MUSIC THERAPY AND HEALTHCARE: THE BENEFITS OF A PEACEFUL TOMORROW

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INTRODUCTION
WHAT IS MUSIC THERAPY?
According to AMTA (American Music Therapy Association), music therapy is “…the clinical & evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program.”
HISTORY: WHEN DID MUSIC THERAPY START?
Began after World War 1 and World War 2.

Musicians went to Veteran’s hospitals to play music for veterans suffering emotional, physical, and mental trauma from the wars.

The first music therapy college training program was created in the 1940s.
AMTA (American Music Therapy Association) was formed in 1998 to serve as an advocate for music therapy and to educate people on the benefits of music therapy in all different settings.

AMTA is also used to help people be able to have access to quality music therapy services in a world that is constantly changing.
WHAT MAKES A MUSIC THERAPIST?
Music therapy must be practiced by a Board-Certified Music Therapist (MT-BC). To receive certification, music therapists must:

* Have bachelor’s degree or higher.
* 1200 hours of clinical training.
* Pass a board exam to acquire the MT-BC credential.
* Continuing education.
Music Therapy is NOT:

* A choir singing for a group in a nursing home.
* A musician playing guitar for hospital patients.
* Nurses giving a patient headphones to listen to music before surgery.
* Maroon 5 performing in a school.
Music Therapy IS:

* Singing lullabies to babies in NICU to help stabilize their heart rate.
  
  * Using a familiar song as a mnemonic to help children remember the steps of tying their shoes.

* Using songwriting for adolescents to facilitate self-expression.
  
  * Record patient’s favorite song as a legacy project.
MUSIC THERAPY INTERVENTION: PROGRESSIVE MUSCLE RELAXATION
What is Progressive Muscle Relaxation (PMR)?

Progressive muscle relaxation is when you tighten and relax each muscle group separately in a certain pattern.

The goal is to release tension from your muscles and to recognize what that tension feels like.

This technique is good for those who experience anxiety or tension, insomnia, mild neck or low back pain and high blood pressure.
WHO DO MUSIC THERAPISTS WORK WITH?
Music therapists work with a variety of ages that range from babies to older adults. Some of the diagnoses that music therapists are trained to work with are:

* Behavioral and emotional disorders (ADHD; PTSD)
* Developmental and intellectual disorders (Autism; Cerebral Palsy)
  * Older adults and Alzheimer’s/Dementia
  * Medical/surgical procedures
* Neurological disorders (Parkinson’s; TBI)
WHERE CAN A MUSIC THERAPIST WORK?
Music therapists have been given more opportunities to work in different settings. Some of these settings include:

* Hospitals
* Nursing homes
* Prisons
* Schools
* Mental Health facilities
* Private Practice
* Hospice
MUSIC THERAPY

GOAL EXAMPLES
Physical Goals

Improve range of motion, palmer and pincer grasp, strength, gait pattern, etc.
Speech Goals

Improve articulation, enunciation, tone and fluidity of speech, etc.
Cognitive Goals

Increase attention span, enhance memory, reinforce academic skills, etc.
Emotional Goals

Uplifting mood and decreasing anxiety, develop healthy coping skills, improve self-esteem and regulating emotions, etc.
Social Skills

Turn-taking, increase peer interaction, increase eye contact, etc.
MUSIC THERAPY INTERVENTION: GUIDED IMAGERY AND MUSIC
What is Guided Imagery and Music?

Guided imagery and music is a method that was developed by Helen Bonny that helps people develop focused awareness by using classical music to help support a person’s self-exploration and serves as a basis for self-expression.

This method has been used for people that have TBI, chronic illnesses and those with emotional or behavioral disorders.

The music plays (either live or recorded) and then a dialogue between therapist and client occurs to create imagery.

The combination of music and imagery can help a client expand self-awareness that leads to a healthier state of being.
IS MUSIC THERAPY RIGHT FOR YOU?
Referral and Acceptance

* Referral before acceptance

* Referrals can come from teachers, parents, psychologists, social workers, different therapists, etc.

* Screening of child or adult

* Screening assesses client’s skills
How to determine if client will benefit from MT services:

* Client is motivated/interested

* Facts show that MT works

* Alternate method
Assessment

* Analysis of person’s abilities and needs

* Evaluate skills (Communication, Motor, Cognition, Behavior, Social, Emotional, Sensory, Musical)

* For an assessment, you need to: gather background information

  * Non music observation and music observation

  * Compare findings

* Outline treatment plan with team
Treatment Planning

* Set goals

* Start with patient’s current level and then progress step-by-step to reach desired behavior.

* Use a summary, the assessment findings and recommendations to create your treatment plan.

  * A treatment plan requires a goal, an objective and a frequency.

**Ex:** Sarah will appropriately express frustration through instrument play or verbal report in 50% of opportunities in 3 consecutive sessions.
Implementation

* Data collection

* Success or failure of treatment

* Adjust

* Baseline (serves as a reference point)

* Establish rapport

* Consider goals/objectives
Methods of Implementation

* Frequency recording (how many times the behavior occurs).
  * Duration recording (how long the behavior lasts)
    * Receptive (music listening).
  * Recreation (play or sing along to familiar song).
    * Improvisation (spontaneous music making).
  * Composition (songwriting).
**Documentation**

Documents progress according to treatment plan that are written in a professional writing style.

Considered a legal document that must always remain confidential.

- Monitors quality and the interventions with client response.
- Referrals made to other sources.
- Plans for MT services.
Termination: Reasons for Stopping Services

* Goals are met.
* Treatment team decides.
* Agreement between therapist and client.
* No improvement.
* Unhealthy relationship.
* Therapist or client move away.
Continuing Education

* Responsibility of MT to maintain current knowledge.
  * Familiar with laws of confidentiality.
  * Advocacy.

* Earn 100 CMTE (Continuing Music Therapy Education) credits for recertification every 5 years.
Supervision

* Responsibility of MT to seek supervision.
  * Observation; peer review.
  * Supervision from other MTs.
Responsibility of MT providing supervision to:

* Maintain current knowledge
* Familiar with laws of confidentiality
* Adhere to AMTA
* Have current and accurate documentation
* Keep content confidential
METHODS OF MUSIC MAKING
**Receptive**

* Listening to music either live or recorded.

* Responding through silence, words or dance.

* Promotes relaxation, enhances memory, develops auditory skills, enhances mood and reduces anxiety.

*Can be used for non-verbal patients or patients who prefer to listen to music.
Recreation

* Playing instruments or singing to new or familiar song.

* Strengthening gross/fine motor skills, promoting social interaction and fostering self-expression.

* Can be used for children with developmental delays, TBI, or dementia patients.
Improvisation

* Spontaneous music making through instruments, body percussion or voice.

* Facilitates expression and communication.

* Can be used for non-verbal patients as well as those with autism or patients working on anger management.
**Composition**

*When new words and/or music are created.*

*Piggyback (writing lyrics to a tune that already exists).*

*Can be used for legacy projects, help express emotions, promote self-expression and foster creativity.*
MUSIC THERAPY APPROACHES
ADAPTIVE MUSIC EDUCATION
* Carl Orff

* Child-centered

* Can be used with children with developmental/intellectual disabilities and elders.

* Goals for this approach can be to improve social skills, memory, maintain eye contact and impulse control.

* Techniques with this approach can involve call-and-response and body percussion.
Dalcroze

* Émile Jaques-Dalcroze

* Based on rhythm and movement and “feeling” the musical elements.

* Can be used with children and adults with intellectual disabilities.

* Goals for this approach can be to improve spatial awareness, body awareness, balance and attention.

* Techniques with this approach can involve ear training, improv and sequenced movements.

* Examples of this approach include moving around the room to the beat of an improvised melody.
PSYCHOTHERAPEUTIC
Psychodynamic

* Sigmund Freud

* Focuses on mental development and bringing unconscious thoughts to consciousness.

  * Can be used in mental health and hospice.

* Goals for this approach can be to improve client’s self-awareness and their understanding of past influences on behaviors.

* Techniques with this approach can involve lyric analysis, song writing, improvisation, GIM and grounding techniques.
MEDICAL
Wellness

* Helps enhance quality of life and increase self-awareness in mind, body and spirit.

* Can be used with military, elders, mental health and hospice.

* This approach focuses on stress reduction, improving mood, decreasing heart rate and pain reduction.

* Techniques for this approach can include music and movement, lyric analysis, music assisted relaxation, drumming and singing.
NMT (Neurologic Music Therapy)

* Michael H. Thaut

* Establishes brain function with music based on research techniques.

  * Works on issues related to injury of nervous system.

* Can be used with adults with TBI, stroke, Parkinson’s, Alzheimer’s and autism.

* This approach focuses on improving speech, memory, social skills and executive functioning, which help plan, monitor and carry out goals.
NMT (Neurologic Music Therapy) Continued

* Techniques include RAS, PSE and TIMP.

*RAS stands for Rhythmic Auditory Stimulation. RAS is a technique used to facilitate rhythmic movement, especially gait.

* Uses rhythm to access movement centers in the brain.

* Good with stroke victims, Parkinson’s, multiple sclerosis, and cerebral palsy.
NMT (Neurologic Music Therapy) Continued

* PSE stands for Patterned Sensory Enhancement.

* Uses musical patterns to cue sensory motions.

  * Uses music to cue motion/movement.

* Good with neurologic disorders, TBI, and physical limitations.
NMT (Neurologic Music Therapy) Continued

* TIMP stands for Therapeutic Instrumental Music Performance.

* This technique focuses on playing instruments to work on physical ability, such as holding a pencil.

* Good for stroke, developmental delay, physical limitations, and hospital rehabilitation.

* Some goals include increasing range of motion, increasing endurance, improving limb coordination, and improving fine motor skills.
POPULATIONS
MENTAL HEALTH
Depression/Anxiety

* Lack of control with thoughts
* Frequent depressed mood
* Excessive worry, fatigue and insomnia
* Diminished interest
* Panic attack
Depression/Anxiety Continued

* Improve coping skills
* Reduce depressive symptoms
  * Reduce anxiety
* Improve executive functioning
* Increase positive thinking
Schizophrenia

* Psychotic disorder

* Symptoms last only for a certain amount of time

* Hallucinations and delusions

* Cognitive and emotional dysfunctions
Schizophrenia Continued

* Decrease anxiety

* Maintain in the here and now

* Increase relaxation

* Increase positive feelings

* Increase motivation to cope healthily
PTSD (Post Traumatic Stress Disorder)

* Reexperiencing a traumatic event
  * Significant distress
  * Functional impairment
* Negative cognition/mood (lasting more than one month)
  * Avoidance of places
  * Difficult sleeping
PTSD (Post Traumatic Stress Disorder) Continued

* Increase emotional regulation
  * Improve coping skills
  * Decrease anxiety
  * Reduce anger
Substance Abuse/Addiction

* Regular use of chemicals
  * Unhealthy behaviors
  * Not able to quit
* Increased tolerance of substance the more it is used
  * Personality changes
Substance Abuse/Addiction Continued

* Increase self-worth
* Increase relaxation
* Increase energy level
* Decrease impulsiveness
* Decrease stress
SPECIAL EDUCATION
DEVELOPMENTAL DISABILITIES
Hearing Loss

* Partial or total inability to hear
  * One or both ears
    * Temporary or permanent
  * Difficulty following verbal directions
    * Language delay
  * Difficulties with social/emotional skills
Hearing Loss Continued

* Improve speech prosody perception
  * Improve social skills
  * Improve self-esteem
  * Enhance auditory hearing
* Enhance communication skills
* Improvisation on an instrument of the client’s choice to help with personal expression and emotional perception.

* Songwriting from scratch to help client communicate their feelings via sign language.
Visually Impaired

* Low vision or complete loss of sight
* Consequence of a medical condition
  * Sensitivity to light or glare
    * Blind spots
* Problems seeing certain colors/shapes
* Reduce the impact of the visual impairment on social and motor functioning
  * Promote learning through musical interventions
    * Increase social skills
    * Increase developmental skills
Visually Impaired Continued
INTELLECTUAL DISABILITIES
Fragile X Syndrome

* Genetic condition
* Causes intellectual disability
  * Cognitive impairment
  * Delays in talking; anxiety
  * Hyperactive behavior
* Physical abnormalities
Fragile X Syndrome Continued

* Emphasize active listening
* Increase communication
* Promote sensory integration
* Reduce anxiety
* Maintain eye contact
Developmental Delay

* Child does not reach developmental milestones at expected times
  * Delays in language and speech
  * Delays in motor skills, social/emotional skills and cognitive skills
  * Vision problems
Developmental Delay Continued

* Enhance visual motor skills
  * Enhance verbal skills
  * Increase attention skills
  * Develop learning skills
MENTAL HEALTH DISORDERS
ASD (Autism Spectrum Disorder)

* Neurodevelopmental condition

* Establish repetitive behavioral patterns

  * Impairs social interactions

    * Avoiding eye contact

  * Frequently repeating phrases
ASD (Autism Spectrum Disorder) Continued

* Improve communication
* Improve focus
* Enhance positive relationship with others
* Increase social skills
* Improve spatial awareness
**Behavioral/Emotional Disorders**

* Inability to maintain relationship with others
  * Learning disorder
  * Constant inappropriate behavior
  * Depression
* Tendency to develop physical symptoms
Behavioral/Emotional Disorders Continued

* Improve self-esteem

* Maintain positive relationships

* Increase communication

* Improve problem-solving skills

* Enhance coping skills
Behavioral/Emotional Disorders Continued
PHYSICAL DISABILITIES
CP (Cerebral Palsy)

* Congenital disorder
* Affect movement, muscle tone and/or posture
  * Caused by damage to developing brain
    * Floppy or rigid limbs
  * Involuntary/spastic motions
**CP (Cerebral Palsy) Continued**

* Improve motor skills

* Strengthen sensorimotor skills

* Improve cognitive skills

* Improve speech/language skills

* Improve social skills
* Improvising on a musical instrument can help with exercising muscles and help improve fine/gross motor skills.

* Social song stories can help with expression, vocalization, social interaction and eye gaze.

* Educational songs with visual aids (like ABC) can help with cognition.
Down Syndrome

* Genetic disorder caused by abnormal cell division

* Distinct facial appearance

* Intellectual disability and developmental delays

* Issues with thinking, reasoning and understanding
Down Syndrome (Continued)

* Improve communication
* Improve social skills
* Improve speech articulation
HOSPICE/PALLIATIVE CARE
Children

* Ease symptoms, discomfort and stress of serious illnesses

  * Care of child’s mind, body and spirit

* Receive more aggressive care at end of life than adults

* Pediatricians are more involved in the care of the child during this process
Children Continued

* Enhance quality of life
* Pain management
* Decreased length of time
* Reduce anxiety
* Help through all stages of illness

* Early on, make medical treatments more tolerable

* Later, reduce suffering, help patient carry on with daily life, assist in planning for future medical care, and provide support for living with a life-threatening illness
Adults Continued

* Increase comfort level
* Increase communication with others
* Pain management
* Symptom management
* Decrease agitation
Older Adults

* Designed for older adults with serious medical conditions

  * Relieving pain

  * Enhance quality of life

  * Increase relaxation

  * Adjust sleep cycles

  * Provide emotional support
DEMENTIA
Alzheimer’s

* Problems with language
* Disorientation
* Progressive, degenerative disease
* Insidious onset
* Cognitive deficits and decline in functioning
Alzheimer’s Continued

* Enhance quality of life
* Reduce stress
* Enhance memory
* Improve communication
* Increase self-expression
* Improve physical rehabilitation
Parkinson’s

* Neurological disorder
* Tremor, rigidity and slow movements
* Postural balance
* Improve balance, posture, communication and cognition
* Decrease social isolation
PHYSICAL REHABILITATION
TBI (Traumatic Brain Injury)

* Head injury caused by an accident
* Bomb, blow or jolt causes brain damage
* Improve cognition and increase muscle control
  * Assists in relearning speech
* Improve overall brain function
Stroke

* Cerebrovascular accident
* Blockage of blood supply to the brain
* Cells in affected part of brain don’t receive necessary oxygen
* Damage may be transient or temporary
* Results in paralysis, aphasia, or incontinence
* Improve gait and balance
* Improve daily living functions
* Improve mood and regain speech
* Enhance cognitive recovery
MEDICAL
Oncology

* Diagnosis and treatment of cancer
  * Medical, surgical and radiation
    * Uncontrolled growth and spread of abnormal cells
  * Swelling or lumps, neurological problems, fatigue, eating problems, etc.
* Promotion of wellness and stress management
  * Pain alleviation
  * Self-expression and memory enhancement
  * Enabling of physical rehab
NICU (Neonatal Intensive Care Unit)

* Intensive care unit for premature and sick newborn babies.

* Can include birth defects, heart disease, breathing and/or developmental issues, etc.

* Mask ambient noise and reduce length of hospital stay

* Increase cognitive and language development

* Increase parent-child bonding

* Assist with oxygen saturation levels, heart rate, and respiration rate
NICU (Neonatal Intensive Care Unit) Continued

* Music listening to reduce infant stress and increase oxygen

* Multimodal stimulation paired with live music to increase tolerance to stimulation

* Pacifier Activated Lullaby (PAL) for non-nutritive sucking to increase feeding and reduce pain
QUESTIONS?
Learn more about Avow

* **Avow Website:** https://avowcares.org/

* **Avow Facebook:**
  https://www.facebook.com/avowcares/

* **Avow YouTube:**
  https://www.youtube.com/@avowhospiceinc/featured


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