapists were cited in the focus groups as possible factors affecting the consolidation of music therapy as a profession in Spain.

Likewise, a SWOT analysis was performed and the possible strategies to consolidate music therapy as a profession and scientific discipline in Spain were identified.

Conclusions

The analysis of the focus groups revealed that social recognition of music therapy in Spain was the primary concern for students and music therapists. Nevertheless, in Spain, there has been relevant progress in professional and academic development of the discipline in the last years.

As Letulé & Ala-Ruona (2016) said, «only together, sharing present experiences and visions for the future, can we create the

profession that is fully recognized and protected».

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MUSIC THERAPY AND LEVEL OF DISCOMFORT IN A PEDIATRIC INTENSIVE CARE UNIT (PICU)

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Abstract

The study shows how a live music therapy intervention carried out by professional music therapists Not necessary in a Pediatric Intensive Care Unit of a university children's hospital reduces the level of discomfort of critically-ill pediatric patients.

Description

Admission in a Pediatric Intensive Care Unit (PICU) is a stressful event, considering the level of noise and hostility of the environment. Patients also suffer from physical and social isolation from their family insert, suffer movement restrictions and pain. The use of music therapy as a non-pharmacological ther-

apy in the management of pain, anxiety and discomfort is a well-known technique in Europe, but it is not widespread in PICU. The aim of this study was to determine and evaluate the levels of discomfort in pediatric critical patients before and after music therapy sessions.

Method

This is a quasi-experimental pre/post-test study conducted in a third care level PICU from December 2020 to February 2022. The level of discomfort was assessed using the COMFORT Behavior Scale - Spanish version⁶, after carrying out an intervention with live music therapy, lasting approximately 10 minutes, delivered by qualified music therapists.

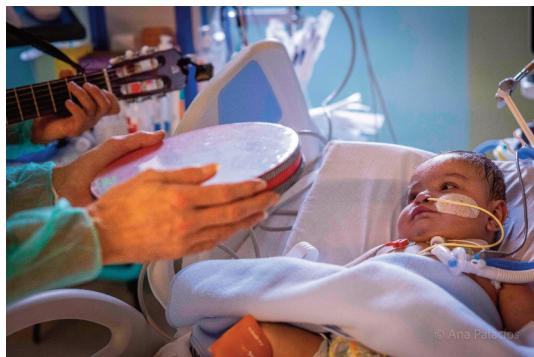


Photo 1. Intervention of live music therapy at PICU.

(Author of the picture: Ana Palacios).

Results

A total of 259 patients were included in the study, of which 55.2% were boys with a median of 1 year (0-21). The discomfort scores obtained at the beginning of the music therapy session were 12 (6-21) points versus 12 (6-17) points after completion, showing statistical significance.

Conclusions

The discomfort of critically-ill pediatric patients' discomfort admitted to PICU is influenced by physical, psychological, environmental and social factors. In our study, the music therapy sessions decreased the levels of discomfort, so it could be a useful intervention to reduce both factors and the negative impact that a PICU admission implies.

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DEVELOPING ROBUST TRANSLATIONS OF THE MATADOC IN SPANISH AND BRAZILIAN-PORTUGUESE LANGUAGES

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Abstract

Developing robust and culturally sensitive translations of standardized music therapy measures is important to ensure rigor in treatment and research. We report on work involving expert panels to develop linguistically accurate and culturally sensitive translations of the MATADOC in Spanish and Brazilian Portuguese languages for adults with disorders of consciousness.

Background

Developing robust and culturally sensitive translations of standardized music therapy (MT) measures is important to ensure rigor in treatment and research. A simple translation of a measure cannot be assumed to be valid in another language or culture as concepts of health and illness differ across cultures (Ridder et al., 2017) as do the meaning of music and musical experiences. Processes for translating linguistically accurate and culturally sensitive MT measures should follow rigorous procedures including forward and back translations between source and target languages.

Experts with excellent knowledge of the culture and clinical area also need to be involved to advise on language and cultural elements. The Music Therapy Assessment Tool for Awareness in Disorders of Consciousness (MATADOC, Magee et al., 2014) is a standardized diagnostic music-based assessment for adults with prolonged disorders of consciousness (PDOC). Assessment outcomes help to plan patient-centered treatment that is based on the data collected in sessions. It is validated only in English, however, is used by trained clinicians in 28 countries around the world. We report on preparatory work to validate the Spanish language (MATADOC-ES) and the Brazilian-Portuguese (MATADOC-PB) MATADOC, following International Test Commission guidelines (2017). Two expert panels of music therapy clinicians experienced in PDOC in Spanish/Brazilian cultures worked to refine forward translations of the MATADOC from both linguistic and culturally sensitive perspectives in preparation for testing the MATADOC-ES and MATADOC-PB with clinical populations. We report on the challenges and decisions made to meet rigor, cultural sensitivity and clinical utility.

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ADVOCATING FOR THE RECOGNITION OF MUSIC THERAPY IN THE CONTEXT OF DEMENTIA

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Abstract

Our World Café on Music Therapy and Dementia Care seeks to advance knowledge for the IAMM Special Interest Group's work in growing awareness and advocating for the global recognition of music therapy in dementia care. By reflecting together and listening to new ideas, we hope to drive new innovation in healthcare.

The Special Interest Group (SIG) of the International Association for Music and Medicine, "Music therapy in the context of dementia: People with dementia and their caregivers" was formed in 2018 and includes a group of

professional music therapists from different countries who specialize in gerontology and dementia. The initial work of the group culminated in the publication of six papers in a special issue of the Music and Medicine Journal. These papers reflect the different topics that were identified as important to research and discuss incorporating the latest developments in the foundations and applications of music-based interventions and music therapy in the context of dementia. The SIG group concluded that there is ample scientific evidence to support and advocate for different forms of music intervention that can be part of the lives of people living with dementia and their caregivers. This SIG is continuing

their work towards drafting a position paper to influence government agencies and authorities of the importance to include music therapy in insurance-covered care plans for people with dementia. It is the intention of the group to adapt the position paper to different cultural and political realities in order to assist music therapists from around the globe to advocate for core inclusion of music therapy in care homes for people with dementia.

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O PARENT WHERE ART THOU? FAMILY-INTEGRATED MUSIC THERAPY FOR NEONATAL PROCEDURAL SUPPORT

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Abstract

Live singing is an apt medium for parents and infants to connect before, during and after painful procedures in neonatal care. Parents are a key biopsychosocial resource who influence pain outcomes. Music therapy coordinates with and extends the interdisciplinary team's initiatives to support parents to engage in parent-delivered pain relief.

Parents' live singing in infant pain care

Music therapy provides a means through which parents can learn to use their nurturing resources. Live infant-directed singing is a relationship-based communication tool for parents in regulating the infant's state, affects, and arousal levels, and is therefore a suitable medium for parents to use during painful procedures in neonatal care. Hospitalized infants are exposed to frequent and often inadequately relieved procedure-related pain combined with separation from the parent. However, parents are a key biopsychosocial resource who influence pain outcomes. Parent-delivered interventions such as infant-directed lullaby singing, breastfeeding and skin-to-skin contact where parents themselves mediate pain relief, is consistent with a modern understanding of pain and of family-integrated care. Parents' feeling of being helpful to their infant contributes to a sense of control over a challenging situation and affirm their parental role. Integrating parents in pain management helps equip parents with

nurturing skills they can use beyond the acute period.

The SWEpap research study

Parents as pain management in Swedish neonatal care (SWEpap) is an ongoing cutting-edge interdisciplinary multi-centre clinical study with mixed methods involving parents and health professionals. The collaborative participatory action research design for the qualitative part of SWEpap aims to democratize the research process by including also the parents in the knowledge making. The second part of the study is a randomized controlled trial (RCT) informed by music therapy expertise and research. The RCT investigates the efficacy of combined pain management (Figure 1) with live parental lullaby singing, skin-to-skin contact and breastfeeding compared with standard pain care during routine blood sampling of healthy newborn infants.



Figure 1. Live parental lullaby singing, breastfeeding and skin-to-skin contact during routine metabolic screening of newborn infants (PKU-test).

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MOMO: A LIGHTWEIGHT MOBILE MONOCHORD FOR CLINICAL SETTINGS AND PRIVATE PRACTICES

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Introduction

The monochord (Figure 1) is an ancient musical instrument that dates back to the Pythagorean school of philosophy and mathematics in ancient Greece. It was used to demonstrate music-theoretical and physical concepts, such as the relationship between pitch and string length, harmonics, and resonance. Ptolemy mentioned eight-string monochords in the 2nd century AD, while Boethius in the 5th century AD described the monochord as a path to the soul. Kepler later adapted the concept of "sphere harmony" into depth psychology through the term "archetypes". The use of monochords in music therapy has been prevalent since the early 1980s.

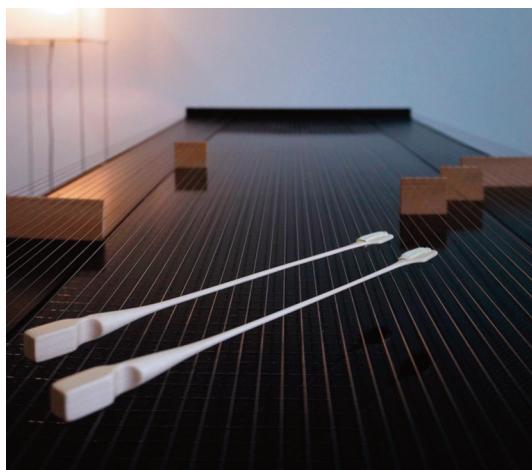


Figure 1. Picture of MOMO, a lightweight mobile monochord.

Sound and Therapeutic Settings

The monochord produces a spherical sound with rich overtones that can be both heard and felt as a gentle vibration, impacting the body at the cellular level. Differentiated playing of the strings can facilitate access to deeper consciousness, aid physical and psychological healing, and bring a sense of security. In music therapy, the monochord can be used across different age groups and therapeutic settings.

Traditional Construction

Today, full body size monochords used in music therapy come in various shapes, sizes, string numbers, tunings, and materials. But, they all have one thing in common - they are made of wood. On one hand, wooden monochords offer rich sound due to their good acoustic properties, but on the other hand, full size wooden monochords are heavy, limited to a stationary setup and are prone to detuning even with small changes in temperature and/or humidity.

Innovation

The need for a mobile monochord (MOMO) for patients in a home health care setting lead to the innovation of a new monochord design. The main requirements for MOMO were: 1. full body size, 2. lightweight, 3. disassembly and reassembly possible to be performed by one person, 4. quick disassembly and reassembly, 5. easy one-person portabil-

ity, 6. fit in any average-size car, 7. rotatable resonance-body for easy tuning and multi-player use, 8. fixability at any angle desired, and 9. flexible bridges for “tuning” of the monochord as a musical instrument.

Materialization, Process and Outcome

The first prototype of MOMO was a proof-of-concept construction, using carbon fibre composite with a honeycomb core, reclaimed mahogany and wenge wood from boat construction, aluminum, tinned steel strings, steel tuning pegs, and attachment pins. MOMO then underwent long-term testing. The result is an extremely tuning stable monochord that withstands frequent transport, changes in temperature and humidity.

In 2022, a second developmental stage was initiated with Zurich University of Applied Science (Winterthur, Switzerland), focusing on sustainable materials and an actual design process.

Getting involved

Please contact us if you are interested in participating in the ongoing development or production of MOMO, or if you would like to use it in your personal or clinical setting.

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GAMIFICATION IN MUSIC THERAPY WITH DIGITAL NATIVES

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Introduction and Terminology

This research delves into the influence and potential application of gamification in music therapy, specifically with respect to the “Digital Natives” population. This demographic, born into the digital age and known for their proficiency with technology, contrasts with “Digital Immigrants”, who may struggle with rapidly evolving digital landscapes.

In a context where the gaming industry significantly surpasses global film and music industries in revenue, the concept of “Gamification”, or the use of game-like elements in non-gaming environments, is introduced as a potential tool for therapeutic engagement.

Objectives

This concept presentation aims to initiate an interdisciplinary discussion about how gamification could enrich music therapy for digital natives.

The focus is on understanding and investigating health-related gamification, and exploring suggestions for gamified interventions in

music therapy. The concept also addresses a potential disconnect between therapists (mostly digital immigrants) and the patient population of digital natives. This includes the perception of the way music therapists view, think, know, and use technical skills.

Outcome

You are cordially invited to join the discussion. Your input, combined with research outcomes, will be translated into a matrix for the selection of game elements. This is intended to lower the therapy threshold for younger patients, enhance their individual motivation and engagement, and ultimately foster more effective achievement of therapeutic goals.

About the Author

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THE IMPACT OF MUSIC ON STRESS BIOMARKERS IN CARE HOME RESIDENTS WITH DEMENTIA AND DEPRESSION

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Introduction

Chronic stress may negatively impact quality of life and health, and has been associated with depression and increased risk for dementia. Engaging in music may have beneficial effects on chronic and immediate stress in people with dementia and people with depression. Recently, a large multinational cluster-randomized controlled trial was designed—Music Interventions for Dementia and Depression in ELderly care (MIDDEL)—to assess the effectiveness of music interventions on depression in care home residents with dementia (ClinicalTrials.gov NCT03496675) (Gold et al., 2019). To understand the pathophysiological mechanisms, we observed the effect of repeated music interventions on stress (hair cortisol and salivary α -amylase) in this population (Rasing et al., 2022).

Methods

An exploratory study was designed to assess: (1) changes in hair cortisol concentrations as an indicator of longer-term stress; (2) whether baseline stress is a pre-dictor of therapy outcome; (3) pre- and post-treatment effects on salivary α -amylase and cortisol response as an indicator of immediate stress in 180–200 care home residents with dementia and depressive symptoms who partake in the MIDDEL trial. Insights into mediatory effects of stress to explain the effect of music interventions will be gained. Hair cor-

tisol concentrations were assessed at baseline and at 3, 6, and 12 months along with the Perceived Stress Scale.



Figure 1.



Figure 2.

Salivary α -amylase and cortisol concentrations were assessed at 1, 3, and 6 months. Saliva was collected just before a session and 15 and 60 min after a session, along with a stress Visual Analogue Scale.



Figure 3.

Preliminary results

Data collection of the MIDDEL trial is ongoing until summer 2023. During the WCMT 2023 preliminary findings and experienced barriers and facilitators of collecting hair and saliva samples in care home residents with dementia and depressive symptoms will be discussed.

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PILOTING ONLINE GROUP MUSIC & IMAGERY THERAPY FOR ADULT CARERS DURING COVID-19

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Created by Professor Lisa Summer (2015), Music & Imagery Therapy (MIT), is a short-term goal based receptive method. Supportive Music & Imagery therapy (SMI) focuses on building ego-strength, self-worth, and supportive inner resources. Sessions of SMI utilise music-listening and imagery, as well as verbal psychotherapeutic interactions linking a client's experience in sessions with their everyday life (Paik-Maier, 2010). The purpose of this pilot was to investigate the efficacy of online SMI group sessions in reducing anxiety, stress, and depression in adult carers coping with lockdown during Covid-19. Clinical need was highlighted in conversations with a local charity organisation supporting carers which indicated a lack of online therapeutic support available to this client group. 5 adult carers were referred to eight 1.5 hour SMI sessions held weekly via Zoom. Clients completed pre/post therapy questionnaires based on the General Anxiety Disorder Scale and the Patient Health Questionnaire, as well as an online feedback survey following the sessions. Analysis of data showed marked a decrease in anxiety/depression, with feedback indicating the accessibility of online SMI therapy and the value of learning new strategies to deal with difficult feelings and situations. Although further pilot projects can utilise MIT with more clients and clinical areas, which can build a larger evidence base, data from this project indicates that

online group SMI therapy is highly effective in developing and instilling self-care strategies; building self-worth and resilience; decreasing levels of anxiety, stress, depression, and social isolation; and building additional support networks.

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CONTAINING THE CHAOS: INNOVATING ONLINE SUPERVISION GROUPS FOR MUSIC THERAPY SUPERVISORS DURING A PANDEMIC

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Abstract

During the Covid 19 pandemic, music therapy supervisors were faced with extraordinary challenges. Closed, on-line supervision groups were devised to support supervisors who, in turn, were supporting music therapists working online. The development, methodology, and evaluation of this group work is discussed alongside a survey of participants' feedback.

Description

In the UK, as in a number of other countries (Forinash, M.2019), clinical supervision underpins the practice of professional music therapy. Regular supervision encourages therapists to engage in reflective practice in order to carry out often highly demanding creative work in a range of different settings, including mental health services and special schools. Indeed, since the midnineteen eighties, the British Association of Music Therapy has managed a register of supervisors who meet certain criteria and are registered with the Health and Care Professions Council (whose remit is to regulate standards of practice for arts therapists in the UK. (Streeter, 2011).

During the Covid pandemic, music therapists were no longer able to meet with their supervisors face to face. Their sessions began to be replaced by telephone calls or online super-

vision, using applications such as Skype, Zoom, or Teams. Music therapists began to experiment with delivering music therapy from their laptops.

Developing online supervision groups for supervisors was thought to be a possible way of supporting the work of music therapy supervisors at this difficult time.

As music therapy is a small profession, in order that professional boundaries were contained and managed, the setting up of four, separate supervision groups for supervisors required careful thought prior to the start of these groups. Methods used for setting up such groups are discussed. Leadership style, and the methods used by the facilitator, are also presented. Advantages and disadvantages of using online applications for such meetings will be discussed.

Each group was limited to four participants and a facilitator. As with all initiatives that attempt to deliver new services, it was, and remains, important to evaluate outcomes (Streeter, E. 2011). A survey of the group participants was therefore conducted after one year of once monthly sessions, and then again during the third year of monthly group supervisions. Results of these surveys will be presented and outcomes discussed. Possibilities for the future development of supervision services in other countries will be considered, and thoughts on the develop-

ment of an international network of supervisors will be encouraged.

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About the Author

Following extensive experience as a practitioner, then director of training at the Roehampton Institute and later Guildhall School of Music & Drama, **Elaine Streeter** was awarded a PhD from the University of York and now runs an international consultancy, supervising music therapists and music therapy supervisors abroad and in the UK.

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IPADS IN GROUP MUSIC THERAPY FOR INDIVIDUALS WITH SUBSTANCE USE DISORDER

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Abstract

This presentation will discuss the early findings from a study in which iPads have been utilised in group music therapy with participants receiving treatment for substance use disorder. Presenting qualitative data, gathered through post session interviews and user focus groups and subject to thematic analysis (Braun & Clarke, 2006), the paper will explore the benefits and challenges presented to both the therapist and participants when the iPad is utilised as a music making tool in group music therapy.

A recent survey conducted by Agres, Foubert and Sridhar (2021) suggests that the number of music therapists who are utilising technology and music technology in their clinical practice continues to grow. In particular, the survey highlights the increasing use of smart devices (tablet computers and smartphones) by music therapy practitioners. One such device is the Apple iPad. In the last decade the iPad has received attention in the research literature (Engelbrecht & Shoemark, 2015; Knight, 2013; Silveira et al., 2018; Silveira, et al., 2021). While the literature highlights the potential of this device in music therapy practice, further research is required to address gaps in the knowledge (Magee, 2014; Magee, 2018; Werger Groothius & Jaschke, 2020) as to how these technologies support client populations and music therapists, and if music therapy practitioners are to take full advantage of the potential the device offers.

Methods

This qualitative study has been conducted with individuals receiving treatment for substance use disorder within a community setting. The method for data collection included the utilisation of audio recordings along with data gathered during participant focus groups. Following data gathering, transcripts of the audio recordings were prepared and subjected to thematic analysis (TA), utilising the model of TA presented by Braun and Clarke (2006) and Clarke and Braun (2017). Through the analysis of predetermined and emergent themes, the study aimed to provide much needed evidence of how music technologies, and in particular the iPad, can benefit group therapy practice, and address the challenges that arise.

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Paul Fernie is a PhD student and research fellow located within the Cambridge Institute of Music Therapy Research. His current research focuses upon the experiences of participants and music therapy practitioners where music technology is at the centre of the intervention design, and provides a practice based context for the utilisation of music technology in music therapy practice.

MUSIC THERAPY PROCESS AND SOCIAL NEUROSCIENCE APPROACHES TO INVESTIGATE MECHANISMS OF CHANGE

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Andrea McGraw Hunt

Rowan University, USA

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Abstract

Mechanistic investigations can be challenging for music therapist researchers seeking clinically-relevant outcomes within individualized approaches. Neuroscience research typically demands standardized protocols and basic science that feel removed from clinical contexts. Panelists will share insights and lessons learned from their work, discussing research that balances scientific rigor with ethical care.

Discussion/Conclusion

As funding streams proliferate to encourage interdisciplinary collaboration among music therapists/music interventionists with neuroscientists and basic scientists to obtain clinical evidence of the effectiveness of music therapy, investigators coming from a clinical perspective need to thread the needle of developing protocols that satisfy participants' needs as well as standards of scientific rigor. There are methodological, epistemological, and logistical challenges in identifying and

validating biomarkers of symptoms and treatment responses, from both the micro (individual patient needs) to macro (systemic support and access to research resources and expertise) levels. Music therapists are trained to develop individualized interventions to meet patients' unique needs. These foundations of our work are often at odds with a basic science perspective of gathering large, objective datasets on an intervention using a standardized protocol, and such approaches feel ethically questionable to music therapists (Magee & Stewart, 2015). Clinical investigators can balance the evidentiary needs of the scientific community with their ethical and professional responsibilities by undertaking thoughtful and creative research approaches. Social neuroscience offers methodological access to study social interaction processes in therapeutic domains by blending richness, ecological validity, and contextual factors of real-world designs. In-situ studies investigating the moment-to-moment interaction of the music therapy process may help to understand the mechanisms of change in music

therapy (Fachner et al., 2019). Further, Kang et al., (2022), studied how the brainwaves of children with autism spectrum disorders/cerebral palsy, their parents, and music therapists are synchronized to understand neurophysiological responses in the socio-emotional process during music sessions.

This panel of researchers with experience navigating these tensions will share examples and insights from their work and propose their visions of clinically effective and scientifically rigorous and impactful research.

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CONNECTING RESEARCH TO LIVED EXPERIENCES OF DEMENTIA: REFLECTIONS FROM AN INTERNATIONAL RANDOMISED CONTROLLED TRIAL

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Patient and Public Involvement (PPI) is an essential component of research in health and social care (National Institute for Health Research [NIHR], 2019) to ensure that research studies and interventions are relevant to the people that are intended to benefit from them. Research teams must take care to embed PPI within studies so that the members have real impact and input into what questions are asked, how they are explored, and how they are disseminated (Gove et al. 2018).

This paper will present the results of a co-produced survey that was disseminated to the international PPI members and academics of an international randomised controlled trial called HOMESIDE ("home-based family caregiver-delivered music and reading interventions for people living with dementia"). Participants include people living with dementia, informal carers, family members, health-care professionals, and dementia researchers. The results of this survey explore the experiences, challenges, and cultural differences highlighted for those involved in PPI for a large-scale international music therapy study in de-

mentia care. Based on the results, the authors will present key reflections and recommendations for future patient involvement arts and health research in dementia care.

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Oti Mitchell is a member of the Patient and

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Prof Helen Odell-Miller OBE is director of Cambridge Institute for Music Therapy Research at Anglia Ruskin University (ARU), which won a Queens Award Anniversary Prize in 2021 for research and innovation in music therapy for dementia.

MEASURING CONNECTEDNESS: INVESTIGATING EXPERIENCES OF SHARED MUSIC ACTIVITIES BETWEEN PEOPLE WITH DEMENTIA AND THEIR CARERS

Jodie Bloska

Cambridge Institute for Music Therapy Research, United Kingdom

This poster will present the protocol and methods used for an exploration into moments of social connectedness between people with dementia and their carers during shared music activities.

Previous literature has emphasized the importance of maintaining relationship quality and social connection between people living with dementia and their carers, and the need for finding ways of sharing meaningful moments together when previous ways of relating become more difficult (Balfour, 2019; Clemmensen et al., 2020). People with dementia and their informal carers who were allocated to the music intervention in the HOMESIDE randomized controlled trial (RCT) (Baker et al., 2019) received music therapy sessions with an indirect approach (Odell-Miller et al., 2022) that supported their use of music activities at home together. The aim of the music activities was to reduce neuropsychiatric symptoms of dementia and support relationship quality within the dyads who took part.

For the study presented in this poster, additional data was collected for a series of case studies from the HOMESIDE RCT. Upon completion of HOMESIDE, participant dyads were invited to take part in this further study, which utilizes methods from the field of social neuroscience (Babiloni and Astolfi, 2014; Fachner et al., 2019) to investigate neural markers of emotional processing during mo-

ments of verbal and non-verbal interaction within the music activities. The poster will present the methods used, including electroencephalography (EEG) hyperscanning, qualitative semi-structured interviews, and video-analysis, to explore experiences of social connectedness during shared music activities for people living with dementia and their carers.

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MUSIC HELPS (INDIA): AN EXPLORATION OF COLLABORATION AND INNOVATION IN DIGITAL TRAINING

Makeda Mitchell

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Nina Cherla

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Alexia Quin

Music as Therapy International, United Kingdom

Kiran Sangha

Music as Therapy International, United Kingdom

Pavithra Gangadharan

Kshetra Assisted Living (by Heritage ElderCare Services), India

This presentation will explore the innovation and international collaboration required to develop an online training course, Music Helps, for caregivers of people living with dementia in India.

Devised by Music as Therapy International and available in English, Hindi and Telegu, Music Helps was designed to inspire and equip caregivers to use music to facilitate interaction and support their daily care of people living with dementia. It comprises 5 chapters of guidance, videos, exercises, and resources, to help caregivers understand the role music can play in the care of people living with dementia, whilst also considering the role of music for caregivers' personal well-being. Music Helps remains freely accessible online today.

This presentation will report on the pilot implementation of Music Helps (India) with caregivers at Kshetra Assisted Living in Hyderabad. It will consider what was required to tailor the content to the local context, vital

connections made with Indian experts and key aspects of the resulting collaboration that ensured Music Helps was co-created for its Indian audience.

The presenters will describe strengths and vulnerabilities to the accessibility of the training and how participants reported Music Helps deepened their understanding of dementia and the role of music in care. Consideration will be given to participants' application of their learning in practice, the extent to which the course equipped them with the knowledge and resources to do this confidently, and the impact it had on the people with dementia for whom they were caring. Scope to adapt and extend the course for wider communities will be discussed.

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Pavithra Gangadharan, an alumna of the Indian School of Business, is the founder of Kshetra Assisted Living (by Heritage Elder-Care Services) and the initiator of Music Helps.

Makeda Mitchell is the international programme co-ordinator for Music as Therapy International and has recently completed her Masters in International development. makedamitchell@musicastherapy.org

Alexia Quin is a music therapist and founder of Music as Therapy International, who was recognised for her work promoting music therapy in areas of the world where the profession is less established with the WFMT Advocate of Music Therapy Award (2017) and awarded of an OBE in 2021, for services to music therapy.

Kiran Sangha is the team assistant at Music as Therapy International with responsibility for data collection during the Music Helps pilot.

RATIONALE FOR THE USE OF DIFFERENT MUSICAL ACTIVITIES IN DEMENTIA CARE

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It has been established that there is knowledge lacking in how music interventions are being used for people with dementia (van der Steen, et al., 2018) and that music therapy using a specific protocol resulted in higher efficacy (Livingston et al., 2014). This paper presentation aims to reflect on the rationale for the use of various musical activities within music therapy and music interventions for people living with dementia. The main musical activities explored include singing, listening, playing instruments and movement with music.

Data was collected from 3 sources, a systematic literature review, a survey and from Homeside, an international music and reading intervention study (Baker et al., 2019). The data analysis will connect the perspectives of the music therapists, informal caregivers and people living with dementia. It will also explore the change in specific symptoms and cognitive abilities based on the use of various musical activities.

Results show that there is a proclivity towards the choice of musical activities based on prior scientific knowledge and personal experi-

ences. It also shows that certain musical activities are more effective than others for specific symptoms. Listening to music was the most used musical activity within research, however, singing was most used among music therapists. Singing was shown in all three sources to maintain or improve the cognitive domain of language. This research provides the basis for future studies and training in specific areas to identify where music therapy could be more targeted to the needs of the person living with dementia.

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Dr. Ming-Hung Hsu is a music therapist and researcher with a focus on reducing and managing neuropsychiatric symptoms of dementia having previously developed a music therapy service in care homes.

Dr. Jonathan Pool is a music therapist, clinical supervisor and researcher specializing in neurorehabilitation and disorders of consciousness dedicated to developing evidence of the use of music in assessments and interventions.

Prof. Helen Odell-Miller, OBE, is director of Cambridge Institute for Music Therapy Research at Anglia Ruskin University (ARU), which won a Queens Award Anniversary Prize in 2021 for research and innovation in music therapy for dementia.

GREETIN' FOR A WEE BAWBEE: EMBRACING SCOTTISH HERITAGE IN MUSIC THERAPY

Anna Ludwig

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Introduction

This paper will reflect on the author's use of Scottish folk songs from their youth to bring together adult hospice users. The author will embrace their lived experiences of learning/singing these songs as a child and how they still resonate with the client group they work with today.

Discussion

Over the years of practicing music therapy, the presenter has recently found a strong connection with their upbringing and the work they are currently undertaking in an adult hospice in South Lanarkshire, Scotland. Brought up in a small town almost halfway between Edinburgh and Glasgow, the author trained as a music therapist in London, graduating from the Guildhall School of Music and Drama in 2006. The author has an eclectic taste in music and as part of their work in an adult hospice, uses live and pre-recorded music tracks as a way for hospice day service patients in a group setting to talk about their emotions and memories. Bringing the group together in this way encourages shared experiences, support and openness within the group. The author plays the group a variety of different styles of music to provoke reactions and has noticed that often, the one piece of music that unites the group as a whole, is one of the many childhood songs sung in Scottish schools in the area throughout the 1950s to the present day. The author would like to reflect on these songs and their ability to connect people, and how

they also connect the author to their own past. How do these songs continue to inspire and unite people? How does reflecting on the past help to prepare someone for their future? Can a song unite a community? These are some of the questions the author will reflect on during their talk.

Diversity and Inclusion

The author trained in London (UK), which has a diverse and ethnically varied population. As part of their training they explored many different musical cultures and ways of playing in order to meet the needs of their future clients. Spending 6 years working in the Southeast of England, the author encountered many different people from very different cultures than their own. At times however, in order to meet a person in music, the author used their own cultural heritage to engage a narrative between themselves and their client. On returning to Scotland in 2012, the author found employment in an adult hospice in the East Kilbride, Scotland's first 'New Town' (1947), not far from Glasgow. East Kilbride has a population of approximately 77,590 and over 80% of that population is classed as "white Scottish". This figure is strongly reflected in the East Kilbride hospice population and strongly influences the author's music therapy practice.

Suggested listening

Coulter's Candy by Robert Coltrane (1832-1880)
Jeely Piece Song by Alan MacNaughton (1967)

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Anna Ludwig is a palliative and bereavement care music therapist living and working in South Lanarkshire, Scotland.

ADVANCING CULTURAL RESPONSIVENESS: EXAMINING SELF-CONSTRUAL IN MUSIC THERAPY CLINICAL PRACTICE

Jonathan (Jaytee) Tang
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Introduction

As our world becomes increasingly interconnected, there is an immediate need to adopt and engage in effective cross-cultural music therapy practice because we will inevitably encounter clients and families from diverse cultural backgrounds. In response to this need, several concepts have emerged: cultural competency (Hadley & Norris, 2016; Tang & Schwantes, 2021), cultural sensitivity (Keith, 2017; Short, 2016), and cultural humility (Belgrave & Kim, 2020; Edwards, 2022). Underpinning these concepts, culture was usually described in terms of nationality, race, and ethnicity (e.g., Whitehead-Pleaux & Tan, 2017). However, by using these factors as proxies of culture, we risk overlooking other important differences within nations and similarities that extend beyond national borders (Taras et al., 2016). Thus, the aim of this paper is to introduce self-construal theory as a step-change to advance cultural responsiveness in music therapy clinical practice.

Cultural Approach to Health

A cultural approach to health and well-being starts with the idea that optimal human functioning is fundamentally grounded in cultural meaning systems (Miyamoto et al., 2019). Examples include cultural syndromes (Triandis, 1996), culture as mental programming (Hofstede et al., 2010), and Schwartz cultural value orientations (Masuda, 2018). These cul-

tural meaning systems provide valuable insights that might facilitate appropriate cross-cultural music therapy clinical practice. However, these value-based conceptualizations are group-level measures that assume the homogeneity of cultural groups and disregard individual differences.

Culture and Self

After all, culture is not separate from the individual. Culture and individuals are continually and mutually constituting one another; as cultural content changes, the mediating self and psychological functioning change in turn (Markus & Kitayama, 2010). Self-construal is an individual-level explanation for culturally-based differences in perception, emotion, and behavior (Markus & Kitayama, 1991). Self-construal refers to how people view themselves with respect to other people, which research in cultural psychology has differentiated into two prevailing constructs: interdependent and independent self-construals. For individuals with interdependent self-construal, the self is viewed as connected with others and this interconnectedness with social collectives guide behaviors. For individuals with independent self-construal, the self is viewed as separate from the social context.

Implications for Clinical Practice

There is a plethora of evidence that supports the importance of self-construal in influencing

many aspects of behavior, including cognition, perception, motivation, and health (see Cohen & Kitayama, 2019 for an overview). For example, there are cultural differences in subjective well-being and self-esteem (Yamaguchi et al., 2017). For individuals with interdependent self-construal, subjective well-being and self-esteem is more relational and dependent on close relationships. But for individuals with independent self-construal, subjective well-being and self-esteem is associated with the pursuit of one's own happiness. Consequently, self-construal theory can be applied at every stage of the therapy process, such as determining individual or group music therapy format, modifying music therapy plans and interventions, etc.

In conclusion, examining self-construal may advance cultural responsiveness in music therapy clinical practice. In the future, self-construal theory can be investigated empirically to enhance the evidence-base of cross-cultural music therapy.

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POWER, ACCESS, AND REPRESENTATION IN MUSIC THERAPY PUBLICATIONS

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Abstract

During the 2020-2023 term, the Publications Commission of the World Federation of Music Therapy (WFMT) focused on strengthening and creating pathways for music therapists that would like to publish and formalize their work. To this end, the following work-groups were created:

- Music Therapy Today, the WFMT peer-reviewed journal
- Access to Journals and Databases
- Podcast and Live Session

As the Publications Commission of the World Federation of Music Therapy (WFMT), we understand that knowledge is context-bound and geopolitically located. We believe that

publishing is a matter of power, is a matter of politics, and philosophy. As diversity is not unusual, but the sum of our total reality, the ways we face specific languages, economic backgrounds, beliefs, values, and traditions reveal what we consider when communicating and sharing the body of knowledge we are building. Expanding information and experience sharing will resonate with people's quality of life, more than putting words in famous journals. Publishing is a question of political attitude that shows what we want for the future and what forces and values we stand for.

This arts-based presentation will engage the audience in a live experience followed by a discussion to exchange and explore the issues of power, access, and voice as they relate to the formalization of knowledge in music therapy. It is our hope that this discussion will inform the direction for the commission that will be serving during the next term and for the wider music therapy community as a result of the exchange generated in the 17th World Congress of Music Therapy.

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ASSISTIVE TECHNOLOGY FOR PLAYING WIND INSTRUMENT WITH TRACHEOTOMY

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Introduction

A tracheotomy or tracheostomy is a hole surgically made at the base of the neck due to some difficulty in the upper airway (Pardo et al., 2004). People with tracheotomies could find barriers to produce voice and to play wind instruments (Broqua, 2022), such as this 14-year-old boy with cerebral palsy and Complex Communication Needs. His pulmonologist encouraged the music therapist to improve his breathing management. So, this objective was added to the usual goals (about communication and tolerance of different kinds of music): to control the force and duration of his breathing. He required Assistive Technology: technical aids to perform a task that a person cannot achieve because of a barrier (Roca Dorda et al., 2004).

Methods

The speaking valve he required to produce voice was not recommended due to his copious secretions. Therefore, we chose a plastic recorder because: it sounds with a weak blow, it is light (since we had to insert it to the cannula of his tracheostomy), we can disassemble and submerge it in water and bleach. His family disinfected it at home with instructions from the therapist. His nurse stayed in music therapy outside the office. The boy played only the first section of the recorder with a support product. We cut a finger from a latex disposable glove, made a cylinder and inserted the mouthpiece in it.

Then we inserted in the cylinder a tracheostomy filter. We attached it in his cannula (Picture 1) and he played with each exhalation. When he could blow harder, he played the assembled recorder.



Picture 1. Support product to play recorder with tracheotomy. Source: self made.

As the mobility of his upper limbs was reduced, holes in the recorder were covered with adhesive tape to play just one note throughout the song. The adolescent chose a song using his Augmentative Alternative Communication system. Then, we listened to the song or the therapist harmonized it (with another instrument) changing the tempo and intensity, while he played doing the same. At the end he pulled the recorder off from his cannula to silence, but the latex usually broke. We used cleaning gloves, whose latex

is thicker but, when he pulled, his cannula was in danger of being removed. So we alternated between both latex.

Results

The teenager could voluntarily modify the duration and intensity of the sounds. The first sessions he could only play soft and long sounds and, at the end of the sessions, increase the intensity a bit and reduce the duration. After the third year he managed to increase and decrease both parameters several times in the same song.

Conclusion

The music therapist can make latex support products so that the patient can play wind instruments with a tracheostomy. This is indicated when the therapeutic objectives suggested by the doctor require the management of the breath.

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The family authorized to disclose the information for academic purposes without exposing his name and personal data.

CONTRIBUTIONS OF MUSIC THERAPY TO INTERDISCIPLINARY WORK WITH PEOPLE WITH FUNCTIONAL DYSPHONIA

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Introduction

Speaking about voice is speaking about a complex phenomenon that involves all levels of the human being. Over the years, different music therapists have developed techniques and methods for working with the voice, finding in body work a common axis, as the body itself constitutes the vocal instrument. In a music therapy approach to voice, and especially in sessions with people presenting vocal symptoms, it is necessary to have knowledge about the physiology of vocal production, as well as a theoretical and methodological framework that provides the understanding which acts as a base for adequate music therapy interventions.

This paper presents a music therapy framework that contributes to the interdisciplinary vocal therapy approach with people with functional dysphonia, particularly outlining the concept of "Functional Vocal Exploration".

Functional Dysphonia

Functional dysphonia is caused by an unbalanced use of the voice and has consequences on communication and expressiveness, affecting the acoustic qualities of the voice. This issue affects the psychological and emotional state of the people who present it. Its etiology is also related to these aspects.

All people use a limited repertoire of vocal sounds, in relation to the infinite possibilities

of sounds that can be made with the voice. People with functional dysphonia present a limited range of acoustic qualities of the voice.

Functional Vocal Exploration

Working with the voice means working with the vocal body scheme, understanding that this involves not only the physical aspect, but also the emotional, mental and spiritual aspects of each client. Every symptom, even when it manifests itself on the physical plane, has its correlation with the other spheres of being.

In this work, developments of the Embodied VoiceWork method, created by the music therapist Lisa Sokolov, and the Rabine Method («Functional Voice Education») created by Eugene Rabine, are intertwined to generate a framework that brings an integrative music-therapeutic perspective to the interdisciplinary work with people presenting functional dysphonia.

Embodied VoiceWork is taken from the work with free vocal improvisation and play, the perspective of the therapeutic process and the concept of exploration – understanding the latter as an attitude of curiosity that makes it possible to get into the process.

The Rabine Method is the perspective of working on the body, taking into account the functional hierarchy: posture-movement, breathing and vocal function, as well as the

way of approaching the work on singing, taking into account the double laryngeal valve function.

The concept of “Functional Vocal Exploration” refers to a mode of vocal sound exploration, which relates in a functional way to the vocal instrument. Through this type of exploration and making use of non-verbal free improvisation, it is proposed to the consultant to open themselves to the sound of their voice being guided by the curiosity of discovery and their inner impulse. Bodily experiences, methodologically framed to promote self-knowledge regarding the relationship between vocal sound and body, are taken as a starting point. By realizing music therapy processes with people presenting functional dysphonia, they can expand their vocal production habits through the gained knowledge of new forms and new sounds that correspond both to their health and identity, transforming their vocal body scheme and multiplying the expressive repertoire of vocal sounds.

Conclusion

Vocal work in Music Therapy can enrich other disciplines through an integrative, scientific

and sensitive vision of the voice. Functional Vocal Exploration, through improvisation, can be considered as a contribution that music therapy makes to the treatment of consultants with functional dysphonia in an interdisciplinary framework.

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PRENATAL MUSIC THERAPY FOR MATERNAL HEALTH IN A GLOBAL CRISIS

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Maternal health is in decline around the world. Experience of isolation during the pandemic, war, immigration crisis, collapse of social networks has all increased depression and anxiety for expecting Mothers. Collaborations in response to this are forming around the world to bring the power of music therapy to improve maternal and child outcomes. Collaborators from Argentina, the United States, Chile, Spain, Kenya and Brazil are addressing this crisis in multiple ways. The presenters will show examples of various effective strategies deployed around the world and how they are being used to improve prenatal bonding, relaxation and stimulation using music. These Music Therapists are working together to increase access to various type strategies by providing online groups, workshops, in person and/or virtual sessions within clinics, hospitals or for private individuals. Music Therapists have also partnered with technology companies to provide daily support to Mother's in how to use musical activity at home to improve baby and Mom's health. The presenta-

tion will show examples of proposed expansion of MT programs, culture specific materials used in music therapy sessions and workshops from the various countries. The presenters will also share examples of the material developed specifically for digital therapeutics platform users which is sent to expectant mothers daily during their pregnancies via their cell phones.

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PROPOSAL OF MUSIC THERAPY PROTOCOL FOR ATAXIC PATIENTS

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Introduction

From the existing rehabilitation therapies for patients with ataxia, Neuro Music Therapy (NMT) has been a choice for researchers. Although protocols have not been found in the available literature, this study proposes a music therapy protocol for ataxic patients, based on the NMT methodology described by Michael Thaut: Therapeutical Instrumental Music Performance (TIMP) and Rhythmic Auditory Stimulation (RAS) techniques (Thaut & Hoemberg, 2014).

Methodology

The proposed protocol starts with evaluations on a patient's ataxia level (Neto et al., 2010) and gait performance (Dutra et al., 2016) by validated tests that define a patient's baseline. To understand the patients' relation with music, a Music Therapy Questionnaire (Thompson et al., 2021) is also applied. The protocol implements a NMT intervention that combines music elements and targeted movement for patients with ataxia (Lima et al., 2011), throughout TIMP and RAS techniques. The protocol also proposes RAS exercises to promote gait improvement. Same validated tests that are used in the first step of the protocol are reapplied to measure the possible improvements that are in comparison with the baseline.

Results

In this study, 28 sessions were discussed by patients with ataxia, focusing on motor rehabilitation related to cerebellar dysfunction and its impacted connection, using TIMP and RAS techniques from NMT of Michael Thaut. Details and variables of each session (such as schedule, NMT technique used, patient position, targeted movement, musical elements and musical resources) are also available in each session description.

Discussion

The protocol focuses on patients with ataxia, considering how proposed targeted movements are related to vestibular and motor rehabilitation of patients with cerebellar dysfunction and its impacted connection.

Music elements and resources are main drivers to stimulate targeted exercises, allowing the music therapist in the study to promote speed and complexity on targeted movements, according to the patient's condition.

Conclusion

This study is a music therapy protocol for patients with ataxia, based on NMT techniques of Michael Thaut (TIMP and RAS). The TIMP technique is used to support movements, re-training and exercising on feedforward and

feedback signal processes, and the RAS technique is used to retrain and exercise balance and gait, improving patient's activities of daily living and self-perception quality of life.

As there is limited research and protocols of music therapy for ataxia disease, this is the first proposed study that provides literature on the topic and aims to support music therapists on the clinical treatment of ataxic patients.

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BRAZILIAN MUSIC THERAPISTS IN TIME OF THE COVID 19 PANDEMIC

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Introduction

Due to the COVID 19 Pandemic, the Brazilian Music Therapy Union has prepared National Guidelines for Music Therapy Service Mediated by ICTs - Information and Communication Technologies (UBAM, 2020). The present work describes the musical experiences and service modalities carried out during the pandemic.

Methodology

This is a qualitative research of an exploratory nature. Invitations were sent to music therapists from all over Brazil to respond to an online form via wide dissemination among professionals. Inclusion criteria were: music therapists residing and working in Brazil who exercised or are exercising their work before and during the pandemic for at least 2 years. The research was ap-

proved by the Research Ethics Committee of the Federal University of Minas Gerais CAAE 380520.9.0000.5149.

Results and Analysis

Partial data from the research are presented, approaching the musical experiences used in the different modalities. 74 music therapists participated. Most participants work in private institutions. In the public ones, the area of action is distributed in: Mental Health (39.39%); Physical/Cognitive/Sensory Rehabilitation (21.21%); Educational (15.15%). In the individual face-to-face service, Improvisation stood out with 100%. In groups, recreation stood out with 90%. In online services, both individual and group, recreation was widely used. In the individual face-to-face service in a public institution, 100% of recreation and 89.47% of musical improvisation were used. In the group presence, there was

the same index between recreation and improvisation. In the individual face-to-face service in a private office, improvisation was used more and, in groups, 100% of recreation was used. In the online office group, recreation and composition were more used. In the individual and family face-to-face home care, 100% recreation and 100% improvisation were used.

Conclusion

It is concluded that online consultations met the demand of patients, family members and institutions, contributing significantly to the fight against the pandemic and social isolation.

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HEALTH PROMOTION BY BIO-TECH-SOUND SOLUTIONS: FOUNDATIONS OF A UNIVERSITY COMMUNITY PROJECT

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Introduction

This paper introduces a community project involving Music Therapy and Technology in a public university in Brazil and presents its foundations, objectives, and future actions. The project was created by the primary author during the Pandemic, who is faculty of the latest Music Therapy Undergraduate Program in Brazil.

Summary

We aim to present the basis for a university community project involving Music Therapy and Technology in Brazil. The Music Therapy Undergraduate Program at Universidade Federal do Rio de Janeiro is a new, public (no tuition for students) program that started in 2019. Due to the Pandemic, in 2020 we were forced to adapt to new ways for Music Therapy education and action. Therefore, the primary author developed the community project entitled "Promoção da Saúde por Meio de Soluções Bio Tecno Sonológicas na Interface Universidade Sociedade" – Health Promotion by Bio Tech Sound Solu-

tions in The Interface University Society – also known as #C@MTech_LAB. It is an extension of the undergraduate program. It is grounded in the concepts of complexity (Morin, 2010) and emergence (Sommerer & Mignonneau, 1998) applied in artistic computational systems (Pigrogine, 1980) for health promotion. Its foundations rely on intersectional fields of Arts, Technology and Health – «ARTiculações entre TECnologia e Saude» or AR_TE_S. They relate to the communicational possibilities of human beings imbricated in expressive, creative, and therapeutic powers. It has a partnership with the Research, Development and Innovation Laboratories in the Interactive Media Network in Brazil (MediaLab/BR Network). It aims to develop three projects: 1) continuous distance learning for some music therapy courses in the UG program; 2) tele-health music therapy for the community in a specific music therapy lab; 3) investigation and development of actions, interventions and products (e.g., wearables) in the biotechnological interface, from evidence base and action-based research and real-life issues.

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WIND INSTRUMENT PLAYING FOR COPD: RECOMMENDATIONS FOR MUSIC THERAPISTS

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Introduction

Chronic Obstructive Pulmonary Disease is a serious condition that can lead to death or disability (GOLD, 2020). Although there were systematic reviews about music interventions, they focused only on singing (McNamara et al., 2017) nor did they focus on wind instrument playing as a single intervention (Huang et. al, 2021).

Methods

To explore how wind instrument playing has been delivered for people with COPD in Music Therapy and Music Medicine settings, we conducted an integrative review. We searched Pubmed, Embase, Cinahl, Web of

Science, PeDRO, PsycInfo, Scopus, DOAJ, LILACS, ERIC, and Cochrane Library databases, also grey literature.

Results

8 studies and 2 research protocols were included. One study was qualitative, the other seven were quantitative – 3 RCT, one crossover, 3 pre-post interventions (no control group). Only 1 study researched on hospitalized patients, the others on outpatients. 4 studies included music therapists delivering the intervention. 3 studies had wind instrument playing combined with other music interventions, such as singing or breathing exercises. 4 studies reported wind instrument lessons in healthcare settings. 1 study fo-

cused on individual unsupervised home-based harmonica training after 15-min instructions, whereas 2 emphasized on participants' choice of wind instrument, and the remaining 5 did not provide instrument choice – in this case, instruments were harmonica (2), flute (1), kazoo (1), melodica (1). 2 research protocols reported the use of melodica, one mentioning a music therapist. One study used interviews, one subjective measure, 6 combined subjective and objective measures.

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MUSIC INTERVENTIONS DURING CHEMOTHERAPY: AN INTEGRATIVE REVIEW

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Introduction

Music has shown positive effects for patients with cancer (Bradt et al., 2021). A diversity of contexts of music delivery have been added together in meta-analyses, which is useful to prove efficacy. However, it might not assist clinicians in decision-making processes for music program development and music ther-

apy treatment planning according to different oncologic diagnosis, procedures, and settings (Burns et. al, 2018).

Methods

Similarly to Burns (2012), we conducted an integrative review to explore characteristics of music interventions in oncology, focusing

on the context of music during chemotherapy. On May 28th, 2022, we searched PubMed/ Medline, Embase, Cinahl and Web of Science with no filters for language nor period. Music should be delivered during the infusion treatment.

Results

After the removal of duplicates, we screened 136 studies against eligibility criteria. We included 10 articles. We extracted data using a pilot form based on guidelines for music-based interventions (Robb et al., 2011). Studies included a total of 1220 participants, ranging from N=43 to N=474. 4 studies were 2-arm RCT, 5 were 3-arm RCT and one was a 4-arm RCT. 4 studies compared distinct music interventions between groups. 8 studies provided receptive methods (music listening) and two provided active methods (participant singing or playing musical instruments). There has been an increase in studies comparing music interventions in music therapy and music medicine oncologic research.

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MUSIC THERAPY AND NEUROCOGNITION: RELATIONSHIPS BETWEEN INTERACTIVE MUSICAL IMPROVISATION AND MENTAL HEALTH

Ivan Moriá Borges

Federal University of Minas Gerais, Brazil

Abstract

Microanalyses involving interactive musical practice allow the identification of traces related to neurocognition (such as theory of mind and working memory), which is little explored in the music therapy literature. This work proposes the relationship between rhythmic, harmonic and melodic aspects with neurocognitive domains, based on a professional experience carried out in a mental health center in Brazil.

Introduction

Many studies that show benefits in communication and social interaction in music therapy for people with some mental health disability, such as those by Geretsegger et al (2017) and Silverman (2015) do not refer to the constructs of Neurocognition (NC), which are deficient in schizophrenia and other mental disabilities (Green et al., 2008). Recently, the meta-analysis of Jochum van't Hooft et al (2021) identified that the processing of "Theory of Mind" (a subdomain of NC) and musical perception may share the same neurobiological circuits. However, interactive musical practice (IMP), very recurrent in music therapy sessions in Brazil is not explored. This study aims to investigate musical traits related to the NC found in IMP from music therapy microanalyses. Lia Barcellos argues that the client brings with him his world, needs, desires and conflicts, which must be wel-

comed by the therapist in order to build changes, taking into account interactions and musical interventions (Barcellos, 2016). In this way, musical and verbal improvisation is a very interesting opportunity where the subjects can represent several questions about itself in a mental health context.

Microanalysis

The clinical example selected for this presentation is part of the master's dissertation conducted by the current author, done by transcribing the recorded audio of the session into a score and following Lee's method for microanalysis (Lee, 2000). It was possible to identify the following harmonic pattern performed in this improvisation identified in Figure 1.

In the musical improvisations performed, verbal production was common during improvisations, which after a certain organization in its structure, it was possible to develop compositions about the current emotional state of the clients. Clients usually used recycled percussion instruments built by themselves (made with plastic and metal bottles) in previous sessions and the therapist used a harmonic instrument.



Figure 1. Chords pattern of improvisation.

The chords represented in the upper line at figure 1 shows a structure where they all have the same group of notes, highlighting a single altered note that defines each chord, represented one per measure, in dotted half notes: A, G \sharp , F $\#$ and F \sharp . The single measure of the bottom line demonstrates the rhythm played on the harmonic instrument.

The cyclic structure of the chords seems to favor greater engagement between the client and the therapist, since the shift changes - carried out by looks - are often based on this chords pattern. This phenomenon, for example, is a situation where the understanding of the intention of the other is recruited when passing his turn, intentions that must be perceived and adapted in the improvisational practice, was related to theory of mind, an NC domain.

We noticed that the working memory (other of the NC domains) is closely related to the learned predictability of the chord structure, allowing participants to predict target notes for each performed chord (highlighted at Figure 1) and be free to improvise melodic verses.

Conclusions

It was possible to establish some connections

that may contribute to the future development of assessment protocols in Music Therapy practice in Mental Health. Further studies about the relationships between Music Therapy and Neurocognition are needed in order to obtain a more systematic result.

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INCLUSION IN MUSIC THERAPY: CHALLENGES AND NEW PERSPECTIVES

Noemi Nascimento Ansay
UNESPAR, Brasil

On the occasion of the 17th World Congress of Music Therapy, in Vancouver, Canada, we have gathered as a global community, made up of music therapists from distinct parts of the planet, with various sound/music references, knowledge, and music therapy practices.

The Brazilian musician, Milton Nascimento, sings: «A friend is something to be kept / Under seven keys / Inside the heart / Thus spoke the song which in America I heard» (Nascimento & Brant, 1979). As in the song, we wish to strengthen friendship bonds and professional relationships, creating an inclusive and welcoming community that values the culture of Good Living (Krenak, 2020).

For Schapira (2016), the individual work of the music therapist is important, but insufficient for greater insertion in health and education systems. To this end, the political and institutional work of associations, forums, committees, and federations that promote national and international dialogues is necessary. In this task, the dialogic action, in the terms established by Freire (2005, p. 191), is fundamental: «... in the dialogic theory of action, subjects meet for the transformation of the world in co-laboration».

The contemporary world imposes challenges on us as subjects and music therapists — exclusion seems to be the rule, rather than the exception. The colonial logic produced social inequalities and the exploitation of natural resources and labor. The reasons are com-

plex and related to conjunctural analyses and to a neoliberal ideology that, according to market laws, accentuate and reproduce social inequalities (Gentile, 2007; Poulantzas, 2000).

Morin (2004) emphasizes the importance of non-linear thinking and perspectives that consider the complexity of life, the world, and planetary life.

For its polysemic nature, music has an almost infinite possibility of opening paths and broadening the patient's horizons of expression» (Barcellos & Santos, 1996, p. 18). Thus, music therapy, which in its genesis is hybrid and aims to achieve therapeutic ends through music, proposes to be inclusive in its practices in different fields of action (Leinig, 2008). In this case, the inclusive paradigm is the rule and not the exception; it is an epistemological and philosophical foundation of music therapy practices.

Music therapy and Inclusion

In Brazil, we can observe progress regarding public policies and the access to specialized or community services, such as the introduction of Music therapy in the Unified Health System (SUS) and in the Social Assistance System (SUAS), as well as a larger number of music therapists in the job market. There is still much to be done; however, and in this Congress, I will make an exposition of three aspects: 1) Music Therapy: formulation and implementation of public politics in Brazil, and

the institutional politics of the State University of Paraná (UNESPAR), through the work of the Nucleus of Special and Inclusive Education (NESPI), Nucleus of Ethnic-Racial Relations (NERA), and Nucleus of Gender Relations (NERG); 2) formation of music therapists, from an inclusive perspective: articulation between teaching, research and extension; and 3) care for people with disabilities in the Center for Care and Studies in Music Therapy (CAEMT), between 2012 and 2022, and the Open Meetings in Music Therapy (Cunha, 2019).

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Notes

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LIVE MUSIC FOR PEDIATRIC BURN CLIENTS AND ITS MEANING FOR THE NURSES DURING A PROCEDURE

Mireya P. González

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Carmina Domic,

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Daly Jara

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Abstract

Pediatric burn care is complex, demanding the involvement of multiple professionals. Procedures may be painful and traumatic for children, causing physical and emotional burden for the nursing staff. Music therapy is used to diminish the stress during procedures. The impact of music interventions on the nursing staff is explored.

Introduction

Burn care is particularly complex and challenging for patients and professionals alike. Nursing is one of the health professions that plays a fundamental role in the acute treatment of pediatric burns, including the performance of painful and traumatic procedures to patients, which frequently generates intense emotional expression in children. This leads to high physical, emotional burden and high levels of stress for the nursing staff.

The use of music has been identified as a tool

that can facilitate the performance of health-care professionals. However, most of the available evidence discusses the role of music use in patient care, but has not focused on directly analyzing the meaning or impact on health care professionals. Assuming that music could have positive effects on pain relief in pediatric burn patients and its potential beneficial effects found in various practice areas, it could be hypothesized that music could also influence other aspects, improving the quality of the work environment and decreasing stress, not only in patients but also in the team of health professionals (Batt-Rawden & Storlien, 2019).

Method

A phenomenological design was used to understand the meaning of live music interventions while performing dressing changes with children. Data was collected in consecutive rounds of in-depth interviews and analyzed thematically. Using phenomenological design suggests the study is qualitative in nature.

Results

Music performed by a music therapist is positively rated by nurses who perform wound dressing on pediatric patients with burns. It provides substantial evidence that live music intervention for the patient, has a direct impact on the nurse's performance, their emotional and physiological perceptions. The benefits include a positive impact on patient care and strengthening their professional role, which should be considered as a coadjuvant therapy.

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Orlando Flores is the director for Research at COANIQUEM, a Chilean NGO dedicated to the prevention, education, and rehabilitation of children affected by burns. Orlando holds a PhD in Medical Sciences from The University of Queensland (Australia), where he investigated the hypermetabolic response associated with severe burns.

METHOD OF CREATIVE INTERVENTION IN BURN CARE, CRISIS AND TRAUMA

Mireya González
COANIQUEM, Chile

Abstract

Rehabilitation of burn injuries requires a lengthy recovery period, ongoing treatments, and painful medical procedures. They are often associated with pain, emotional stress, invasive procedures, long term rehabilitation and family stress. This presentation will discuss a conceptual framework for the delivery of Método de Intervención Creativa en Crisis (MICC), a method of Creative Intervention in Crises and Trauma for pediatric burn clients

Introduction

Serving children and youth who suffer burn injuries requires a comprehensive approach to answer to their physical and emotional needs from early stages. Once the initial acute care is provided, a long rehabilitation journey begins for clients and their families, often involving painful and invasive procedures. Family structure will be greatly affected by the dynamics of ambulatory care and one would require care from a responsible adult.

Method

MICC is a music and arts-based method involving the exploration of musical instruments, improvisation, singing, drawing, storytelling, movement and breathing techniques. Developed as a creative and dynamic approach, MICC was first used with victims of natural disaster in community work. This approach has been adapted in the study, to accompany our clients at different stages of

their rehabilitation process, together with their families. While different treatments cause distress for the client and their family, a safe and supportive music therapy space is provided to process their traumatic experience or accompany them during a medical procedure. Group and individual sessions are offered to address the different physical and emotional challenges.

Results

The MICC method has been an effective facilitation for a client with burn injuries. The individual was able to find their creative inner strength to face and overcome obstacles. Independence, self acceptance, social interaction and integration are re-established. The client was also able to express her inner fears, painful memories and found a way to develop a safe sense of self, trust others and accept her new life with changes in her family and herself.

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THE FUTURE OF RESEARCH IN MUSIC THERAPY IN MEDICAL SETTINGS: TOPICS AND METHODOLOGIES (SPOTLIGHT SESSION)

Mark Ettenberger

SONO – Centro de Musicoterapia, Colombia

Abstract

Music therapy research in medical settings is particularly dynamic, challenging, and full of opportunities. The inherent interdisciplinarity of clinical practice and research in hospitals is an important factor that drives and shapes the present and future of research in this context. As experimental studies continue to provide vital information regarding effectiveness and safety of music therapy interventions in hospitals, second generation research regarding moderators, mediators, and mechanisms are currently emerging (Bieleninik et al., 2022; De Witte et al., 2022).

In this presentation, a glimpse into a possible future of music therapy research in hospitals will be provided, drawing on two ongoing research projects. The first project is currently undertaken by an international research group, looking into the potentials and pitfalls of an AI (Artificial Intelligence)-supported meta-research for mechanisms in music-based therapeutic intervention. The second project is a transdisciplinary research effort on intracerebral brain synchronicity during musical improvisation in routine or altered states of sensibility. Potential applications of

both projects in relation to medical populations and beyond will be outlined and discussed in the context of culture and the current clinical practice in hospitals in Colombia, South America.

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MUSIC THERAPY WITH BURN PATIENTS IN THE ICU: A RANDOMIZED CLINICAL TRIAL

Mark Ettenberger

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SONO – Centro de Musicoterapia, Colombia*

Abstract

In this presentation, the preliminary results of a RCT on music therapy with ICU burn patients will be presented. This is the first study in Colombia to evaluate the effects of music therapy on this population, gathering new knowledge about its potential to help patients recover from their injuries.

Background

Burn patients experience major physiological and psychological stressors during treatment and rehabilitation, including elevated levels of pain, anxiety, stress, or depression (Wiechman, Hoyt, M & Patterson, 2020). Music interventions inclusive of music therapy (MT) have been shown to improve such symptoms, but clinical trials investigating specific music therapy techniques in adult burn patients are scarce (Monsalve-Duarte et al., 2021).

Method

This presentation reports the preliminary results of a single-center Randomized Controlled Trial (RCT) including adult burn patients admitted to the Intensive Care Unit (ICU) of the University Hospital Fundación Santa Fe de Bogotá (Ettenberger et al., 2021). The intervention consists of a Music Assisted Relaxation (MAR) protocol, inclusive of entrained live music combined with guided relaxation and/or the use of imagery. The effect of the MAR is compared to a control group

(treatment as usual) for a period of maximum two weeks or six interventions. The primary outcome measure is perceived pain, as measured with a Visual Analogue Scale (VAS) before and after each intervention. Secondary outcomes are anxiety and depression levels; vital signs; and the use of pain medication. Additionally, some patients in the intervention group are invited to participate in (EEG) electroencephalography, (EMG) electromyography, and (ECG) electrocardiography recordings during the MAR.

Notes

Trial registration: www.clinicaltrials.gov
Identifier: NCT04571255.

Conclusions

This is the first study in Colombia to evaluate the effects of music therapy for adult burn patients in the ICU and is hoped to gather new knowledge about the potential of music therapy to help critical care patients recover from their injuries.

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MUSIC THERAPY IN MEXICO: AN EMERGING PROFESSION AND DISCIPLINE

Xochitl Palma Islas
Associate Organizational, Mexico

Introduction

In Mexico, there is currently no proper Music Therapy (MT) training program at any University. There are only a few Mexican nationals who have been able to graduate from a bachelor's or master's program and, in order to do so, they had to migrate to another country, which is a pathway that most of the time is full of struggles. During the 70s, MT was first introduced and initiated by two important pioneers, unfortunately they weren't able to continue with their work. Fifty years later, with the creation of the Mexican Center for Music Therapy (CMM), the discipline re-emerged, even more strongly, thanks to the work of some of the few graduated music therapists that Mexico has nowadays.

Background

We can say that the pioneers in the field of Music Therapy in Mexico are Consuelo Deschamps and Guillermo Villegas, both of them connected music, psychology, and music pedagogy to approach MT in the decade of the 70s, using their experiences and research about the body's sound resources, what they called "the Music of the body". They offered many workshops, mostly in cultural spaces but also in mental health institutions, and in 1983, they founded the Mexican School of Music Therapy. They also held the first Creative Arts Therapies Congress (1986) in Mexico.

Sadly, for unknown reasons, neither Consuelo

or Guillermo were able to continue with the fantastic work they had begun.

In the decade of the '80s, Victor Munoz, a medical doctor trained in GIM, created another Music Therapy institution called "Instituto Mexicano de MT Humanista", which offers a training created by Munoz, based mostly on the Gestalt psychotherapy and the GIM MT model.

It was not until the 90s that the first Mexicans were able to go and study overseas at a graduate or postgraduate MT program. These are the countries where our music therapists have been trained: USA, Canada, Argentina, France, Spain and Germany.

Present

In 2020, in the middle of the pandemic lockdown, Xochitl Palma and Daniel Torres created the Mexican Center for Music Therapy (CMM), being the first of its kind in the country given that it offers training and MT services provided only by certified music therapists. So far we have worked with different clients and populations such as neurodiverse patients, dementia care, domestic violence survivors, and immigrants, among others.

We also held the 1st International MT Symposium (2021) and the 1st Mexican MT Congress (2022), collaborating with many international MT outstanding professionals around the world such as Dr. Alison Short, (Australia) Dr. Michael Viega (USA) Dr. Camila Gonçalves

(Bazil) and Dr. Sue Baines (Canada), and each year we have the «Jornada Nacional de Musicoterapia», which offers conferences and workshops. All of this has helped us spread MT as a serious health discipline and the idea that it needs to be exercised only by truly qualified professionals. Link to Congress can be found here: <https://youtu.be/HuBTtYqQdW4>

Alongside with this work, a couple of years ago AMME was created, being the 1st MT association in Mexico, who also aims to promote the discipline in our country and that links Mexico to CLAM (Comité Latinoamericano de MT).

Conclusions

In a country full of challenges at an economic, political and social level, the CMM struggles to pave the way for the professionalization of MT. We have been having a good and strong beginning, creating an international network that also allows future music therapy students to have contact with professionals and institutions in different countries and encour-

aging them to also go study abroad if it's possible for them, as well as giving and creating spaces for exchange and outreach. We still have one important goal missing: to have a MT training program at an undergraduate or graduate level within a University. We will also continue working for mexican vulnerable communities so that they can receive MT services, as MT should not be a profession or health service that only privileged people can have access to.

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REMOTE MUSIC INTERVENTION TO IMPROVE THE MENTAL HEALTH OF PARENTS WITH ASD CHILDREN

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Showa University of Music, Japan

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Introduction

At the end of 2019, a new Covid-19 infection occurred and affected the world. Multiple studies have indicated that parents of children with ASD living in Peru experience high stress. The restricting interactions due to infection prevention measures would affect the mental health of parents of peruvian children with ASD.

Purpose: Determine the effectiveness of a remote music intervention combining progressive muscle relaxation (PMR) and regulative music therapy (RMT) to improve the stress coping skills of parents of children with ASD.

Methods: 1. Subjects: Parents of children with ASD attending a hospital in Peru were recruited; 2. Structure: Intervention was conducted once a week for approximately 40 minutes using interview and music through Zoom; 3. Scale: Study 1 used the PSS-14 scale, this scale that measure an individual's perceived stress during a month. Study 2 and study 3, used the Spanish version of the SF-12v2®acute version scale.

This scale measure mental health over the past week.

1) Study 1: Two participants received a combined intervention (PMR+RMT). Participants reported significant improvements in their verbal reports. It was unclear whether either the single intervention or whether combined intervention was effective.

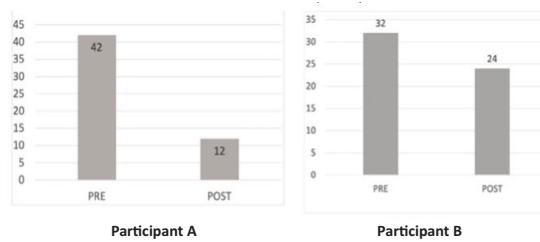
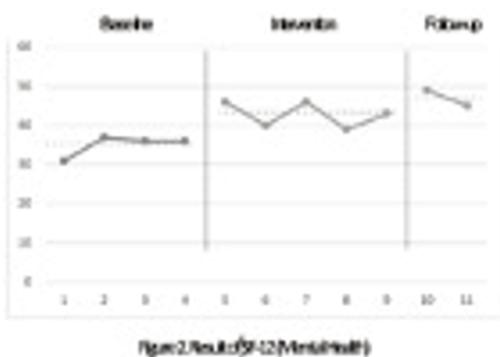


Figure 1. Results of Questionnaire (PSS-14)

2) Study 2: One participant (C) was administered PMR+RMT. The intervention plan was designed to change conditions chronologically from the baseline period (BL) to the intervention/follow-up period (F/U). The participants reported in the verbal reports and the scale (SF-12v2) showed that this intervention may be effective in improving stress coping skills.



3) Study 3: Two participants (D and E) were administered PMR+RMT, a procedure hypothesized to be more effective than either single PMR or RMT. Intervention plan: Participant D: BL → intervention (PMR → PMR+RMT) → F/U; Participant E: BL → intervention (RMT → PMR+RMT) → F/U. SF-12v2 and FFMQ (Mindfulness Scale) were used as scales. For both participants, the

PMR+RMT intervention showed more frequent increases than the single intervention.

Conclusion

The results of Studies 1-3 suggest that PMR+RMT than single intervention is effective in improving the stress coping skills. However, because participant E showed a trend toward change, but was highly unstable, further research is needed.

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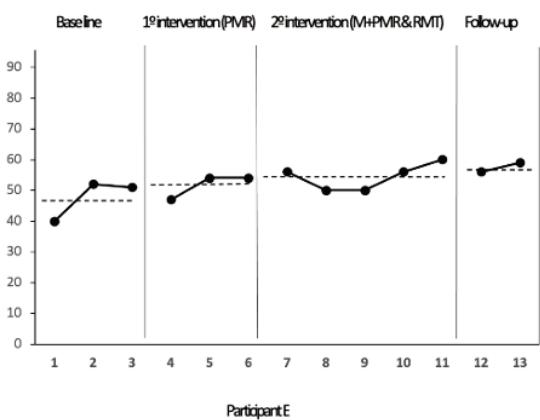
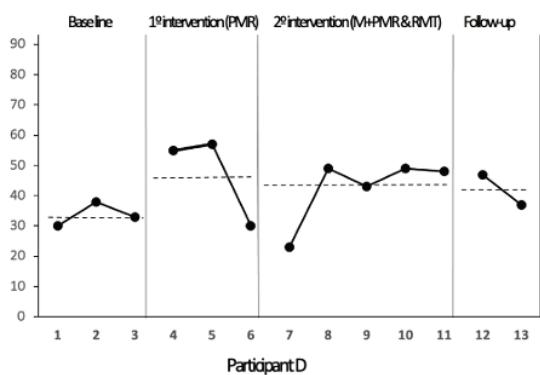


Figure 3. Result of SF-12 (Mental Health)

A Comprehensive Review Classifying Contemporary Global Practices In Music Therapy

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Abstract

The World Federation of Music Therapy (WFMT) identified five models of music therapy at the World Congress of Music Therapy in 1999, subsequently recognized as the five international models of music therapy. The selection of these five models acknowledged the work of the leading pioneers at the time who had contributed tremendously to the development of music therapy. Since that time, the profession has continued to develop and evolve with the changing demands in the field that call for a broadening of approaches in practice. This resulted in the emergence of a diverse range of novel music therapy approaches, methods, and models across the globe over the past 20 years. As such, the WFMT has acknowledged the need to explore and propose a new 'map' of music therapy practices to provide a more accurate reflection of the field today from a global perspective. Consequently, a working group of WFMT council members (the authors) from Australia, Hong Kong, the USA, Poland and Spain was established to classify and report on current practices around the globe that is intentionally inclusive and dynamic. The working group examined published works on music therapy practice currently employed in different regions of the world and conducted two rounds of information collection. The first round invited regional liaisons of the WFMT to identify the most common approaches of music therapy practice in their part of the world, and the second round invited music therapy experts and proponents across the globe to classify their form of practice as a model, an approach, a method and technique, an orientation, or an alternative form that do not belong to these categories. This report does not intend to conclusively define models and various forms of music therapy for the profession, but attempts to provide a comprehensive and inclusive overview of contemporary music therapy practices that should be updated and revised periodically. The authors also offer a few points of reflection on the continuing development and evolution of music therapy practices moving forward.

Keywords: music therapy, contemporary models, methods, approaches and orientation, international models, global development of music therapy practices, inclusivity and diversity.

Background to the Project

Five international models of music therapy were recognised in 1999 by the World Federation of Music Therapy (WFMT) during the 9th World Congress of Music Therapy in Washington DC (Wheeler, 2012). The selection of the five models served the purpose of recognising some prominent pioneers from different parts of the world who had made significant contributions to the development of the profession by that time. The recognition was not intended to be inclusive, but rather a symbolic gesture in line with inter-organisational efforts to be sensitive to political considerations(attributed to Aigen, in Wheeler et al. 2012). The five models represented practice across North and South America, Europe and the UK, all of which contained large bodies of professional, qualified music therapists who were members of the WFMT.

The five models were:

- Benazon Music Therapy (Argentina), Rolando Benazon, based on Jungian theory.
- Behavioral Music Therapy (USA), Clifford Madsen, based on behaviouralpsychology.
- Nordoff Robbins / Creative Music Therapy (UK), Paul Nordoff& Clive Robbins, based on humanistic psychology and Steiner's anthroposophy.
- Analytic Music Therapy (UK), Mary Priestly, based on Freudian psychoanalytic theory.
- The Bonny Method of Guided Imagery and Music (USA), Helen Bonny, based on transcendental (and humanistic) psychology.

Since that time, the profession has continued to develop and the demands on the music therapy profession have changed, with many new approaches to practice emerging. There is now significant variation across the different regions covered by the WFMT (World Fed-

eration of Music Therapy, 2020). These variations include dominant theoretical orientations, prominence of different music-based methods, stages of development of the music therapy profession in different countries, workforce conditions and vocabularies used to describe practice. Wittgenstein's (1967) idea of family resemblances provides a useful way to understand these diversities in practice, which show «overlapping similarities and resemblances rather than universal, finitely specifiable common properties» (McLachlan, 1981, p. 1). Given this increasing diversity, the WFMT has acknowledged the need to explore and map the different approaches that are currently part of the global music therapy profession (family). This led to the establishment of a working group in 2019 comprising council members (the authors) whose task was to better define and describe what constitutes a 'model' in music therapy and to report on current practices around the globe that might be considered as models.

This report details the process of reviewing and classifying global practices in music therapy undertaken by the working group and the conclusions reached. The report is considered comprehensive, as it is based on several engagements: two rounds of correspondence with regional liaisons of the WFMT; ongoing correspondence with an increasingly long list of recognised experts and proponents in music therapy internationally; and continual discussions and debates about the responses received among members of the working group via bi-monthly online meetings. The decision to expand the task beyond 'identifying models' to 'classifying diverse practices around the globe' was to extend discussion beyond 'models' of music therapy in order to recognise an intentionally inclusive and contemporary suite of music therapy practices.

Procedure

The WFMT's global mission and values em-

phasise inclusivity and this was the guiding principle for the reviewing process, requiring extensive dialogue, debate and discussion. The working group comprised members from Spain, Hong Kong, Australia, Poland and the USA all of whom practiced in different ways, including within medical, educational, private practice and community contexts in their own countries, with varying theoretical influences. Many different opinions were shared during the three years it took to negotiate decisions and determine next steps.

The first topic to be debated was the idea of 'models' and identifying how the different worldviews of the working group members influenced their understanding of this construct. Some members believed models must be based on quantitative evidence of effectiveness. While others thought that would reduce the profession to a small number of testable procedures in the tradition of objectivist research that requires measurement of variables. The authors agreed that it was important to honour the five models that had been identified in 1999 and to undertake further scoping that did not include or challenge the status of the pioneering models, in recognition of the important contribution to the music therapy profession they made at that moment in time. A broad understanding of models was therefore adopted to begin with a focus on those approaches to music therapy practice that have been documented repeatedly in the literature. This scope was then expanded after recognising that newer models and approaches would be important to include, despite having had less time to develop a track record of publications. This decision was influenced by a number of social movements that have become prominent since the pioneering models were identified, particularly recognising the relevant vantage points afforded by postcolonial theory (Young, 2016). For the purposes of our discussions, it was important to recognise that postcolonialism challenges the hierarchy imposed

by Western imperialism where the practices of dominant and privileged cultures are prioritised over marginalised ones. Given the diverse regions represented by the WFMT, it was important to carefully monitor colonial assumptions by actively recognising the equal value inherent in diverse approaches favoured around the globe by music therapists.

The group members attempted to demonstrate values of inclusion and egalitarianism in practical ways during the reviewing process. For example, in contrast to conducting a literature review, information was collected by personal communications with practising music therapists using the networks of the working group members who represented different regions (Western Asia, Australia, Eastern Europe, Western Europe, USA). This dialogic and relational approach was congruent with the mission, structures and resources of the WFMT. Information gathering began with two rounds of correspondence with the WFMT nominated regional representatives. A request was sent to the regional liaisons from the eight regions of the WFMT who were asked for their perspectives about the most common approaches in their part of the world. Information from email correspondence was compiled in a list and then the working group members added additional approaches that they were aware of from conference presentations, readings and encounters with music therapists in the diverse regions they represented. Throughout the first year we reflected on the limits of our knowledge and networks and considered new ways to get more information and expand on what had been captured by our initial scoping process.

Examining the initial list of approaches and models, it became clear that some were directly referencing external theoretical 'orientations', a term that Aigen (2014) introduced to the music therapy literature to describe

COMPREHENSIVE REVIEW OF GLOBAL MUSIC THERAPY PRACTICES

Table 1. Theoretical orientations, and approaches and models.

Theoretical orientations from outside music therapy	Approaches and models from within music therapy
Ecological	Community Music Therapy
Critical	Resource-Oriented Music Therapy
Cognitive Behavioural	Aesthetic Music Therapy
Developmental	Neurologic Music Therapy
Humanistic	Family-centred Music Therapy
Grief and Loss / Bereavement	Vocal Psychotherapy
	Orff Music Therapy
	Dalcroze Music Therapy
	Music Centred Music Therapy
	NICU Music Therapy
	DIR / Floortime MT
	Biomedical Foundations of Music Therapy

tendencies of thought (p. 223). These were often psychological or sociological orientations, such as humanistic or ecological music therapy. Other suggestions seemed to be unique to music therapy, although they may have integrated external orientations. We chose to separate these two categories for further consideration (as seen in Table 1) which established a group of ‘insider’ approaches that were developed by music therapists or that were specific to music therapy practice in a particular context.

As the working group examined the emerging list, there was considerable debate about whether the term ‘models’ provided a sufficient framework for the various practices being described. Stige’s (2004) decision to describe Community Music Therapy as an ‘area of practice’ instead of a model was noted, recognising that models are usually deterministic and «linked to specific originators and/or specific theoretical positions, to be shaped for specific client populations or clinical needs, and to be characterized by spe-

cific procedures and techniques» (Stige, 2002b, para. 3). This was extended by Ansdell in claiming community music therapy as an anti-model (Ansdell 2005) in order to avoid the prescriptive tendencies associated with models. Aigen (2014) also questioned whether the idea of models is always relevant or optimal for describing music therapy practices, and relegated them to an early stage of music therapy development, where treatment models that included specific procedures, techniques, goals were considered more necessary in order to align with medical approaches (p. 223). Resolution was achieved by the group recognising that an inclusive attitude would require more diverse options than a singular concept of treatment models with which to describe diverse practices. After considerable debate and experimentation with external approaches from related fields, the group expanded the proposed terms of procedures and methods to include a set of labels that seemed to adequately contain the different practices being described in the information provided. This inclu-

ded orientations, approaches, methods, and models which have been defined in the following ways.

Orientations are external tendencies of thought, most often theoretical positions from psychology, sociology and philosophy. These are often adopted as ways of informing music therapy practice and communicating with others about how practice aligns with theories known to them but are not explanations of music therapy practice.

Approaches are the ways that music therapists describe their practices (the whys), often incorporating external orientations, but also incorporating reference to music-based practices and methods. Understanding of approaches directly guides the practice of music therapists, often with specific reference to workplaces, groups of people and specific needs and usually reflecting cultural, social, political influences.

Methods are the music-based ways that music therapists practice (the hows). Practices are identified as a method when specific techniques, procedures, protocols, systematic plans, sometimes according to an established and logical plan that describes how you practice and apply the theories and principles of the selected approach are formulated.

Models are a framework for practice that encompasses a set of unifying theoretical underpinnings, approach(es), method(s), and technique(s) unique to the practice are developed and established. They serve as a structure for the model and lends itself to more rigorous testing and evaluation for further refinement through practice and research. Some models have been developed specifically for music therapy and may have accrued a body of research literature associated with them. Specific training is often required resulting in further credentials for music therapists who wish to identify as working in that particular area.

Consequently, the working group created a diagram to represent the interaction between these layers. Arrows were included to indicate how various forms of practice emerge and may evolve into models when this is aligned with the worldview of proponents. Figure 1 was created by one of the group members (Chan) as a tool to navigate and classify a potential developmental process of various forms of practice in the field. The triangle shape was used to indicate the greater number of orientations and approaches, and smaller number of models. Models were located at the bottom to avoid the assumption of superiority.

The diagram depicts the dynamic nature of music therapy practice and the fluid ways in which new ideas emerge and are developed. It is intended to encompass the various approaches to practice in the field, where external orientations and internal approaches are embraced and new methods and actions are formulated to align with them. The flow of the practice development process suggests that each category becomes nested within each other as a form of practice evolves from one category to another. For example, in the development of a practice from an orientation to a model, elements of each category are identified/formulated, refined and carried forward when it evolves into the next category. If a practice develops into a model, it comprises a set of theoretical foundations that guide the practice in its approach and in the development of methods and techniques specific to the model. At this stage, the categories align with one other to form the framework and structure of the model. While the proposed development process is directional, it is not hierarchical. The working group was in agreement that all categories were complementary. There are well-founded reasons for the existence of each, such as social advocacy, cultural context, local healthcare systems and perspectives on well-being. Hence, not all forms of practice evolve

The Practice Development Process

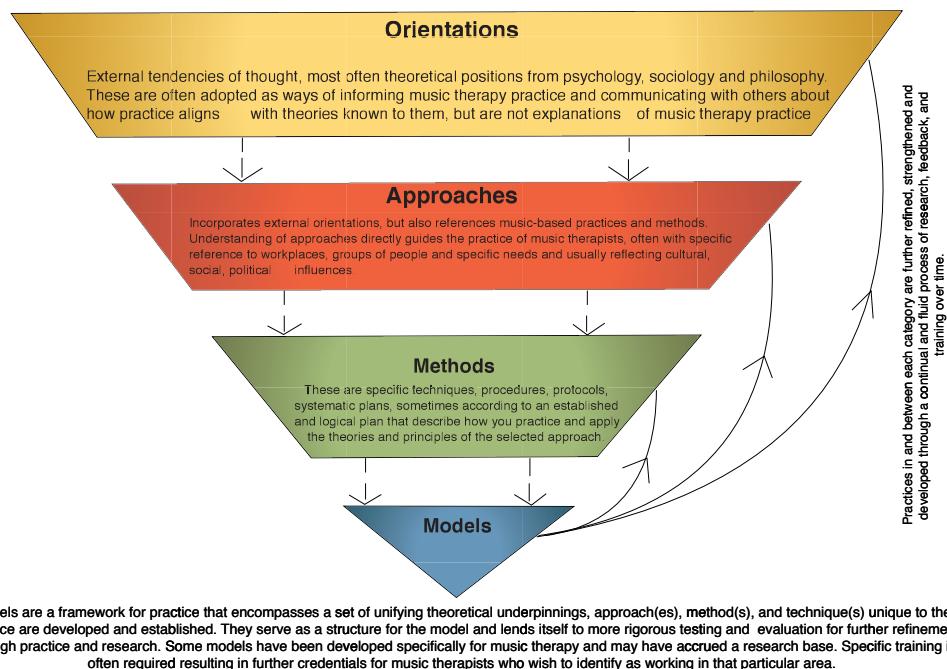


Figure 1. A tool to navigate and classify a potential developmental process of various forms of practice in music therapy.

to become a model and are best suited to remain otherwise.

After further review and consideration, the working group decided that greater privilege should be given to the respective experts and proponents regarding how they would categorise their own practices. A further round of correspondence was then sent that invited experts and proponents to identify whether their form of practice might be conceived as a model, an approach, a method and technique, or an orientation, based on an earlier draft of terms. Forty-two people identified as major proponents and initial experts were sent invitations. Reminders and invitations were sent for 6 months, and sometimes the search was widened to include an alternative proponent. 39 responses were ultimately received. The remaining three were removed because their proponents were not comfortable assigning them into a proposed category. Since this document is a «living» classification tool, further updates and revisions re-

garding these and other approaches, methods and models are expected. Many of the proponents and experts responded to the request in detail, with some providing several (r) pages and lists of references, occasionally documenting new material that has not been published elsewhere. Some attempted to classify their practices within our framework, others did not and questioned the proposed terms. These responses were taken into account as we continued the review, iteratively adjusting the terms being used and their definitions to better reflect the types of practices categorised within them.

Table 2 provides a comprehensive classification of global music therapy practices into models, approaches and methods. It is not intended to definitively list all music therapy practices around the globe, but does attempt to provide an inclusive overview of contemporary music therapy practices that should be updated and revised periodically. One publication has been included for each entry

COMPREHENSIVE REVIEW OF GLOBAL MUSIC THERAPY PRACTICES

Table 2. Classification of contemporary music therapy practices.

Form of Practice	Expert/ Proponent classification	Illustrative Publication(s)	Explanation of Classification	Experts/Proponent*
Dalcroze Eurhythmics	Approach	Habron, J. (2014). Through music and into music' – through music and into wellbeing: Dalcroze Eurhythmics as Music Therapy. <i>The Journal for Transdisciplinary Research in Southern Africa. Special Edition</i> , 10(2), 90-110.	A way of engaging with people based on Improvisation, music & movement with a focus on musical embodiment, synchronised movement, and entrainment.	John Habron*
Orff Music Therapy	Model	Orff, G. (1976). Multisensorischer Einsatz der Musik in der Therapie mit entwicklungsgestörten Kindern. In <i>Praktische Psychiatrie; Sonderdruck Musiktherapie in der Psychiatrie</i> (pp. 36-41).	A client-centered paradigm that assumes innate musicality. General concepts include using a focus on kinesthetic and aural practice to engage participants in layered music involvement according to their capacity.	Gertrude Orff/ Melanie Voigt*
Musical Portrait	Model	Galińska, E. (1989). La musicothérapie cognitive; le portrait musical du patient. <i>La Revue de Musicothérapie</i> , 1, 33-63.	Focuses on the disturbed structure of the self and working on the patient's identity, both active and receptive techniques. Mostly used in psychiatric settings with many fixed and situational techniques, with specific assumptions: socio-cognitive and integrative.	Elżbieta Galińska
Mobile Music Recreation	Method	Kierył, M. (2004). <i>Elementy terapii i profilaktyki muzycznej</i> [Elements of music in therapy and prevention]. Warszawa: MK	Uses an organized set of movement, rhythm, percussion, breathing exercises and relaxation activities stimulated by various music. The exercises refer to human biological rhythms (iso principle), including everyday situations and behaviors from the area of the patient's life into the process of music therapy.	Maciej Kierył

COMPREHENSIVE REVIEW OF GLOBAL MUSIC THERAPY PRACTICES

Form of Practice	Expert/ Proponent classification	Illustrative Publication(s)	Explanation of Classification	Experts/Proponent*
Biomedical Music Therapy	Approach	Taylor, D. (2010). <i>Biomedical foundations of music therapy</i> . (2nd ed.). Barton Publications.	Understanding and explaining music therapy through a biomedical perspective. Namely that music can be therapeutic because it influences brain functioning, which in turn allows the use of these effects well beyond the boundaries of the brain.	Dale Taylor
NICU Music Therapy	Model	Standley, J.M. (2002). A meta-analysis of the efficacy of music therapy for premature infants. <i>Journal of Pediatric Nursing</i> , 17(2), 107-113.	Incorporates a range of music therapy methods for premature and medically fragile infants receiving medical treatment in a hospital Neonatal Intensive Care Unit. Purposes include: enhancing medical treatment; managing infant symptoms; nurturing stressed premature infants; educating, involving, and supporting parents in a family-centered paradigm; and enhancing neurodevelopment by providing the earliest early childhood interventions.	Multiple
(Barcello's) Interactive Music Therapy	Approach	Barcellos, L.R.M. (1992a). <i>Cadernos de Musicoterapia 1</i> [Notebooks on Music Therapy 1] Rio de Janeiro: Enelivros. Barcellos, L.R.M. (1992b). <i>A Movimentação Musical em Musicoterapia: interações e intervenções</i> . [Musical Movements on Music Therapy: Interactions and interventions] <i>Cadernos de Musicoterapia n. 2</i> . [Notebooks on Music Therapy #2]. Rio de Janeiro: Enelivros.	Non-prescriptive approach incorporating traditional music therapy techniques with "Musical Provocative Technique" and the "Musical Explorative Technique". Musical analysis used to analyze musical content from sessions and theoretically grounded in musicology and music semiology, as well as psychology and therapy theory.	Lia Rejane Mendes Barcellos
(Oldfield's) Interactive Music Therapy	Model	Oldfield, A. (2006). <i>Interactive music therapy, A positive approach – Music therapy at a Child Development Centre</i> . London, UK: Jessica Kingsley Publishers.	Focus on establishing a constructive musical dialogue with children that emphasises positive experiences - these foster trust and allow feelings to be expressed through music. It is applied with a variety of populations including children with autistic spectrum disorders, relationship difficulties or physical disabilities.	Amelia Oldfield

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Form of Practice	Expert/ Proponent classification	Illustrative Publication(s)	Explanation of Classification	Experts/Proponent*
Medical Music Therapy	Model	Dileo, C. (Ed.). (1999). <i>Music Therapy and Medicine: Clinical and theoretical applications</i> . Silver Spring, MD: American Music Therapy Association.	Based on biopsychosocial theory to inform the use of music to address medical illness directly through cognitive, psychosocial and spiritual means. The therapeutic relationship is based on resonance with the therapist using research-based, specialized empathic methods and techniques.	Cheryl Dileo
Focal Music Therapy in Obstetrics	Model	Federico, G., & Whitwell, G. (2001). Music Therapy and Pregnancy. <i>Journal of Prenatal & Perinatal Psychology & Health</i> , 15(4), 299-311.	Focused on pregnancy and birth that guides future parents in connecting and bonding with their babies using a formal assessment and seven methods. Theoretically informed by pre and perinatal psychology, Jung's archetypes, Bowlby's attachment theory, Freud's psychoanalysis, protorhythms, Steiner's anthroposophy, and prenatal ecology.	Gabriel Federico
Feminist Music Therapy	Approach	Curtis, S. L. (1996). Singing subversion, singing soul: Women's voices in feminist music therapy (Doctoral dissertation, Concordia University). Hadley, S. (Ed.). (2006). <i>Feminist perspectives in music therapy</i> . Barcelona Publishers.	Based in the feminist belief system, with its sociopolitical understanding of the experiences of women, men, and nonbinary individuals within a patriarchal culture. The common principles include: an understanding that the personal is political; a commitment to social change; recognition of the importance of egalitarian relationships (both personal and therapeutic); and valuing of diverse perspectives.	Multiple
Vocal Music Psychotherapy	Model	Austin, D. (2009). <i>The theory and practice of vocal psychotherapy: Songs of the self</i> . London, UK: Jessica Kingsley Publishers	The use of breath, sounds, vocal improvisation, songs and dialogue within a client therapist relationship to promote intrapsychic and interpersonal growth and change including two core methods - Vocal Holding and Free Associative Singing. Main theoretical influences include Carl Jung, Object Relations Theory and Psychodrama.	Diane Austin

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Form of Practice	Expert/ Proponent classification	Illustrative Publication(s)	Explanation of Classification	Experts/Proponent*
Plurimodal Music Therapy	Model	Schapiro, D., Ferrari, K., Ferrari, Sanchez, V., & Hugo, M. (2007) <i>Musicoterapia abordaje plurimodal</i> . Argentina: EDIM Ediciones.	Pluralistic approach to theoretical influences and practice where all the lines of action are equally important and proceed in a client-centered way. Specific techniques were designed to supplement traditional methods, including therapeutic music improvisations, working with songs, stimulation of images and sensations through sound (SISS) and the selective use of edited music.	Multiple
Neurologic Music Therapy	Model	Thaut, M. (2005). <i>Rhythm, music, and the brain</i> . New York, NY: Routledge.	Based on neuroscientific research about music perception, cognition, and production. It consists of 20 standardized techniques across the 3 domains of sensorimotor, speech/language, and cognitive rehabilitation.	Michael Thaut
Consultative Music Therapy	Approach	Register, D. (2002). Collaboration and consultation: A survey of board certified music therapists. <i>Journal of Music Therapy</i> , 39(4), 305-321. Rickson, D. (2012). Music therapy school consultation: A unique practice. <i>Nordic Journal of Music Therapy</i> , 21(3), 268-285.	Grounded in philosophies and theoretical constructs borrowed from social and educational psychology and music therapy fields. Involves stages of practice including the establishment of therapeutic relationships, collaborative assessment and goal setting, implementation, and follow-up and evaluation.	Multiple
Community Music Therapy	Approach	Stige, B., Ansdell, G., Elefant, C., & Pavlicevic, M. (2010). <i>Where music helps: Community music therapy in action and reflection</i> . Ashgate.	Emphasises the importance of community, culture, political sensitivity, and localism. Focus on answering the question 'How can music help here, now' by mobilising and orienting actions and reflections in relation to current practical, situational needs.	Multiple

COMPREHENSIVE REVIEW OF GLOBAL MUSIC THERAPY PRACTICES

Form of Practice	Expert/ Proponent classification	Illustrative Publication(s)	Explanation of Classification	Experts/Proponent*
Culture-Centred Music Therapy	Orientation	Stige, B. (2002). <i>Culture-Centred Music Therapy</i> . Gilsum, NH: Barcelona Publishers.	A call for increased reflexivity and the ability to reflect upon one's social and cultural position as music therapist. Implications for practice emphasise awareness of the tensions between local and more general perspectives on music therapy.	Brynjulf Stige
Music and Imagery	Model	Summer, L. & Goldberg, F. (2002, September). <i>Practicing group music and imagery</i> [Seminar]. European Guided IMagery and Music Conference, Krummedeich, Germany.	Focused on transcending emotional limitations at supportive, re-educative and reconstructive levels. Sessions include prelude, transition, induction, music experience and postlude.	Lisa Summer & Fran Goldberg
Artistic Music Therapy	Model	Albornoz, Y. (2013). MAR. <i>Musicoterapia Artística</i> (2013). Mérida: Editorial Venezolana. Universidad de Los Andes. (In English) Albornoz, Y. (2016). <i>Artistic music therapy: An individual, group and social approach</i> . New Braunfels, TX: Barcelona Publishers.	A sequence of procedures and improvisational experiences that emphasise the artistic impact on the enhancement of human perception and quality of life with a strong emphasis. Indigenous cultures and practices were strong influences in the development of Artistic music therapy, in particular, the practices of the ancestral culture of Abya Yala (indigenous cultures of the American continent).	Yadira Albornoz
Therapeutic Choir	Method	Zanini, C.R.O., Leão, E. (2006) Therapeutic Choir - A Music Therapist Looks at the New Millennium Elderly. <i>Voices - A World Forum Of Music Therapy</i> . Noruega, 6 (2). Retrieved from: https://voices.no/index.php/voices/article/view/1682/1442 doi.org/10.15845/voices.v6i2.249.	The voice and singing are the main resources used to accomplish therapeutic goals through a protocol that involves seven procedures. Takes place in choral groups with existential, humanistic, social psychology, and phenomenological theoretical underpinnings.	Claudia Zanini

COMPREHENSIVE REVIEW OF GLOBAL MUSIC THERAPY PRACTICES

Form of Practice	Expert/ Proponent classification	Illustrative Publication(s)	Explanation of Classification	Experts/Proponent*
Aesthetic Music Therapy	Method	Lee, C. A. (2003). <i>The architecture of Aesthetic Music Therapy</i> . Barcelona Publishers.	The qualities and beauty of music are seen as having equal importance to the non-musical foundations of therapy and therefore music studies and music analysis should be equal to the research focused on therapeutic outcomes. Practical emphasis is on listening, aesthetics, composition, and the balance between musical and clinical form.	Colin Lee
ICMus Model of Social-Community Music Therapy	Approach	Pellizari, P. (1993). <i>Musicoterapia Psicoanalitica. El malestar en la voz [Psychoanalytic Music Therapy: The Malaise in The Voice]</i> (R.Resio, Ed.). Buenos Aires.	A prominent type of practice, especially in Europe and South America. It gained prominence after the establishment of Analytic Music Therapy. Influential work - quoted across Europe as well as South America. Comes after Priestley, but one of the most prominent since.	Patricia Pellizari
Music-Centered Music Therapy	Approach	Aigen, K. (2005). <i>Music-centered music therapy</i> . Barcelona Publishers.	These are all approaches that articulate ways of thinking and specific ideas and values that could be implemented in a variety of more specific models. They are meant to be informative conceptual frameworks that can be implemented within a variety of models.	Kenneth Aigen
Cognitive Analytic Music Therapy	Model	Kellett, S., Hall. J., Compton Dickinson, S. J., (2018) Group cognitive analytic music therapy: a quasi-experimental feasibility study conducted in a high secure hospital, <i>Nordic Journal of Music Therapy</i> , doi: 10.1080/08098131.2018.1529697	Group improvisational interventions are used to address three stages of recognition, reformulation and revision. Musical improvisations form the basis for exploring and ameliorating dysfunctional modes of interpersonal relations.	Stella Compton Dickson

COMPREHENSIVE REVIEW OF GLOBAL MUSIC THERAPY PRACTICES

Form of Practice	Expert/ Proponent classification	Illustrative Publication(s)	Explanation of Classification	Experts/Proponent*
Humanistic Music Therapy	Model	Muñoz, V. (2008). <i>Musicoterapia humanista: Un modelo de psicoterapia musical.</i> (tesis de maestría). México: Universidad Iberoamericana.	Techniques are derived from theoretical influence of humanistic psychology, as well as Gestalt theory, Core-Energetics theory, Bowlby's attachment theory, Analytical Music Therapy and the Bonny Method of Guided Imagery and Music.	Victor Munoz Polit
Resource Oriented Music Therapy	Model	Rolvsjord, R. (2010). <i>Resource Oriented Music Therapy.</i> Barcelona Publishers.	Aligned with the Recovery Model in mental health and integrating positive psychology, empowerment theory, the common factors and contextual approaches to practice. Methods often include the client's preferred music along with other techniques suggested by the client's interests.	Randi Rolvsjord
Social Music Therapy	Method/ Technique	Onorio, A. (2012). <i>Musicoterapia Social: Alternativa emancipadora de promoción de salud</i> [Social Music therapy: Emancipating alternative for health promotion]. Buenos Aires: Grafica Chilavert.	Group based work with psychoanalytic theoretical underpinnings that are mostly carried out in the socio-educational/socio-community context. The main focus is on the promotion of health using music in the community.	Araceli Onorio & Mercedes Ruiz
Anti-oppressive Music Therapy	Approach	Based on Sue Baines' PhD, the first publication was Baines, S. (2013). Music therapy as an anti-oppressive practice. <i>The Arts in Psychotherapy</i> , 40(1), 1-5. https://doi.org/http://dx.doi.org/10.1016/j.artpsy.2012.09.003	Employs theories, approaches, methods, actions, and practices that actively challenge oppression. Based on the contention that oppression exists in society, does not occur in isolation, and requires multiple theories to address systemic change.	Sue Baines

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Form of Practice	Expert/ Proponent classification	Illustrative Publication(s)	Explanation of Classification	Experts/Proponent*
Queer and Trans Music Therapy	Approach	Bain, C. L., Grzanka, P. R., & Crowe, B. J. (2016). Toward a queer music therapy: The implications of queer theory for radically inclusive music therapy. <i>The Arts in Psychotherapy</i> , 50, 22-33.	Incorporates practice explicitly focused on LGBTQ+ clients and their needs, as well as queer theory for informing and influencing music therapy. Emphasises the role of queer and trans music therapists and their allies in the creation and promotion of relevant trauma-informed and anti-oppressive approaches in the field.	Multiple
Aesthetic Thinking in Music Therapy	Approach	Rodríguez Espada, G. (2021) <i>Pensamiento Estético en Musicoterapia II: Territorializaciones: formación, improvisación, técnica y escucha</i> (Autores de Argentina, Eds.). Buenos Aires. Historical: Rodríguez Espada, G. 1990 "Etica y Estética en Musicoterapia" at VI World Congress of Music Therapy, Rio de Janeiro.	Music and aesthetics are regarded as social phenomena and agents of change with its power to generate meaning and empower freedom through improvisation. Aesthetics is defined as an openness that seeks and is guided by meaning and freedom in interactions at any given moment rather than an adherence and submission to predisposed rules, forms, and systems in the clinical context.	Gustavo Rodriguez Espalda
Post-Ableist Music Therapy (PAMT)	Approach	Shaw, C. (2019). <i>Developing post-ableist music therapy: An autoethnography exploring the counterpoint of a therapist experiencing illness/disability</i> [Doctoral, Victoria University of Wellington]. New Zealand.	Defined by relational ethics beyond what was present in the prior practice and draws on aspects of posthumanism, agonistic plurality, disability studies and crip theory. It offers tools that support therapist reflexivity that can be applied to current approaches to increase professional consciousness of ableism.	Carolyn Shaw
CanPau Model	Model	Lazo, P. (2019). Music Therapy, social entrepreneurship for early childhood: The CanPau model, <i>Latin American Network of Music Therapy for early childhood</i> , 4, 22-28 ISSN 2591-5878,	Developed as a social entrepreneurial project in various settings to meet early childhood developmental and educational needs. Influenced by Piaget, Freud, Klein, Winnicott's and Delalande's child musical development	Paola Lazo

Legend:

Yellow = Developed in the 1960s-1980s

Blue = Developed in the 1990s-2000s

Green = Contemporary/Recent

* = Proponent

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based on the information provided by the proponents and experts, and occasionally including two when it seemed necessary to illustrate breadth or more than one key proponent. The people named were those that were identified by consensus or suggested by the people with whom we corresponded. Dates were sometimes estimated when conclusive information was not available. The descriptions are based on our correspondence and information available in publications. This was condensed into two sentences that impartially described key dimensions related to its classification as a model, method, or approach.

Although we worked inclusively through regional liaisons and represented many continents, we are acutely aware that this exercise is limited by our own knowledge and networks. A longer working document will be held by the WFMT that was generated during this process and includes more direct references to source, histories, possibilities for classification and perspectives. We welcome responses that will help improve the comprehensiveness and inclusiveness of our review.

As noted, Table 2 presents a collection of music therapy practices discovered through the WFMT networks used to comprehensively review and classify contemporary practices. After reviewing all the content in the table, one member of the working group (Stachyra) created an illustration of how the different models, methods, approaches came into prominence across time. This enabled us to move beyond either a chronological list or any suggested hierarchy. It also allowed us to visualize why those practices that had emerged more recently might have less literature and research associated, whilst those that are established have had more time to compile relevant materials. The dates were sometimes estimated based on what information we had, if sufficient definitive information was not available (Figure 2).

Reflections

Although this working group was initially tasked with updating the list of music therapy models established by the WFMT in 1999, a comprehensive review of global practices resulted in the identification of a more complex

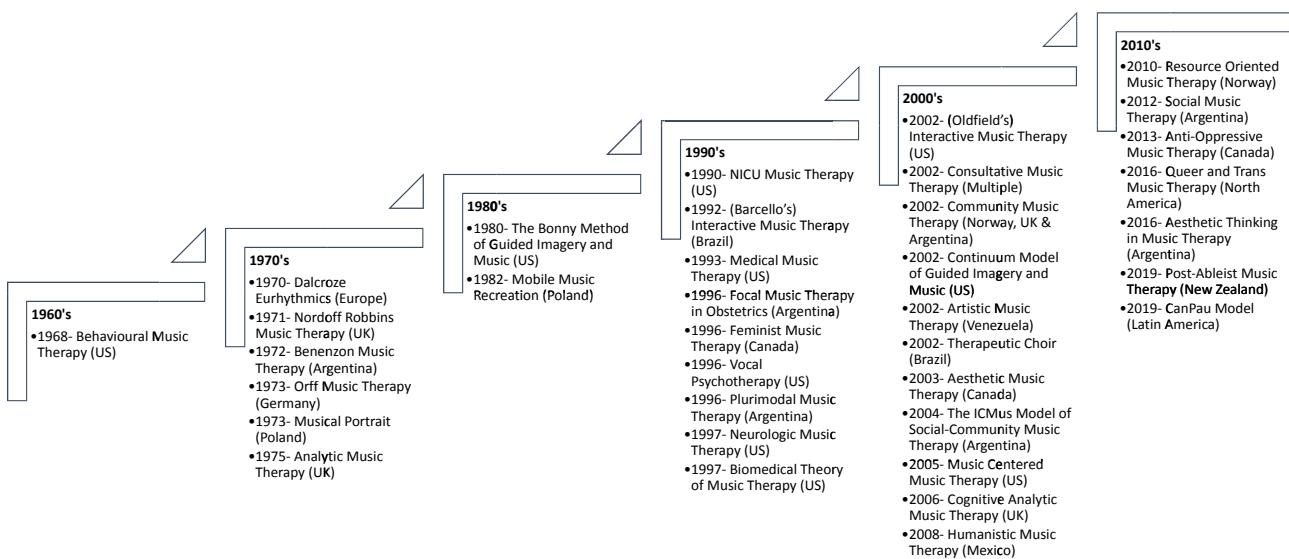


Figure 2. Time Continuum.

suite of approaches, methods and models. The family resemblances (drawing again on Wittgenstein) between all these practices are strong, but the differences and unique features are important in the context of an international federation that recognises diversity but is unified by its shared focus on the use of music for health and wellbeing and in agreement about the need for professional training. The distinctions reflect both cultural and contextual differences in beliefs about what is important to articulate, defend, explain and define for stakeholders in government, organisations, health and education settings and more. In the following paragraphs we will describe some of the issues that we grappled with across the two years of reviewing, using examples from the information collected.

Pioneers

Using the nuanced language we have introduced in this report, the original five international models might be conceived as a list of approaches created by significant international pioneers in our profession. The idea of pioneers and being pioneering is therefore important to consider and continues to be prominent in our review. In the 1990s, these pioneers had not only established a new approach to music therapy, but many were simultaneously advocating for the existence and recognition of the profession. Although the professional practice of music therapy is still not recognised in all countries, there have been some noteworthy successes with government legislation. Therefore we have chosen the language of experts and proponents to distinguish the people that were approached for this exercise from the pioneers who were outstanding in the first 50 years of the profession.

However, there are some individuals who might be classified as pioneers in the list we

have generated. These people have not only developed their practices through research, but have also established training programs which they, and their trainees, are solely qualified to teach. These often occur within a business model, where people enroll individually to learn about the approach / model / methods from the expert, who often travels internationally to teach groups in different countries. The people who enroll in these training programs are usually qualified and professional music therapists who are seeking additional professional development from the pioneers. However, either the pressures of a business model or the aspirations of the program leaders mean that this is not always the case. Some training programs led by qualified music therapists outside or affiliated to the university sector also accept non music therapy qualified students in their programs, leading to a mixture of graduates and types of certifications in that approach / method / model. For example, The Academy of Neurologic Music Therapy (2022) has established different sets of credentials and outlined scope of practice guidelines for non musictherapists

Another interesting difference in the emphasis on pioneers in different parts of the globe is related to cultural values. Although people around the world have increased access to diverse cultural beliefs, it is more common in some countries to highlight a single progenitor of a particular approach/model than in others. As one respondent noted:

«A challenge I believe is very important to inform the work group was regarding the column «Pioneer». It is very hard to point out one single individual in charge of a music therapy model, approach, practice, technique, intervention or method. Although it is crucial to cite our colleagues and give them the deserved credits for their work, I believe knowledge is a social construct, and there is a tendency in Mo-

dern Science to name pioneers instead of showing historically and in the society how one construct was developed and later incorporated (some appropriated) and used in music therapy practice -- which resonates with Contemporary Science, Sociology of Science, Epistemology of Science. This belief is informed by the work of Paulo Freire, Rolando Benenzon, Carolyn Kenny and other authors and/or colleagues. So, I would gently recommend the work group to consider this column «Pioneer» with extreme care and caution» (Camila Acosta Gonçalves).

Another facet of the «pioneer» phenomenon is the tendency to honor the experts by aligning with established approaches / methods / models they have developed, even though the practice needs to be altered significantly in different cultural contexts. Cultural factors and the maturity of the profession in a particular region / continent / country may determine how this translational evolution occurs and whether the local music therapists choose to retain the original title. For example, in collectivist countries where the culture values and promotes respectful submission and loyalty to authority figures, it is more common for the original title to be retained and adaptations would resemble the original practice as much as possible (Guess, 2004). This tendency may also be stronger if the profession is in the infancy stage of development and has yet to undergo the process of evolution in the local scene. A clear example is the Paul Nordoff and Clive Robbins tradition of Creative Music Therapy, which has been developed as a business with centers around the globe. The inspiration of these pioneers continues to resonate, but the specifics of the practice have been developed in a range of ways in different countries and by different individuals. A different example is NICU music therapy, where Jayne Standley's pioneering research is considered foundational to the field, but practices and research have been

developed by a range of individuals in different ways - such as Joanne Loewey in the USA, Helen Shoemark in Australia, Freiderike Haslbecke in Switzerland - without being re-labelled. The evolutions of practices are natural, however what we found interesting was whether the changes resulted in a new title, or whether the graduates continued to honor the approaches of the pioneers or translate them to suit their own contexts.

Parallel Developments

Another interesting facet that was identified in our review was that of parallel developments. These were first identified when different proponents used the same terminology in labeling their approach, but closer investigation revealed there were distinctions between them and some had developed without awareness of one another. For example, Lia Rejane Mendos Barcellos has developed an approach called Interactive Music Therapy over many decades in Brazil (2016), while Amelia Oldfield has developed an approach of the same name in the UK (Oldfield, 2006). Similarly, Polish music therapist, Elżbieta Galińska published 'La musicothérapie cognitive' in 1989 in France, and Stella Comp-ton Dickson proposed Cognitive Analytic Music Therapy in 2008. Community Music Therapy emerged in the UK (Ans dell & Pavlicevic) and Scandinavia (Stige) during the beginning of the century, and the ICMus Model of Social-Community Music Therapy was developed in South America by Patricia Pellizari in the previous decade, referring to a different approach.

In contrast, the review identified some approaches that were very similar and seemingly influenced by the same ideas, but seeded in another culture and not always aware of one another. It was unclear whether these parallel developments were intentionally influenced by an approach in one country that then evol-

ved differently in another context. For example, Andre Brandalise's use of the term Music Centred Music Therapy in South America may be related to Ken Aigen's ideas in North America. Gustavo Rodriguez Espalda's Aesthetic Thinking in Music Therapy and Colin Lee's Aesthetic Music Therapy is another example. It is possible that language differences, lack of travel between countries and more regional-based publishing contributed to these parallels. In addition, professionals in some areas of the world are more actively interested in international developments, while others are satisfied to focus on ideas developed locally.

The Importance of Context

One of the most important influences on the ways approaches, methods and models were described, theorised and researched seemed to be the work context - the type of organisation or institution or particular participants in music therapy. Some found this so significant that they had labeled their approach in a way that completely centralised the setting - such as NICU Music Therapy (Standley, 2003). In contrast, the label of Community Music Therapy does not refer to practicing in the community, but rather to a systems-oriented logic that prioritises the communities in which music therapy is practiced, which might include hospitals, schools or community settings (Stige, 2002). Others chose labels that reflected their external theoretical or philosophical orientation - such as Aesthetic Music Therapy, Post-ableist Music Therapy, Resource-Oriented Music Therapy, Behavioral Music Therapy, Humanistic Music Therapy, or Cognitive Analytic Music therapy. A further group emphasized existing, non-music therapy models to which they subscribed, such as Dalcroze Music Therapy, Orff Music Therapy, and DIR Floortime Music Therapy. In fact, "DIR®/ Floortime™ was described by our respondents as having «been contextualized into

music therapy», but not an independent method, meaning that music therapists draw on the developmental, individual-difference, relationship-based (DIR) model and incorporate those methods into their music therapy practice (as defined by Goodman, 2013).

Another factor that seemed influential in the explanations offered by respondents was the interaction with other disciplines and health systems in their country and work context. For those located in medical institutions, there was a strong emphasis on the position of music therapy as an allied health profession and this was reflected in the words used and the focus of benefits being described, for example Medical Music Therapy, Biopsychosocial Music Therapy (BMT), Neurologic Music Therapy, Cognitive Analytic Music Therapy and Consultative Music Therapy. For other respondents, the emphasis was on distinguishing between music therapists and other music professionals such as teachers, community musicians and performers. The ways that Analytic Music Therapy (AMT) evolved differently in different countries seemed to reflect these contextual factors also. The original model was developed in central Europe at the peak of psychoanalytic traditions, and it is this version that is still taught in north-eastern America (Molloy University, NY), whereas in Denmark it has been combined with various psychodynamic theories and techniques together to form the «psychodynamic relational model» under the direction of Inge Pederson, who trained with Mary Priestley in the original model. As Inge Pederson further elaborated in her response, it became apparent that the music therapy training program at Aalborg, Denmark needed to include more disciplines with a broader perspective to prepare its students to work in different fields, hence expansion and adaptations were necessary. The program currently has a psychodynamic approach related to relational psychoanalysis, particularly in the understanding of human relationship in and

outside of musical interaction. Techniques learned from Mary Priestley were further developed to form new techniques and taught to students in the program. With continual refinement of practice and theory through research, the program has developed into a model known as the «psychodynamic relational model».

Conclusion

The WFMT is an international organisation under the auspices of member organisations as well as individuals from the six WHO regions, plus Latin America and the Caribbean and Australia and New Zealand counted as its own region, for a total of eight regions. Advice from all eight regions and many different languages were included in the current analysis. As a result, there are many language issues that have made this task challenging both across languages, and even within the same language groups. In reflecting on the language used in the 1999 resolution to acknowledge five ‘models’, it was clear that sensitivity to political context should again be demonstrated through the selection of more inclusive and diplomatic language. A more comprehensive review of contemporary music therapy practices around the globe required an expansion of terminology in order to enact inclusivity, rather than simply reflect the practices of dominant and privileged cultures (Young, 2016). The WFMT is a point of reference for music therapists around the world where the profession is still developing and to limit our scope to ‘models’ would have excluded very common and well known practices that are valued and practised skillfully. However, language remained difficult and even the idea of a music therapy method is used in different ways around the globe and even within individual countries. Therefore, we do not propose that these words are the ‘right’ or ‘correct’ ones, only that they are the words we found most

helpful in pointing to the key issues for the working group.

The report is also likely to be limited by our inability to identify all music therapy methods, models and approaches that are practiced and documented around the globe. Our review indicates that the number of emerging practices is growing exponentially. Music therapy is in a stage of dynamic development, with a high proportion of researchers considering the size of the professional body and knowledge being generated and published frequently in journals such as *Journal of Music Therapy* and *Music Therapy Perspectives* in the USA, *Nordic Journal of Music Therapy*, *VOICES* and *APPROACHES* in Europe, as well as many national journals. National journals are usually published in local languages that are not accessed by people from other countries. For example in Poland where two music therapy methods were developed by music therapy pioneers in 1970 and 1980s but were never published in English. In addition, some active music therapy leaders are not interested in publishing but have a strong influence locally and may have developed methods and approaches but only a small group of music therapists who are close to them practice that way.

Despite these limitations, we believe the explanations offered in this report provide a useful, inclusive and non-hierarchical review of some of the most current common and recognised practices of music therapy around the globe. Rather than limiting the report to naming the dominant and long-established traditions, we chose to represent an array of diverse voices from different cultures and countries and expect that this list should continue to expand and be updated over time. It is clear that those models where the pioneer has remained focused and sometimes well-funded to continue to develop and research their ideas have been most visible. However, the degree of visibility is also influenced by

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language differences and cultural tendencies. Although the working group has attempted to be comprehensive and clear, it is obviously dominated by English language and European, American and British traditions. We hope this will be expanded, diversified and developed in future iterations.

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