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Cross Cultural Music Therapy Interview: An analysis of How Music Functions Globally to Elicit Beneficial Change

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Abstract

(Cross Cultural, Music Therapy, Philosophy of Therapy)

The purpose of the Cross Cultural Music Therapy thesis is to record how music functions therapeutically within Spanish, Irish, English and American cultures. Within each culture it involves the comparison of professional protocols, political and cultural implications, cultural music preferences, client population served, choice of music therapy approaches and treatment, educational focus, and specializations. A standard series of in-depth interview questions regarding international music therapy concepts was used to identify and expand upon the interventions and objectives that are being practiced across many cultural and geographical boundaries. Detailed, qualitative records of interviews and observations were used to compare and contrast how music is used as therapy across different cultures.

Through the research and writing of Cross Cultural Music Therapy the discovery of universal passions and patterns of thinking for music therapists across the world have been shared. The choice in practicing principles, education level, qualifications, and geographical location may differ but the focus and drive for the chosen career field of music therapy has maintained a universally high standard. As the field of music therapy research and practice rapidly grows it is of vital importance that we evaluate the universal truths of music and therapeutic intention by looking beyond our own circle of influence and into those circles we seldom are able to explore. Spending one hour looking through someone else's eyes about the very subject you are most passionate about may be more beneficial in shaping your personal practice than months spent in a class room reading about it in print.

THE FLORIDA STATE UNIVERSITY

COLLEGE OF MUSIC

CROSS CULTURAL MUSIC THERAPY INTERVIEW:

AN ANALYSIS OF HOW MUSIC FUNCTIONS GLOBALLY TO ELICIT BENEFICIAL
CHANGE

BY

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Introduction

It is important for therapists to understand different cultures and the effect they have on therapy outcomes and the clients served. Therapists will inevitably come into contact with different cultures and traditions as well as different approaches and ways of thinking. In the United States alone there are vast differences in the approaches to music therapy practice. When one expands one's circle of practice, more diverse understandings are included. There have been few attempts to identify common practices in international music therapy. There may, however, be unifying, cross cultural elements that can globally solidify and define us as music therapists.

This study narrows the search for universal elements. It analyzes, observes and identifies how music functions therapeutically within Spanish, Irish, English and American cultures. Within each culture it examines the comparison of professional protocols, political implications, cultural music preferences, client population served, choice of music therapy approaches and treatment, educational focus, and specializations. Using a standard series of observation forms and in-depth interview questions regarding international music therapy concepts, this study seeks to identify the interventions and objectives that are consistently beneficial across cultural and geographical boundaries. Descriptive analyzes were used to compare and contrast how music is used as therapy across different cultures.

Multi-cultural music therapy is defined as a music therapist practicing therapeutic interventions with people from multiple, diverse cultural backgrounds. That is not the focus of this study. Rather, this study focuses on cross-cultural music therapy by evaluating the practices and approaches used by music therapists who practice in four different geographical locations.

Method

Participants/Setting

Interviewees included five qualified music therapists located in four countries: Barcelona, Spain (2); Manchester, Great Britain; Limerick, Ireland; and Kentucky, United States. For the purpose of this study, participants were considered qualified if they were professionally recognized by a University or professional organization. Each music therapist was interviewed in his or her country of practice. Three of them were observed in clinical practice.

Design

Data was collected through interviews and observation, using a mixed method, qualitative and descriptive design. Geographical location as well as qualification standards, approaches/techniques, educational requirements, and cultural influences were compared.

Procedure

First, a literature review was conducted on the history and current status of music therapy in the four countries included. Next, therapists were visited in each country selected. Music therapists were interviewed and asked questions about education, populations served, approaches and techniques used, payment and funding, and history and development. When possible, the music therapists were also observed in their clinical work-either live or through video tape. After collecting the data, it was analyzed for comparison and identification of common elements.

Results

Music Therapy History

England

The British Society for Music Therapy became a registered charity in 1958. Education programs started in the 70s and 80s with a six month training program and then transitioned into a Master's degree program. In 1982, music therapy was recognized by the National Health Service as an effective form of treatment, but was not formally ratified by Parliament until 1996. Seven Master's level music therapy programs currently exist in England. (British Association for Music Therapy, 2012)

Ireland

Michael O' Suilleabhain is credited as the person who brought music therapy into the country of Ireland (Hayes, 2012). 1998 was a foundational year for music therapy in Ireland as this was when training programs were developed. Currently, there is only one training program in Ireland- a Master of Arts in music therapy offered at the University of Limerick. Ireland is in the beginning stages of music therapy growth.

The distinction must be made that Northern Ireland and The Republic of Ireland are two separate entities. The music therapist interviewed for this project was practicing in Limerick, Ireland which is located in the Republic of Ireland. The information presented in this paper will reflect this location.

Spain

Some of the first Associations for Music Therapy in Spain were founded in the 1980s. The first of these organizations was the Associacio Cantalana de Musicoterapia in 1983. The early 1990s brought music therapy workshops, seminars, and courses to Spain. In 1992, the first graduate degree in music therapy was offered at the Universidad de Barcelona. The Work Ministry has not yet recognized music therapy as an official profession, so the growth of music therapy has been halted by this issue. This, as well as the lack of official registry and governing certification, means that some musicians call themselves music therapists but are not specifically trained to provide music therapy services. Music therapists and associations are working hard to

become recognized organizations through research and advocacy. There are currently ten training centers in Spain for music therapy. (Music Therapy in Spain, 2012)

United States

In 1950 the National Association for Music Therapy was founded. This organization merged with the American Association of Music Therapy in 1997 and created the American Music Therapy Association. The first undergraduate program was established at Michigan State University in 1944 and the first Masters program was founded at the University of Kansas in the late 40s by the "father of music therapy," E. Thayer Gaston. The growth of music therapy has now increased to include 72 colleges that offer music therapy programs. (American Music Therapy Association, 2012)

Summary by Topic

Professional Protocols

Professional protocols in this study will be defined as the set of beliefs each therapist uses to assess and provide therapy to the individual in need of their services. (American Music Therapy Association, 2012) These protocols can be defined by cultural and spiritual influences as well as the educational approach and structure of each individual therapist. Professional protocols, therefore, include many diverse ideas. Within the interviews with these five music therapists, a spectrum of different clinical practice protocols were found. This study does not seek to identify the practice with the most potential for therapy; it simply seeks to present each protocol with objectivity.

| | Spain (A) session 1 | Spain (A) session 2 | Spain (B) session 1 | Ireland |
|---|---|---|---|---------|
| Group/Individual | Group N= 6-10 | Group N= 3-5 | Group N=6-10 | * |
| Treatment Techniques Used in Session | Song Composition Wellness | Song Composition Wellness | Neurological Music Therapy Wellness Exercise/ movement | * |
| Music functioned as | Reinforcement | Reinforcement | Cue Structure Reinforcement Shape | * |
| Type of Music Used | Improvisational Sing along | Improvisational | Chosen By Therapist Client Preferred | * |
| Goals/ Objectives | Breathing Group Cohesion Presence Choice | Breathing Group Cohesion Presence Choice | Memory Expression Cohesion | * |
| Client population | Cerebral Palsy | Cerebral Palsy | Geriatric Alzheimer | * |

| | England session 1 | England session 2 | United States |
|---|---|---|---------------|
| Group/Individual | Individual | Group N= 3-5 | * |
| Treatment Techniques Used in Session | Community Music Therapy Nordoff-Robbins music Therapy | Song composition Nordoff- Robbins Music Therapy | * |
| Music functioned as | Cue Reinforcement | Structure Reinforcement Shape Entertain | * |
| Type of Music Used | Client Preferred | Chosen by Therapist Client Preferred | * |
| Goals/ Objectives | Speech/ Communication Breath Support | Group Cohesion Interaction Decrease Negative Behavior | * |
| Client population | Physically Impaired | Mental Health | * |

* Unable to Observe a Music Therapy Session from this Music Therapist

Table 1 Music Therapist Session Observations

Table 1 shows a breakdown of some of the professional protocols of the music therapists in this study. The table shows the type of group, techniques used, how music functioned, goals and objectives, and client populations served. Many of the sessions were group sessions and many of the groups used client preferred music.

Political Implications

Socialized Medicine

In the countries represented in this study, all but the United States have a socialized medicine system of healthcare coverage. The government is therefore the regulator of health insurance(s) and the provisions that are included in coverage. The benefit of this type of structure is that if you are recognized by the single governing unit of coverage, you are therefore allowed to expand at an exponential rate and are paid for services. However, this also restricts the level of the profession if it is not recognized by the health care regulator.

Funding

Music therapy services are funded in a variety of ways in each country. Some music therapists are funded by private institutions, small businesses, foundations, or individually through private practice. A theme found commonly in each country studied is that there were more part time positions available to music therapists than full time. This negatively impacts placement and funding as well as career sustainability. There was also a common theme in every country that music therapists are finding ways to be employed under a different title than music therapist.

England has socialized medicine. British music therapists recognize the advantages and the disadvantages of this system on the advancement and protection of their chosen career. The advantage of having good health care is very important to music therapists and the country. One disadvantage noted by a practicing music therapist in the country was that the need for research to support funding needs often overshadows the need for quality in therapeutic practice. (Westhead, 2012) The quality of each music therapy session is therefore hindered by the need for numbers and quantitative data. It is important to note that music therapy is recognized by the

universal health care provider, called the National Health System. However, it is not considered as important as psychotherapy. Again, as previously noted, the majority of music therapists are employed part time with very few full time positions. The full time positions are often offered by the National Health Service.

England also has a dynamic system of funding provided by the Nordoff-Robbins charity and fund. Famous musicians and performers give to this charity and then the charity gives back to the country through music therapy. Nordoff-Robbins offers incentives to give a company one year of free music therapy services in the form of a music therapist. Nordoff-Robbins also receives grants from the government to continue their practice. This organization is vital to the life of music therapy in the country of England. (Simpson, 2009)

In Ireland very few music therapists are employed full time or by the government. Music therapists in Ireland are usually employed in schools and in mental health facilities. Their governing body for social health care is called the Health Board and it decides what entities are included in funding. A similar process of putting music therapy under a different title is used in Ireland so that therapists may receive government funding for their services.

Spain also has socialized health care. However, music therapy is not recognized by the universal healthcare provider and therefore not covered under the provisions of this plan. The music therapist did note that there is a "deep crisis" and that basic services are not being covered. This may be contributing to why music therapy has not yet been recognized and therefore covered by universal insurance providers (De Castro, 2012). Another music therapist practicing in Spain said that she is employed by the government to do music therapy. However, she is the only example she knows of and it is not a direct placement. She is paid by a private institution that is funded by the government. That institution has chosen to allot funding for her position, so she is indirectly paid by government funding. (Clancy, 2012)

In Spain institutions will word an employment contract so that a music therapist can fill the position of music teacher or psychologist for their services. They allow the qualifications of a music therapist to fill that need in their company or association. Similarly, in the United States, a music therapist can be employed under the title of child life specialist, recreational therapist, or activity therapist. Music therapists in Spain are also employed by associations made up of a group of families with a common need seeking services to fulfill that need. (De Castro, 2012)

In the United States, music therapists are employed by a wide range of companies and institutions and funded in a variety of ways. This is also the only country studied that does not have a socialized medicine system. While the United States may not have socialized medicine currently, the government still funds some music therapy services. Medicaid and Medicare services are available for specific populations such as children, the elderly, and veterans. These funds are provided by the government to be used for medical services. Music therapists are part of the treatment team of medical professionals that receive this funding. The music therapist in the United States did report that veterans receiving music therapy services are happy with them; however, the extent of time in which these services are offered may be undergoing restrictive changes in the upcoming months due to the political decisions currently being made about the healthcare system in the United States. (Yinger, 2012)

Another source of funding for music therapists in the United States is through the education system. Music therapists work with the developmentally disabled within the mainstream of the education system. Each child that qualifies will have an Individual Education Program or IEP. If a music therapist is specifically requested and written into the IEP they are funded to provide services to this individual. During this process, the music therapist must keep very detailed records of progress, and be written into the IEP each time it is amended, in order to continue providing the individual with music therapy services.

Growth

The need for growth in a career is vital to its sustainability. Music therapy is no exception. By examining growth in each country we are able to better understand where music therapy stands in our world and assess what needs to be done to promote music therapy so that more individuals can benefit from its progress.

England has an estimated 600 music therapists. The music therapist interviewed here estimated that 40% of people in England would know what music therapy is if asked. It was stated that word of mouth is the most prominent form of awareness for music therapy. Famous icons also contribute to awareness by attending functions and receiving awards by the Nordoff-Robbins association and charity. (Simpson, 2009) It was also noted that for an individual to fully understand music therapy they must have "a direct or indirect connection" to it. (Westhead, 2012)

Ireland is the newest country in terms of music therapy development. Because of this its numbers are less than other countries evaluated. It is estimated that 60-70 music therapists currently practice in both the Republic of Ireland and Northern Ireland. Their umbrella organization of Irish Association of Creative Arts Therapist (IACAT) includes drama, dance, art and music therapy. It has about triple the number of total therapists compared to only music therapists in Ireland. (Irish Association, 2012) The Irish music therapist interviewed estimated that 2 percent of the people in Ireland would be able to tell you what music therapy was if you asked them. (Hayes, 2012)

In Spain, there are approximately 500 practicing music therapists. (Clancy, 2011) It was noted by the interviewee to be slow in developing. There is a misunderstanding that music therapists "make mixed CDs" or music therapy is "nice to relax people" and many individuals are unaware of the benefits of music in the therapeutic process. The Spanish music therapist interviewed estimated 10% of people in their country would know what music therapy is if you asked them. (Clancy, 2012)

In the United States there are an estimated 3,500 music therapists and the number steadily continues to grow every year (AMTA member sourcebook, 2009). The greatest advances in recent awareness have come in the form of iconic figures recognizing music and the potential for therapy. Gabriel Giffords has been noted to have used music therapy to regain her speech after she was violently shot in the head (Hill, Moisse, Wookruff & Zak, 2011). A book was also published by author Jodi Picoult titled "Sing You Home." A movie titled "The Music Never Stopped" highlighted the use of music therapy for memory and cognitive functioning. Because of these advances in awareness, music therapy is recognized by more people than ever before. The music therapist in the United States estimated that 80 percent of Americans would have some idea of what music therapy is if you asked them. Unfortunately, a large number are noted to believe music is just to be played and used for entertainment and do not understand the use of music in therapy. The number of Americans who would actually know a accurate definition of music therapy was estimated to be about 50 percent. This is impressive based on the knowledge that 70 years ago music therapy was not a perceivable term in our current understanding of therapeutic practice (Yinger, 2012).

Cultural Music Preferences

Evaluating music therapy in different cultures inevitably involves the investigation of cultural music preferences or what music styles are listened to in each culture. There is no singular piece of music that will provoke a positive response from every client. Therefore the understanding of client preferred music is introduced. In many of the cultures and countries surveyed, music therapists identified specific styles of music that their clients had chosen as most beneficial. In the client preferred music approach, music therapists use what their clients prefer to listen to instead of what the therapist suspects or assumes would be beneficial to the client.

Another approach to music choice and preference is from the understanding of improvisational activities. These activities emphasize musical expression and writing. Approaches such as GIM use strategically chosen music to provide a therapeutic end.

Client preferred music was used in half of the observations for this study. Improvisational style was also used in a few of the sessions observed. It is important to understand that a variety of music is chosen and used within the practice of music therapy. These examples are a few of the means that music therapists use when deciding what music choice should be used in a session.

Another element involved in cultural music preference is the use of various kinds of traditional music. Traditional music is a large umbrella category that can further be defined by patriotic music of each country and traditional fiddle tunes (What is Traditional Music, 2012). These two specific categories were brought up within the interviews of the music therapists in their respective countries and therefore need to be explored in greater length in order to better define culturally preferred music.

Even though the English language was spoken in all but one of the countries studied, in cross cultural music therapy their preferred genres of traditional patriotic music varied greatly. The songs chosen by individuals in their respective countries inevitably reflected the historical, cultural, and political contexts of each country. For example *Rule Britannia* might be unrecognized by an American client while *My Country Tis Of Thee* would be heard as *God Save The Queen* to a native of England. Music therapists who practice cross culturally must be sensitive and adapt their repertoire to agree with the cultures of their clients

Another aspect of cultural music comes in the form of Irish folk tunes. These tunes, such as "The Rising of the Moon", are a dynamic and defining part of Irish culture. In social settings

many different musicians who have never met each other have a common repertoire that identifies them with a culture and a homeland, and they are therefore able to play this music with each other without practice. This connection and identity is unlike that of knowing the pop favorites or classic songs of an era. The knowledge of these Irish fiddle tunes brings with it identity and community that is unique among music therapists.

Client Populations Served

| | Spain (A) | Spain (B) | Ireland | England | United States |
|--|-----------|---|---|-------------------------------------|--|
| Special education/ Developmentally disabled | X | X | X | X | X |
| Preschool Development | X | X | X | | X |
| Music Therapy in school or Education system | X | X | X | | X |
| Behavioral health/ Psychiatric/ Mental health | X | X | X | X | X |
| Prison | X | X | X | X | X |
| Private Practice | X | X | X | X | X |
| Geriatric | X | X | X | X | X |
| Hospice | X | | X | X | X |
| Medical/ Surgical | X | X | | | X |
| Rehabilitative Therapy | X | | X | X | X |
| Neurological Disorders | X | X | X | X | X |
| Other | X | Community Music Therapy Personal Development Wellness | Care Home Camp Hill Community | Labor and Delivery Autism | Neonatal Intensive care Unit Healthy Individuals |

Table 2 Populations Served by Practicing Music Therapist in Country of Practice

Table 2 presents a complete breakdown of each population served in this study. Special education settings, behavioral health centers, psychiatric facilities, prisons, private practice locations, geriatric centers, and centers for neurological disorders were areas where all music therapists interviewed for this study cited music therapy practice in their country. This does not mean there are no other areas. It simply means these individuals were familiar with a practicing presence in their representative country.

Medical or surgical music therapy was the least likely area to be served out of all the locations mentioned. Only two of the four represented countries had this kind of music therapy in practice in their country. The United States has been at the forefront of developing this approach and even offers a specialization in medical music therapy. This umbrella category has come to include many specific disciplines such as Neonatal Intensive Care Unit protocols, procedural support for traumatic medical procedures, and labor and delivery research with music therapy.

Music therapists around the world are expanding their scope of practice and finding new populations who benefit from music therapy. No country studied here has narrowed their scope of practice to include only some types of people who can be provided music therapy. There are classes, specializations and advanced degrees that focus on specific client groups but as of this date there are no exclusions from the clientele that music therapists may serve. This presents a unique aspect to the field of music therapy. Music therapists are not confined to a specific group of people such as the individual who has a mental illness for a psychotherapist or an individual who has speech needs for a speech therapist. Music therapy is able to help such a wide variety of clients that it would be hard to examine every one represented in practice.

It is important to understand that the terminology used in assessing what populations music therapists served. Each country had its own language when it came to expressing a group of clientele. An example of this is the term, "geriatric". The term used in Europe and specifically by the music therapist in Ireland is "carehome," which can be defined as a place to care for the elderly. (Hayes, 2012) The American word, "hospice," was unfamiliar to some who questioned what the term means and needed translation. It was this way throughout the entire study and interpretation of terms was commonly needed.

Some other areas that were mentioned during interviews were: Camphill Communities of Ireland (a placement for individuals with special needs) (Camphill Communities, 2012), personal

development wellness, community music therapy, labor and delivery, Autism, Neonatal Intensive Care Unit, and healthy normal functioning individuals.

Choice of Music Therapy Approaches and Treatment

| | Spain (A) | Spain (B) | Ireland | England | United States |
|--|-----------|-----------|---------|---------|---------------|
| Cognitive Behavioral Counseling | X* | X | | - | X |
| Lyric Analysis | X | X | X | | X |
| GIM | X | X | X+ | | |
| Song Composition | X | X | X | X | X |
| Behavioral Modification | X | X | X- | | X |
| Neurological Music Therapy | X | X | | | X |
| Medical Music Therapy | X | X | | X | X |
| Procedural Support | X | X | | | X |
| Orff Approach | X | X | X | | X |
| Dalcroze Approach | X | X | | | |
| Kodaly Approach | X | | | | X |
| Nordoff-Robbins Music Therapy | X | X | | X+ | |
| Psychodynamic Music Therapy | X | X | X | | |
| Wellness Music Therapy | X | X | X | | X |
| Improvisational Music Therapy | X | X | X | X | |
| Drumming | X | X | X | | X |
| Sing Along | X | X | | X | X |
| Dance | X | X | X | X | X |
| Art Therapy | X | X | X** | | X |
| Song Writing | X | X | X | X | X |

| | Spain (A) | Spain (B) | Ireland | England | United States |
|--------------------------------|-----------|------------------|---------|---------|---------------|
| Iso principle | X | X | X | | X |
| Relaxation with Imagery | X | X | X | | X |
| Other | | Games with Music | | | |

Table 3 Approaches, Techniques and Procedures used in Music Therapy Sessions

+ Indicates strong tendencies to use this approach, technique or procedure

- Indicates resistance to using this approach, technique or procedure

* Music therapist stated it was "Difficult to Understand"

** With GIM

Table 3 shows a breakdown of the approaches used in each country. The following approaches are used in every country: song composition, dance, and song writing. Most of the other approaches were used by at least two of the countries in this study.

Therapeutic benefit is the goal of every music therapy session. The road to this destination, however, has many paths and approaches. It is important to note that the definitions of each of these practices can vary from country to country, as do cultural and educational differences in the choice and preference of music therapy approaches. The summary below presents the best articulation possible of the definition and descriptions of music therapy approaches cited by interviewees.

Cognitive Behavioral Counseling

This approach is an extension of the behavioral approach to therapy that takes its principles from the psychotherapy field with the same name. The cognitive part is added when the element of counseling is combined with these principles. Cognitive behavioral counseling uses cognitive restructuring by teaching principles such as thought stopping, cognitive reframing, imagery, contingency procedures, activity scheduling, self-monitoring, role playing, and anger management. This approach places a large emphasis on the scientific role of music therapy and exclusively evidence-based treatments (Darrow, 2004). This term was noted in Spain to be "difficult to understand" as it is comprised of many different practices and is evolving very fast

due to the new research being provided by professionals in many different fields of study. (De Castro, 2012)

Lyric Analysis

Lyric analysis is the process of listening to a song that has lyrical content and analyzing what the words mean to the individual or group. It allows for expression and personal testimony while using the lyrics in discussion and analysis of therapeutic goals and objectives.

GIM

The Bonny Method of Guided Imagery employs sequenced classical arrangements of music to explore the conscious and “sustain a dynamic unfolding of inner experience.” GIM encourages mental imagery and includes cognitive, psychodynamic, and transpersonal aspects. Some important elements for therapeutic development are self expression, organization of self, and ego development. There are training centers in the United States, Europe, Australia, New Zealand, and Japan. There are currently 100 GIM therapists in the United States. (Darrow, 2004)

Song Composition/ Song Writing

Song composition is a broad term used to qualify any music written with an individual for therapeutic intention. This composition could be on any number of instruments and could include live or recorded music. It could use lyrics or be completely instrumental. It can be written down in musical notation or in tab format. Rap is even be considered a form of song composition. The important distinction is that its use is for therapeutic end. Expression, exploration, self-concept, confidence, and cohesion are just a few of the therapeutic benefits of using song composition.

Behavior Modification

Behavior modification is based on the psychological principles of operant conditioning by B.F. Skinner. This theory showed there is a direct correlation of negative reinforcement and rewards to the behavior of an individual. Negative consequences to an action will extinguish it and positive rewards for an action will increase it. Key concepts are modeling, task analysis,

shaping, chaining, and extinction. Music therapy that uses this approach helps individuals develop contingencies and rewards that will allow the individual to change a destructive or adverse behavior (Darrow, 2004).

Neurological Music Therapy

Neurological music therapy is the use of music to improve cognitive functioning and facilitate stimulation in an individual with a neurological disorder such as Alzheimer's disease, Parkinson's disease, Huntington's disease, Autism, Cerebral Palsy, and Multiple Sclerosis. In the United States there is a very defined and specific procedure for Neurological Music Therapy. Colorado State University has developed specific protocols to help these conditions. They are nationally known for their neurological research and advances into the field of music therapy in the United States. When the term neurological music therapy is used outside the United States, it often means music therapists that are working with individuals with the same diagnosis. But, they are not necessarily using the set of protocols developed by Colorado State University. Benefits to the client are seen in both; however, the protocol could be completely different. The term would therefore mean something completely different to two practicing music therapists if one practiced in the United States and another did not. (Colorado State University Music Therapy, 2012)

Medical Music Therapy

In the medical model for music therapy there is ample research and scientific study. In a society where the majority of people see music as entertainment and not treatment, this truth is pivotal to the medical music therapy progression. The brain is the center of control for the body, and, therefore, affects the body's processes. Because music has a positive effect on neural and hormonal activity, music can also encourage healthy functioning of the body's processes. Heart rate, respiration rate, and other natural rhythms can be manipulated by music. Medical music therapy is discovering new medical uses for music every year. Some areas where medical music therapy is being practiced are Neonatal Intensive Care Units, Pediatrics, and the emergency room. (Darrow, 2004; Standley, 2005)

Procedural Support

Procedural support is a sub-category of medical music therapy. It involves the use of music therapy during an invasive and traumatic, but necessary, medical procedure. Some circumstances where music therapists accompany pediatric patients are CT scans, echocardiograms, surgery, and MRI. The benefit of procedural support is eliminating the need for sedation and a medical nurse to be present and more importantly decreasing the stress level of the child who is going through the procedure. Sedation can have costly effects on a child's developing brain neurology, staffing of nurses for procedures is very expensive, and traumatic medical experiences in childhood can contribute to many debilitating effects in later years (Standley, 2005).

Orff Approach

Carl Orff based his approach on two basic principles. The first is that everyone needs to be able to participate. The second is that the music used needs to be elemental (uses elements of speech, dance, and movement) in nature. His approach places emphasis on the progression of sound to symbol and the use of rhythm. This approach was designed for music education but has been adapted for use in music therapy. (Darrow, 2004)

Dalcroze Approach

Music is used to connect the brain and body while bringing out the “emotional spirit” of each participant through activities and games. A key element of this approach is eurhythmics or purposeful movement. This type of therapy has been shown to be beneficial in group settings with people who are affected by Post Traumatic Stress Disorder. There is an emphasis in this approach of Solfege, developing “inner hearing”, and improvisation techniques. As with other approaches, this was developed for music education and adapted for music therapy. (Darrow, 2004)

Kodály Approach

Musical training should begin in very early life according to the Kodály Approach. It should begin with direct musical encounters and experiences. This approach believes in systematically teaching music skills and contains the four elements: singing, Solfege, folk music, and movable do. These elements are taught to encourage self expression, national identity, pitch

awareness, and auditory discrimination. This approach is usually used in elementary school and teaches the principles of loud and soft (dynamics), fast and slow (tempo), same and different (form), simple and compound meter, melody, short and long (rhythm), and timbre. (Darrow, 2004)

Nordoff-Robbins Music Therapy

Paul Nordoff and Clive Robbins worked together from 1959-1976 developing what is now known as Nordoff-Robbins music therapy. This improvisational approach capitalizes on an individual's "innate creativity" and that is used to overcome difficulties and struggles. A key phrase used is the "music child" which believes that everyone is born with a self that responds to music and mirrors personality and emotion. There are three levels of certification that range from 25 hours a week for 38 weeks in a master's program to years of clinical supervision, case presentations, seminars, and communication with other Nordoff-Robbins music therapists. There are Nordoff-Robbins organizations in Australia, England, Germany, New York, New Zealand, and Scotland. (Darrow, 2004)

Psychodynamic Music Therapy

In Psychodynamic music therapy, principles of Psychodynamic psychology are combined with the use of music to bring about the same objectives. This well developed model has many theories (such as Freudian, object relations theory, and inter-subjective theory) that contribute to the school of thought surrounding this approach. This approach accepts the concept of the unconscious and its effects on behaviors, thoughts and feelings. Transference, resistance, awareness, abstinence, and neutrality are all conditions of the unconscious of an individual. Music is used to encourage the exploration of the unconscious. This is an umbrella category that also includes the approaches of GIM, improvisation, and lyric analysis. (Darrow, 2004)

Wellness Music Therapy

Wellness music therapy is another umbrella term that can be defined in many different ways depending on your education and cultural influences. The statements below are a generalization and are not exclusive. First and foremost, wellness music therapy is holistic: it involves many aspects of an individual's lifestyle and well being. It can be thought of as a

continual balance and regulation of emotional, physical, spiritual and social needs. It is formed on the following five principles: Self-responsibility, nutritional awareness, physical fitness, stress management, and environmental sensitivity. Many music therapy approaches identify themselves as wellness music therapy and all define it in different ways. The core of each belief is that this holistic approach is needed in the individual's life. Music therapy wellness programs have been implemented in schools, corporations, and assisted living facilities or carehomes. (Darrow, 2004)

Improvisational

Improvisational music therapy allows the individual to express with instruments and vocalizations any feeling, urge, desire, or reaction. Self-expression and emotional release are the goals of an improvisational experience.

Drumming

The element of drumming in music therapy is used for expression and transfer. There are many different types of drumming such as improvisational, call and response, and storytelling. Improvisation is often used during drumming sessions when expression is the goal. Anger, rage, discontentment, nervousness, pride, joy, and happiness are just some of the emotions that are expressed during improvisational drumming exercises. Exploration and definition of emotions, communication, and group skills can all be taught through a music therapy drumming exercise.

Sing Along

Group cohesion, confidence, social skills, and communication are just a few of the benefits of participating in a sing along led by a music therapist. No matter how discouraged, vastly different groups of people are able to come together and sing familiar songs as a group. It is very important to choose client preferred music in this setting. Often other therapeutic approaches are involved with sing along. For example: lyric analysis, drumming, dance, song writing, relaxation, wellness, and improvisation can all be used in the same music therapy sing along session. Often sing along is the platform for nonthreatening therapeutic potential and is an excellent way to build rapport and trust very quickly.

Dance

Dance is a form of exercise and is therefore able to stimulate the body and the brain. In some cases music therapists teach a dance, other times dance is spontaneous in music therapy sessions. In the United States some music therapy programs have expanded their acceptance of applied lesson credit to include dance classes for academic credit toward a music therapy degree. Dance therapy is a fairly new profession and is beginning to be recognized throughout the world.

Art Therapy

This therapy is a completely separate therapy and has its own sets of approaches. In some cases music therapy and art therapy can overlap in a session and so principles and activities from art therapy can be used with music therapy. Art therapy involves the use of artistic expression for self exploration and ultimately a therapeutic experience. Art therapy is currently in its infancy and is only offered at the Master's level in the United States.

Iso Principle

Iso principle is the music therapy procedure that matches the tempo of natural rhythms or emotions and brings them to a healthy level through music. For example, a heart rate that is low can be increased through progressively faster music tempi of client preferred music. An individual who is having a hard time falling asleep due to restlessness can be progressively relaxed by using slower and slower music tempi. In the same way breathing and emotional regulation can be adjusted with the Iso principle. (Standley, 2005)

Relaxation with Imagery

The umbrella category of relaxation with imagery expands to include any relaxation technique that uses imagery within its script. GIM is a specific protocol for relaxation and exploration with imagery that is included under this category. Often this approach includes relaxing music of the therapist's or individual's choosing and a relaxation script that guides the participant to a more relaxed state through imagery. Often progressive music relaxation (the tightening and releasing of muscles) is included in the script. The music therapist is able to adapt this approach to a group of individuals. It is sometimes paired with drumming and wellness music therapy exercises.

Educational Training

| | Spain (A) | Spain (B) | Ireland | England | United States |
|---|---------------------------------------|-----------------------------------|--|---|--|
| Degree Received for Music therapy practice | Masters Degree | Masters Degree | Masters Degree | Masters Degree | Doctoral Degree |
| Do you have any certification or licensure qualification? | No | No | Creative Art Therapy ICAT | Health Professions Council Registration | MT-BC Music Therapist Board Certified NICU-MT |
| Did you participate in practicum, shadowing, or mentoring? | Yes practicum unsupervised | Yes practicum 2 years | Yes practicum 40 hours | Yes Placements 3 areas | Yes Practicum and Inturnship |
| Did you take part in any personal therapy sessions? | Yes | Yes | Yes Psychotherapy | Yes 30 hours | NO |
| Did/do you take part in any training courses post your degree? | Yes Great Britain United States | Yes Workshops Not mandatory | Yes Workshops Not mandatory GIM | Yes 24 hours Required Continual Professional Development | Yes NICU-MT Required Continuing Music Therapy Education |

Table 4 Education and Credentials for Music Therapists

Table 1 shows the degree received, certifications, practicum experience, personal therapy sessions, and post educational training of each music therapist interviewed. In this study each music therapist had received a Master's degree or above in music therapy and had some form of certifications or licensure except two therapist in Spain. All of the therapists had taken specialized training courses in addition to their degree requirements.

Many countries have chosen to offer only a Master's level competency in music therapy. England and Ireland offer only Master's level coursework for music therapy but the United States allows a Bachelor's degree to be sufficient qualification for practice. Currently the United States is making the decision whether to change this distinction to a Master's level competency. Many of the music therapists interviewed had Bachelor's degrees in other disciplines including history and education. A Master's degree in music education was also held by one of the music therapists. Each country has a unique set of qualifications for entering a Master's program in

music therapy. Nowhere in the countries studied was it mandatory to have a Bachelor's degree in music therapy in order to enter a Master's degree program.

The content of the curriculum is important to evaluate when comparing the degrees that each country offers. The content of the curriculum shapes a therapist's approach and outlook on music therapy. Licenses, practicum, personal therapy sessions and post degree courses are important factors in evaluating the educational focus of a music therapist.

Licensure takes on many different roles in each country. The design of licensure is to standardize the evaluation of practice nationally and to make sure qualified individuals are proficient in their discipline. Licensure also allows for more recognition legislatively and demographically. In England music therapists must register with the Health Professions Council recently renamed to the Health and Care Professions Council when social workers were added. This group regulates professions such as arts therapists (music, art, and drama), dietitians, occupational therapists, speech therapists, and paramedics. In Ireland, there is the Irish Association of Creative Arts Therapist (IACAT), which includes art, music, drama, and dance therapy. In Spain, there is no licensure procedure; this may be largely due to the newness of music therapy development in that country. In the United States, there is a national board certification for music therapists. After completing this requirement music therapists are able to place the credentials MT-BC for Board Certified Music Therapist after their name on official documentation.

Every music therapist in the study had participated in practica. A practicum can be defined as any hands on experience in a music therapy session through observation and/or leading. Some practica such as in Spain were unsupervised. A range of hours was required based on the institution and the country. There were also a different number of placements or appointments with different client groups. The United States is the only country that requires a six month internship to complete a degree in music therapy.

Personal therapy sessions are also required by some degree programs in music therapy. For example, Ireland requires psychotherapy and England requires thirty hours of your choice of therapy. The music therapist in Spain also stated there were personal therapy sessions required. The only country in this study that does not require personal therapy sessions is the United States.

Continued education is very important in a changing field like music therapy. Each

country has different requirements for this continuing education. In Ireland and Spain, it is not required to take continuing education courses. However, many music therapists choose to take courses and workshops in order to expand their knowledge of the quickly changing field. In England, 24 hours of continued professional development is required. In order to keep your Board Certification in the United States, you must complete 100 recertification credits within a five year time span. These recertification credits can be earned through workshops, continuing education, and attending lectures and conferences.

Specializations

Specializations can be defined as a specific favored technique used within a country for music therapy purposes. One defining element of music therapy and psychology in general is that they encompass many ways to practice. Each country allows the music therapist the freedom to choose whichever approach he or she desires. While each country has standards and professional organizations to help define their mission, goals, and scope of practice; no country has limited its therapists to choose one type of protocol or specialization. Because of its birth in London, Nordoff-Robbins music therapy is practiced heavily throughout all of England, including the therapist interviewed by this study. But that is by no means a generalization for every music therapist in all of England. The music therapist interviewed in Ireland favored using GIM. All of Ireland, however, is not restricted to the use of only GIM protocol. In fact, the large organization supporting music therapy in Ireland is not restricted to music therapists, but also includes other therapists who classify themselves as creative art therapists. Specialization may be completed by an individual therapist. However, in regard to technique and approach, no county within this study, as a whole, has limited its scope of practice to include only one specialization.

Discussion

Through the research and writing of Cross Cultural Music Therapy I began to discover universal passions and patterns of thinking for music therapists across the world. Their choice in practicing principles, education level, qualifications, and geographical location may differ, but their focus and drive for their chosen career field maintains a universally high standard. As the field of music therapy research and practice rapidly grows, it is of vital importance that we evaluate the universal truths of music and therapeutic intention by looking beyond our own circle of influence and into those circles we are seldom able to explore. Spending one hour looking through someone else's eyes about the very subject you are most passionate about may be more beneficial in shaping your personal practice than months spent reading about it in print.

Limitations

These interview questions were asked of five music therapists with varying cultural backgrounds, education, training, and experience. Each music therapist represented their individual view or approach to therapy, not that of the country as a whole. Just as a medical doctor in Barcelona, Spain may medically practice very differently from a medical doctor in Madrid, Spain, so may a music therapist in California practice very differently from a music therapist in Florida. They have all received the same title and have been educated to obtain the same degree, but each professional must make a choice as to which practices he or she will utilize in their respective careers. Therefore, one therapist interviewed in each country does not represent a holistic ideology for the respective country. It does give us some insight into the world of clinical music therapy in their country, but it does not represent every view held within the boundaries of their country. Ample future research must be done in order to fully understand the percentages and specific numbers of therapists using specific treatments and working with specific populations. Similar questions could be used as those in this study, but they must be asked to many more practicing music therapists before any definitive conclusion may be provided. The overview is beneficial in principle, but much more research is needed before cross cultural music therapy can be defined with more clarity.

Future Research

This study was not conducted in order to define the practice with the most relevancies or the practice with the most potential for therapy; it was undertaken to broaden the understanding of the types of music therapy being practiced around the world. Three specific applications can be identified to gain more insight and develop future research possibilities in the field of cross cultural music therapy.

The first is to expand the number of music therapists who are asked the questions, or similar questions, presented in this study. This could be used to gain a better understanding of the full scope of practice of music therapists within different cultures and geographical locations, and not just obtain information from a limited number of therapists practicing within those countries.

Another application is to do specific in-depth research on any and all of the different populations served by music therapists all over the world. This list is extensive and can be compiled in many different ways within countless countries and cultures around the world. Defining each population is also important as context and culture impacts the definition of terms and what they include or exclude in practice.

The last avenue of research is to expand on all types of techniques and approaches to music therapy. There could even be more extensive research on the credibility and success of each approach or technique. This is an area that has not been explored in depth as it relates to cross cultural music therapy. Exhaustive research of music therapy approaches could encompass multiple studies. It would be very interesting to know which approaches music therapists from all around the world are using and which approaches are universally beneficial and dominant in global music therapy practice.

Conclusion

This study has found similarities and differences in the practice of music therapy around the world in the areas of professional protocols, political implications, cultural music preferences, client population served, choice of music therapy approaches and treatment, educational focus, and specializations. Similarities included populations served, choices in music therapy approaches and treatment, and similar educational focuses. Music therapists in many of the countries studied were practicing under different titles, and some not exclusively as music therapists. Part time positions were also common in every country studied, and funding was often provided through third parties or associations.

One other element not originally asked of music therapists, that presented itself through the interview process, was the deep passion of each music therapist's outlook on his or her career. Music therapy faces many challenges such as growth and advocacy issues. There are also competing viewpoints that make the spread of music therapy difficult. These elements combine to create the single truth that it is not always easy in music therapy to find placement or recognition. It also means fighting to invent new positions and programs and creating a never ending voice of advocacy. These challenges were met with a strong passion for the profession. Each music therapist interviewed carried with them a unique and unquenchable passion for a career they chose, knowing it would be an uphill fight. The passion was shown in their love for patients and in the sacrifices they had made. It was voiced in the approaches they chose to practice and in the standards they chose to unwaveringly follow. This was a common element across cultures; a cause so great and a message so clear, music therapists desire to share it with anyone who will listen.

With this passion comes a pitfall. The competitive nature of each approach to practicing music therapy has consumed a generation of music therapists in desperate need of unity. Unity is needed for our cause to shine brightest and for our career to do the work it is capable of doing. The notion of "Americanized music therapy" is very present in global literature, and attitudes, of music therapists (Sabbatella 2005). Some compare why one way is exponentially better while the other is absolutely inferior. Why are factions allowed to invade the profession? Music therapists are all on the same team; proponents of therapeutic music and change. Why, then, can we not unite for the grand cause of advocacy for our profession?

One music therapist described music therapy as "territorial" and described music therapists as having a "lack of generosity in a generous profession." The battle of pompous confidence and grandiosity rages against a spirit of humility and gentle aggression. We lack the maturity to share our ideas without judgment or harsh words. The same battle that rages in America grows ever stronger in our profession. We forget to capitalize on our agreements and instead exploit our opinions in judgmental aggression. A respectful and mature attitude for all perspectives could unite us and bring about awareness through unity.

As early as 1988 it was noted that "music therapy, like music itself, is a multicultural phenomenon...Music therapist inevitably will be dealing with clients from a wide diversity of backgrounds" (Moreno, 1988, 25). Through the study of cross cultural music therapy, therapists may be better equipped to give more effective therapy to clients through music considering personal culture, music style, and ideology. Music therapists may come to a better understanding of a wide range of music, cultures, approaches, and world-views. This generation of music therapists might evaluate where they stand on the issue of global unity. Cross cultural music therapy is a tool used to understand the profession, clients, other professionals, and other societies more clearly. Professional unity is a cause for the future; cross cultural study of music therapy may be the key.

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Appendix

Figure A observation form for music therapy sessions

| | | | | | |
|-------------------------------|----------------------|-------|-------|-------|-------|
| Therapist _____ | Date _____ | | | | |
| Agency _____ | Recorded/ Live _____ | | | | |
| Time started _____ | Time ended _____ | | | | |
| Population _____ | Male/Female _____ | | | | |
| Treatment objective(s) | | | | | |
| 1. _____ | | | | | |
| 2. _____ | | | | | |
| 3. _____ | | | | | |
| Group Size | Activity | 1 | 2 | 3 | 4 |
| Individual | _____ | _____ | _____ | _____ | _____ |
| Pair | _____ | _____ | _____ | _____ | _____ |
| Small group (N=3-5) | _____ | _____ | _____ | _____ | _____ |
| Moderate group (N=6-10) | _____ | _____ | _____ | _____ | _____ |
| Large group (N=10+) | _____ | _____ | _____ | _____ | _____ |
| Treatment Techniques used: | | | | | |
| General counseling | _____ | _____ | _____ | _____ | _____ |
| Lyric analysis | _____ | _____ | _____ | _____ | _____ |
| GIM | _____ | _____ | _____ | _____ | _____ |
| Song composition | _____ | _____ | _____ | _____ | _____ |
| Behavior modification | _____ | _____ | _____ | _____ | _____ |
| Neurological music | _____ | _____ | _____ | _____ | _____ |
| Medical music therapy | _____ | _____ | _____ | _____ | _____ |
| Procedural support | _____ | _____ | _____ | _____ | _____ |
| Orff Approach | _____ | _____ | _____ | _____ | _____ |
| Dalcroze Approach | _____ | _____ | _____ | _____ | _____ |
| Kodaly Approach | _____ | _____ | _____ | _____ | _____ |
| Nordoff-Robbins Music Therapy | _____ | _____ | _____ | _____ | _____ |
| Psychodynamic Music Therapy | _____ | _____ | _____ | _____ | _____ |
| Wellness Music Therapy | _____ | _____ | _____ | _____ | _____ |
| Other _____ | _____ | _____ | _____ | _____ | _____ |
| Music functioned as a: | | | | | |
| Cue/prompt | _____ | _____ | _____ | _____ | _____ |
| Structure | _____ | _____ | _____ | _____ | _____ |
| Reinforcement | _____ | _____ | _____ | _____ | _____ |
| Shape | _____ | _____ | _____ | _____ | _____ |
| Entertainment | _____ | _____ | _____ | _____ | _____ |
| Type of music used: | | | | | |
| Chosen by Therapist | _____ | _____ | _____ | _____ | _____ |
| Client preferred | _____ | _____ | _____ | _____ | _____ |
| Classical | _____ | _____ | _____ | _____ | _____ |
| Popular/rock/rap/jazz | _____ | _____ | _____ | _____ | _____ |
| Children's music | _____ | _____ | _____ | _____ | _____ |
| Other style | _____ | _____ | _____ | _____ | _____ |

if more than one choice is used in a session number the activities in order of their occurrences

(Adapted from client treatment objective by Dr. Jayne Standley)

Figure B Descriptive and Qualitative Research interview questions Cross Cultural Music Therapy

Education

1. How did you train as a Music Therapist?
 - A. Did you get a degree from a university? If so what degree(s)?
 - B. Do you have a certification or licensure or any national credential of qualification?
 - C. Did you participate in any practicum?
 - D. Did you complete an internship?
 - E. Did you take part in any mentoring, shadowing, supervision?
 - F. Did you take part in any personal therapy sessions?
 - G. Do you have any other special credentials related to the field?
 - H. Did you take part in any training courses for music therapy not affiliated with your degree?
Who offered this training course?
 - I. Did you participate in any continuing education courses or any other training courses post your original qualification?

2. Do you or have you ever practiced in the country from which you received your degree/accreditation? If so what country? If not where you trained where you practiced?

Population

3. With what client groups have you worked?
 - Special education/ Developmentally disabled
 - Preschool development
 - Music therapy in the school or education system
 - Behavioral health center/ psychiatric facility/Mental Health
 - Prison
 - Private practice
 - Geriatric
 - Hospice
 - Medical/ Surgical
 - Rehabilitative therapy
 - Neurological disorders
 - Other _____

4. What client groups do Music Therapists in your country serve?
 - Special education/ Developmentally disabled
 - Preschool development
 - Music therapy in the school or education system
 - Behavioral health center/ psychiatric facility/Mental Health
 - Prison
 - Private practice
 - Geriatric
 - Hospice
 - Medical/ Surgical
 - Rehabilitative therapy
 - Neurological disorders
 - Other _____

Figure B Descriptive and Qualitative Research interview questions Cross Cultural Music Therapy (continued)

| |
|--|
| <u>Approach/Techniques/Procedures</u> |
| 5. What techniques or procedures have you used in your sessions? Cognitive behavioral counseling Lyric analysis GIM Song composition Behavior modification Neurological music therapy Medical music therapy Procedural support Orff Approach Dalcroze Approach Kodaly Approach Nordoff-Robbins Music Therapy Psychodynamic Music Therapy Wellness Music Therapy Improvisational Drumming Sing along Dance Art therapy Song writing Iso Principle Relaxation with imagery Other_____ |
| <u>Payment/Funding</u> |
| 6. Are music therapists employed full time, part time in your country? By whom? |
| 7. How is payment made for music therapy services? If it is paid for by an agency other than the individual receiving therapy, how are the criteria decided for covering therapy? How does this affect your practice? |
| 8. If social health care, special education, mental health, rehab, or end of life care plays a role in funding your practice, how does this affect funding and practice? Can you elaborate on the advantages and disadvantages (if any) or this system? |
| <u>History/ Development</u> |
| 9. Can you give a brief history of therapy in your country? A. The year it was founded? B. Person who brought music therapy to your country? C. When training or university programs came to your country? How have they developed? D. Is/are there a national convention(s)? How often do they meet? E. How did the opportunity of clinical jobs for music therapists develop in your country? F. What is your best estimate of how many music therapists practice in your country? |
| 10. How is music therapy awareness developing in your country among the general population? What is your estimate of the percentage of people who would know what music therapy is in your country? |
| <u>General</u> |
| 11. If you have practiced in two different countries, what are the differences you have observed? |
| 12. Are there any defining elements of music therapy in your country? |