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“An Introductory Argument for the use of Musical Therapy”

The American Music Therapy Association defines the practice of music therapy as “an established health profession in which music is used within a therapeutic relationship to address physical, emotional, cognitive, and social needs of individuals.” Through the different facets that music can be expressed such as singing, dancing, or listening to music, a therapist can help facilitate a patient’s communication or avenue to express themselves, cognitive performance, emotional stability, and physical rehab.

In regards to its history, music therapy’s earliest reference in 1789 was on a “Columbian Magazine” article named “Music Physically Considered.” Later writings by students of Dr. Benjamin Rush, Edwin Atlee in 1804 and Samuel Matthews in 1806, furthered the argument that music was an essential part of therapy. It was also during this time that the first recorded experiment and first recorded use of music therapy in an institutional setting came about. Because of this, the popularity and support behind music therapy grew. A few associations like the National Association of Musical Therapeutics (1903) founded by Eva Augusta Vescelius and Harriet Ayer Seymour’s National Foundation of Music Therapy (1941) were formed during this time though they were short lived. They provided the first written journals and official articles on the subject of music therapy but neither could organize any clinical profession that would last.

The time period of the 1940’s did find bring about the most influential people related to the organization of music therapy as a clinical profession. Music therapist Ira Alshuler was pivotal in promoting music therapy which was later rewarded when his home state Michigan State University was the first university to establish an academic program for music therapy. Williem van de Wall wrote the first music therapy “how to” guide and brought attention the use of music therapy in state facilities. And finally, the father of music therapy, E. Thayer Gaston was essential in forming the educational perspective of music therapy. Each of them contributed in one way or another to showing the practicality of the clinical profession and pushed for the biggest step in creating a long lasting practice, the founding of academic programs for music therapy. After Michigan State University established their music therapy program in 1944, more institutions followed like the University of Kansas, Chicago Musical College, College of the Pacific, and Alverno College.

Because of the sound education program established in the years prior, on June 2 of 1950, The National Association for Music Therapy (NAMT) was founded. During its time of operation between 1950 and 1997, the number of practicing music therapists grew to thousands compared to a handful. The NAMT also provided the practice of music therapy with a constitution and standards for board-certification and university programs. In fact, because of the NAMT’s work, 1983 saw the incorporation of the Certification Board for Music Therapists. As the name implies, the board’s job is to assure the skill of any licensed music therapists. With the board’s work, the entire music therapy practice became more solidified and credible. To this day, the board has credited over 7000 practitioners the title of being Music Therapist-Board Certified. It was also during the NAMT’s existence that the American Association for Music Therapy (AAMT) came to establishment in 1971. All of the AAMT’s goals aligned with those of the NAMT but had differences in their perspective on the education and philosophy of music therapy. So it is no surprise that it is considered the biggest step in music therapy history when when the NAMT merged with the AAMT to become The American Music Therapy Association in the year 1998. The American Music Therapy Association has become the center for all people who are connected music therapy from therapists, students and supporters. In a broad sense, they are committed to bringing about solid education to those in and out of the circle of music therapy practitioners on what it is as a profession. And as of today, it not only represents and advocates for state and federal levels but is the leading representative association for over 30 countries in the world.

 A big part of any medical practice is its standards that must be followed as procedure. In accordance to The American Music Therapy Association, this general procedure that is required to be followed involves 1. referral and acceptance, 2. Assessment, 3. Treatment planning, 4. Implementation, 5. Documentation, and 6. Termination. None of these may overlooked unless there is an exception made by the Standards of Clinical Practice Committee. Referral and acceptance means that a client will only be chosen if specific criteria is met. The first is that a client may be chosen if the needs can be bettered or prevented by music therapy. A client may also be referred to see a musical therapist by either a musical therapist, friend, themselves or other medical practitioners. And finally, the person who will make decisions to accept a client's request to see a musical therapist will be a musical therapist. The second standard, assessment, involves the general analysis done by a musical therapist on what the program will consist of for the client. This is done through studying a client’s culture which may include race, ethnicity, language, religion, economic status, family history, gender and sexual identity, and social organizations. By observing a client in verbal and nonverbal context as well as testing with and without music, a program will be tailored from interpretations based off of norms and data. These interpretations and treatment programs will be put in the client’s file and shared with any other providing services to the client. And in appropriate cases judged by the musical therapists, the results of these studies will be shared with the client. In assessment, it is also a general standard that if any other service is needed to treat the client, the therapist will make the referral. According to the AMTA, treatment planning is where the musical therapist “will develop an individualized treatment plan based upon the music therapy assessment, the client's prognosis, and applicable information from other disciplines and sources.” Subjects regarding the length and type of treatment being pursued while still complying to federal and state regulations are a solid piece of the general standard of treatment planning. It also includes the music therapists needs to specify all the music and instruments being used to obtain the goals as well as the right to deem changes in the priority of the client’s needs. These changes are backed up by the evaluations done by an unbiased professional if there is a shortcoming in the principles of normal growth. The fourth standard in the music therapy practice is implementation. This standard requires that the therapist will give the client the highest level of quality treatment and provide music to the best of his abilities. In keeping up with all safety precautions, the music therapist is also required to keep close communication with the people closest to the client. And it also includes the recording of all schedules and procedures linked to subsequent treatment as a result of the client's response to the initial treatment. Documentation which is the fifth of the general standards details the therapist’s duty to document all aspects of the client’s treatment including the referral, assessment, placement, and treatment plan that abide to the regulations and policies of the federal and state government. They are required to write objectively and professionally and keep the information in the client’s file confidentially unless authorized otherwise. The music therapist is also to document the referrals to other sources including the date of referral, source of referral and the type of service being asked for. Finally, termination of services stands as the last general standard. In the exact words of the American Music Therapy Association website, this standard is when “The Music Therapist will terminate music therapy services when the client has attained stated goals and objectives, fails to benefit from services, can no longer be scheduled, or is discharged.” This termination of services will include a summary of the client’s level of functioning in the areas where services were seeked at the time of termination as well as refocus the goals of the treatment plan if necessary. It is also required of the music therapist to make sure that there is enough time allotted for the approval of this termination.

All these important standards that make up music therapy are what allow music therapy to be fit at helping clients in different areas and age groups like education and mental disorders. But looking at two studies, one from each area, one can conclude that music therapy is best equipped to help clients in need of help with all of them both. Unlike other medications that are tailored to work best for specific needs, music therapy has no quantitative evidence to work best with either.

 In a study done by Uludag University’s department of special education and department of music education, the goal was to make learning enjoyable for disadvantaged Romani children by implementing Orff-based musical activities such as dancing, playing music, and creating rhythms. The results were a conclusion of seeing the cognitive response of the students based off of two groups, one that did not receive the implementation of musical activities and one that did. In seeing the growth in musical and non musical growth in response to the activities, the conclusion of the study was that they were effective in developing the student’s in both areas, musical and non musical. It also had the effect of increasing the Romani children’s motivation to go to school and had a direct proportion in the attendance of the children. Another study cementing music therapy’s effectiveness is one the “Journal of Nursing UFPE” published on music therapy in patients with mental disorders. Music therapy was also concluded to improve the physiological and cognitive functions of the client. Both of these studies show no quantitative data to reach a conclusion that can be compared. Both also bring up the fact that further studies must be done to prove the effectiveness as a sure fact. In reading both of these articles, I am sure to say that music therapy works for both cases and does so equally until proven otherwise.

 Music therapy’s practice is relatively new in fame and the spotlight of medicine, but its practicality and results call for deeper studies that will allow the effectiveness to be made public in articles and better standardized for therapists and clients alike. Though no quantitative data is provided in the studies I saw, there is surely more on the horizon being done in the field to continue creating a credible legacy for music therapists and all the practice stands for.

Works Cited

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