ROUND TABLES

RT01

MUSIC THERAPY WITH FAMILIES: REFLECTIONS ON THE PARTICULAR BENEFITS FOR CAREGIVERS

A. Oldfield¹, K. Tuomi², T. Gottfried³, B. Griessmeier⁴
¹Music, Anglia Ruskin University, Cambridge/UNITED KINGDOM, ²Music, University of Jyvaskyla, Jyvaskyla/FINLAND, ³Music Therapy, Ben-Gurion University, ISRAEL, ⁴Pediatric Oncology, Frankfurt University Hospital, GERMANY

Abstract: Four experienced music therapists will describe different aspects of working with individual children between the ages of 5 and 18 and their carers. They will focus on the role music therapy plays for the carers. The audience will be invited to discuss characteristics and benefits of this type of work.

Description:

Family centred music therapy has become an established way of working in recent years especially in the UK, Australia and the USA. Recent literature reveals that parents and caregivers play a significant role in music therapy with children with a wide range of difficulties (Edwards, 2011; Kern & Humpal, 2012; Tomlinson et al., 2012). However there are many countries where music therapy with families is only just beginning. Shifting the therapy from individual or group work to family work leads to reflections on how to meet with parents, and an examination of the parents roles and the music therapist’s roles in the treatment process. In the last two International Music Therapy Conferences (Nordic Congress, Jyväskylä 2012 and European Music Therapy Congress, Oslo 2013), Amelia Oldfield and Kirsi Tuomi co-ordinated very successful Symposiums on the topic of music therapy with families. The current proposal for a Round Table in Krems 2014 aims to be more specific, focusing on individual work with older children (aged 5 to 18) and their families, and looking at the specific role of the work with caregivers. Discussion will centre on the following aspects of working with caregivers:

- dual role of the therapist - is one therapist enough - parent consultation - different caregivers, different approaches

The four 15 minute presentations by music therapists from four different countries who specialize in this work, will be partly illustrated with DVD excerpts of music therapy sessions. The aim is to be interactive with the audience. There will be time for questions in the middle of presentations, and a discussion, debate and summ-ing-up session at the end.

References:


Mini biography of presenter: Amelia Oldfield has worked as a music therapist with children and families for over 30 years. She has researched, lectured and written extensively about this area.

Disclosure: No significant relationships.
**GOOD, BETTER, BEST: RECOMMENDATIONS ON EVIDENCE-BASED PRACTICE FOR CHILDREN WITH AUTISM SPECTRUM DISORDER**

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¹School Of Music, Music Therapy Consulting, University of Louisville, Santa Barbara/UNITED STATES OF AMERICA, ², Private Practice, /UNITED STATES OF AMERICA, ³, Charleston Southern University, /UNITED STATES OF AMERICA, ⁴, Coast Music Therapy, /UNITED STATES OF AMERICA, ⁵, Monroe County Intermediate School District, /UNITED STATES OF AMERICA, ⁶, University of Louisville, /UNITED STATES OF AMERICA, ⁷, The Rebecca Center For Music Therapy, Molloy College, New York /UNITED STATES OF AMERICA, ⁸, Sam Houston State University, /UNITED STATES OF AMERICA, ⁹, University of North Carolina at Chapel Hill, /UNITED STATES OF AMERICA

**Abstract:** This roundtable will feature renowned experts offering practical information on providing effective music therapy intervention for children with Autism Spectrum Disorder (ASD) and their families. Through dynamic multimedia presentations and an engaging discussion, participants will learn how to best support their clients in achieving social, communication, and everyday life skills.

**Description:** Autism Spectrum Disorder (ASD) has received much attention from practitioners, researchers, and educators in music therapy worldwide. One of the main reasons is the increase in prevalence rate in all cultures and nations resulting in a need for evidence-based interventions that can improve personal independence and social responsibility of individuals with ASD.

Around the globe, numerous clinical reports illuminate the long-standing tradition of offering music therapy services for individuals with ASD. Moreover, a recent meta-analysis and previous systemic reviews provide evidence that music therapy interventions are effective in improving core skills in this population. Practicing music therapist are required to provide evidence-based music therapy interventions and therefore need to stay abreast with latest research and professional practices to provide the best available service possible.

This roundtable brings together well-regarded music therapy researchers and practitioners who will share their knowledge and experience gained through conducting and applying original research. Through dynamic short presentations (onsite and video), clinical suggestions, and answering questions, participants will learn about:

- the new DSM-V criteria, current prevalence rates, and potential causes
- identified evidence-based practices in ASD and how they relate to music therapy
- outcomes of a recently published meta-analysis targeting young children with ASD
- selected MT assessments tools for individuals with ASD
- theoretical frameworks from both music therapy and related fields implemented in the therapeutic process (e.g., ABA, DIR®/Floortime™ Model, key points of communication and language development, and sensory processing)
- music therapy techniques and evidence-based instructional strategies
- web-based resources such as podcasts, blogs, and apps, and
- insights from music therapists who are parents of children with ASD.

This roundtable will be presented in “Talk Show” style with entertainment elements, while keeping the integrity of presenting high quality research-based information.

**References:**


Publishers.


**Mini biography of presenter:** Petra Kern, Ph.D., MT-DMtG, MT-BC, MTA owner of *Music Therapy Consulting* is online professor at Marylhurst University and the University of Louisville, Editor of *imagine*, and Past President of WFMT.

**Disclosure:** No significant relationships.
RT03

MUSIC THERAPY WITH DISORDERS OF CONSCIOUSNESS: RESEARCH INNOVATIONS TO GUIDE BEST PRACTICE

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1Music Therapy, Temple University, Philadelphia/UNITED STATES OF AMERICA, 2Music Therapy Dept, National Rehabilitation Hospital, Dún Laoghaire/IRELAND, 3Creative Arts Therapies, INECO (Institute of Cognitive Neurology) and Institute of Neurosciences, Favaloro University, Buenos Aires/ARGENTINA, 4Research, Royal Hospital for Neuro-disability, London/UNITED KINGDOM

Abstract: Clinicians and researchers experienced in music therapy with children and adults with disorders of consciousness (DOC) will discuss current international developments in research with DOC, including assessment, treatment and methods for evaluation (neuropsychological and behaviour) to make recommendations for best clinical practice.

Description: Although music therapy with disorders of consciousness (DOC) populations has a long history (Boyle & Greer, 1983), evidence for music therapy to address clinical needs with these populations remains sparse and based in expert opinion (Magee, 2005). Without adequate evidence for the effects of music therapy, it is difficult to determine best practice to guide clinicians in music therapy interventions. Measurement issues are central to this topic, as measuring responsiveness, and in particular awareness, in this population is confounded by the complexity of the patient group (Seel et al., 2010) and the mismatch noted between behavioural and neuropsychological measures (Owen et al., 2006; Laureys & Schiff, 2011). This round table will share current research from diverse international perspectives (Argentina, Ireland, UK and USA), reflecting on best practices. We will present findings on a music therapy measure that has been standardized for use with adults with DOC (Magee et al., 2013) and provides a measure for music as a diagnostic tool. Its validation with pediatric DOC populations will also be reported. Current research examining the usefulness of this measure in interdisciplinary care and as compared to other standardized non-music therapy measures will explore its value as an outcome measure (O’Connor & Gray, 2013). Whilst behavioural measures have clinical applicability, neuropsychological measures complement these and provide greater insights that can support evidence-based music therapy practices. Using EEG and cardiorespiratory measures, recent findings provide more specific evidence for which music therapy methods increase arousal and prime DOC patients for intervention (O’Kelly et al., 2013). These findings support practice grounded in evidence. Lastly, we discuss all of these findings within a neuroscience framework (Lichtensztejn et al., in press; O’Kelly & Magee, 2013a&b) thus bridging the gap between music therapy and neuroscience to enhance the dialogue between these two disciplines.


**Mini biography of presenter:** Wendy Magee PhD is Associate Professor of Music Therapy at Temple University, Philadelphia. She has been a researcher and clinician in neuro-rehabilitation with speciality in DOC for over 20 years.

**Disclosure:** No significant relationships.
COLLABORATION: EMPOWERING THE RESEARCHER & CLINICIAN RELATIONSHIP

J. Rushing¹, L.F. Gooding², O.S. Yinger²
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Abstract: Research overwhelmingly supports the benefits of collaboration between researchers and practitioners. Aligning experts in research and practice fosters the flow of sophisticated knowledge into clinical practice. Hosted by a clinician who regularly works with researchers, this session will discuss challenges and benefits supporting a collaborative approach to music therapy research.

Description: The American Music Therapy Association highlights the "integral relationship between music therapy research and clinical practice" in their standards of practice (AMTA, 2010). They define evidence based practice, stating that, "evidence-based music therapy practice integrates the best available research, the music therapists’ expertise, and the needs, values, and preferences of the individual(s) served" (AMTA, 2010). Despite noted challenges, research overwhelmingly concludes that the benefits of collaboration between researchers and practitioners far outweigh the drawbacks (Denis & Lomas, 2003; Jones, et al, 1998; LeGris, et al, 2000). Otera (2013) noted that challenges may stem from clinician’s need to learn more about evidence-based practice. As clinicians, all moments of our days are devoted to providing the best services possible to our patients and clients. We diligently plan, execute services, and evaluate clinical effectiveness. We read research, give presentations and integrate evidence-based practices. As strategic priorities call us to conduct research, at times we may struggle to fit that in among our clinical tasks or feel unprepared for the undertaking of conducting rigorous research. Researchers are skilled and well-versed in navigating Institutional Review Boards and designing and analyzing outcomes. LeGris and Weir (2000) outlined a successful model for collaboration based on mutual commitment, support, and adaptability. Denis and Lomas (2003) defined collaborative research as, “a deliberate set of interactions and processes designed specifically to bring together those who study societal problems and issues…with those who act on or within those societal problems and issues…” (p. 1). This session will seek to identify barriers clinicians and researchers face, highlighting strategies for collaboration. We will discuss integrating research design with clinical implication, logistic barriers from both sides, the importance of collaboration, the relationship between researcher and clinician, and integrating research results into practice.


Mini biography of presenter: Jessy Rushing is the lead music therapy clinician and internship supervisor at the University of Kentucky HealthCare. Her research interests include music therapy in rehabilitation and with premature infants.

Disclosure: No significant relationships.
RT05

MUSIC, HEALTH AND SOCIAL CHANGE EXPLORED THROUGH AN OPEN-ACCESS MUSIC THERAPY JOURNAL

R. Rolvsjord
The Grieg Academy Music Therapy Research Centre, Uni Health, Uni Research, Bergen, Norway/NORWAY

Abstract: The editors of Voices will share their recent experiences of editing an online open access journal with an inclusive policy and discuss how it aspires to contribute to the growing community of music therapy and its neighbouring fields of knowledge and practices.

Description: The relationship between music and health has many dimensions. Voices: A World Forum for Music Therapy encourages the exploration of these dimensions via interdisciplinary submissions and stresses aspects such as social injustice and cultural context when evaluating the submitted manuscripts. The commitment to open access made by the journal editors is meant to ensure an inclusive policy, building a forum that embraces a wide range of practices from all corners of the globe. The editors of Voices will share their recent experiences of editing such a journal and discuss how it aspires to contribute to the growing community of music therapy and its neighbouring fields of knowledge and practices.

References:

Mini biography of presenter: Rune Rolvsjord, cand. mag., Managing Editor of Voices and Production Editor of Nordic Journal of Music Therapy, two journals published from Grieg Academy Music Therapy Research Centre, Uni Health (GAMUT).

Disclosure: No significant relationships.
MUSIC THERAPY EDUCATION AND TRAINING FROM EAST TO WEST

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¹Education And Training Commission, World Federation of Music Therapy, Ontario/UNITED STATES OF AMERICA, ²New Zealand School Of Music, Te Koki, Wellington/NEW ZEALAND, ³Creative Arts Therapy, Jeonju University, /KOREA, ⁴Music Therapy, Maria Curie-Skłodowska University, /POLAND, ⁵Chennai School of Music Therapy, /INDIA

Abstract: Music therapy education and training practices around the world are evolving and developing. This roundtable aims to a) provide an international overview of the scope of current training practices; and b) promote discussion, sharing of perspectives to further expand knowledge and enhance development of cross cultural education/ training standards, guidelines.

Description: The profession of Music Therapy has been evolving and developing around the world. In some regions, music therapy practice is well-established and is well-integrated into multidisciplinary programs as a viable and important treatment modality, playing a key role in the comprehensive care of individuals facing a wide range of human biopsychosocial issues and diagnoses. In other areas of the world, this profession is new and is in early stages of development, just beginning to establish roots and presence in traditional healthcare systems. Therefore, formal education and training programs in countries vary in setting, size, type and outcome of training, depending on availability of resources and accepted national health care policies and standards. Factors affecting education and training course availability, course content and course setting, size, type and outcome include:
1. the fundamental cultural values, traditions, pertinent social needs/ issues in a particular region;
2. the availability of higher educational resources, such as University systems, receptive to recognizing and supporting new degree programs;
3. the fundamental role of music in each society, as programs are sensitive to/driven by cultural practices, traditions, needs;
4. the varied national requirements for standards in clinical training and registration for healthcare professionals;
5. the availability of resources for graduating students to acquire work, placement, positions in healthcare programs;
6. the availability of trained music therapists in each region to help initiate education and training programs. As the WFMT Education and Training Commission promotes dissemination of knowledge regarding contemporary guidelines for the standards of education, training of music therapists around the world, this Roundtable serves to enhance global exploration by:
a) providing information regarding regional training practices as presented by music therapy educators from diverse continents;
b) providing, establishing a forum for cross cultural discussion among participants in order to further explore/disseminate information regarding core standards, competencies.

Mini biography of presenter: Dr. Lucanne Magill, Seasons Hospice; Faculty, Chennai School of Music Therapy, Chair, Education/Training, WFMT; an editor, Voices. She specializes in oncology and palliative care practice, training, research and intercultural practice.

Disclosure: No significant relationships.
RT06A

WFMT: STATE OF THE ORGANIZATION AND MEET THE CANDIDATES

WFMT Council and Candidates
Wfmt Council, World Federation of Music Therapy, Fort Worth, TX/UNITED STATES OF AMERICA

Abstract: This session is presented by the World Federation of Music Therapy Council reporting on the current state of this first international music therapy organization. Officers, commissioners and regional liaisons will share how the organization and their work grown and share insights from the organization’s strategic plan. WFMT 2014-2017 Candidates will also be presented and introduced in preparation for the WFMT elections.

References:

Mini biography of presenter: The WFMT Council consists for 3 officers (president, past president & secretary/treasurer), 8 commissioners (education/training, clinical practice, global crisis, research/ethics, publications, accreditation/certification, public relations, congress organizer), 8 regional liaisons.

Disclosure: The WFMT Council will present this roundtable. We hold no financial interest in the organization or products. While we serve as representatives of the organization, we do work to inform others about the work and benefits of the organization.
CULTURALLY TRANSFORMED MUSIC THERAPY IN THE PERINATAL & PAEDIATRIC NICU

H. Shoemark\(^1\), M. Ettenberger\(^2\), M. Filippa\(^3\), C. Flower\(^4\), D. Hanson-Abromeit\(^6\), F.B. Haslbeck\(^6\), J. Loewy\(^7\), M. Kwan\(^8\), J. Kim\(^9\), S. Mori-Inoue\(^10\)
\(^1\)Clinical Sciences, Murdoch Childrens Research Institute, Melbourne/AUSTRALIA, \(^2\), Anglia Ruskin University, Cambridge/UNITED KINGDOM, \(^3\), UFR des Sciences Psychologiques et Sciences de l’Education, Université, /FRANCE, \(^4\)Children’s Music Therapy, Chelsea and Westminster Hospital NHS Foundation Trust/Nordoff-Robbins Music Therapy Centre, London/UNITED KINGDOM, \(^5\)School Of Music, Division Of Music Education & Music Therapy, University of Kansas, Lawrence, KS/UNITED STATES OF AMERICA, \(^6\)Clinic Of Neonatology, University Hospital Zurich, Zurich/SWITZERLAND, \(^7\)The Louis Armstrong Center For Music & Medicine, Beth Israel Medical Center, New York/UNITED STATES OF AMERICA, \(^8\), KK Women’s and Children’s Hospital, Singapore, /SINGAPORE, \(^9\), Ewha Womans University, /KOREA, \(^10\)Otology Research Institute Clinic, Mejiro University, Saitama/JAPAN

Abstract: Perspectives drawn from diverse cultures will create a comprehensive impression of NICU music therapy training, practice and research around the world. Presenters will highlight challenges of creating and implementing culturally informed practice.

Description: Music therapy in paediatric and perinatal Neonatal Intensive Care Units is rapidly growing around the world. Practice and research models are most established in the United States, but also growing with a handful of studies and reports of clinical work in Israel, Iran, Lithuania, Spain, France, Austria, Sweden, UK, and Singapore. A cultural interest in the potential of music therapy in NICU is evident in acceptability research in Canada, Finland, and Thailand. In discussions with colleagues internationally it is clear that it is difficult to establish Newborn Music Therapy in countries such as Thailand, Taiwan, China, and Japan where music therapy itself is a new profession, or not recognized as a profession. Further challenges are created by the funding structures in hospital where families must pay for clinical services. While music itself is inherently representative of the culture in each country, music therapy in the NICU has largely lacked an active consideration of culture. This paucity of attention to culture may ultimately undermine the investment medical and nursing teams make because the application has little meaning to them. Therefore this roundtable will provide a forum to consider and discuss the issue of culture in the development of practice. Each speaker will provide a cultural context for their region. Speakers from Singapore, Japan, Korea, Switzerland, France, USA, UK, Colombia and Australia will report from their region on the culture of NICU medicine, current models of music therapy practice in NICUs in their region, issues of culture surrounding service provision, the use of live and recorded music, and successes in developing services. They will share unique aspects of their programs to help participants consider issues for their own practice. These presentations will be used to stimulate active discussion, and allow shared understandings to be established. Participants will share actively in the discussion.


Mini biography of presenter: The panel of presenters represent diverse cultural backgrounds to promote culturally informed development of research and practice.

Disclosure: No significant relationships.
RT08

NEW MUSIC THERAPY ANALYSIS TOOLS FOR VEGETATIVE AND MINIMALLY CONSCIOUS STATE PATIENTS

A. De Serio
Rehabilitation - Music therapy, Music Conservatory, University, Bari (Italy) - Don Orione Association, Bucharest (Roumania), BARI/ITALY

Abstract: This research intends to compare the outcome of vegetative (VS) (8) and minimally conscious state (MCS) (7) patients. The Author points out the efficacy of the PEMI (Patient-Environment-Music Index) and SOMPAT (patient’s Somatic Pattern) she has set up to identify the patient’s behavioural evolution within an Integrated Music therapy Plan (IMPVMCS).

Description: MATERIALS/METHODS. Patient’s clinical/functional assessments: DRS, GCS; neuroendocrine/immunobiological assessments (haematic assay of the osteopontin), imaging diagnostics. Integrated Music therapy Plan (IMPVMCS) steps: Patient’s Sonorous-Musical Anamnesis. Production of Bodily-Environmental-Rhthymical-Sonorous-Vocal-Energy (BERSVE) by Sonorous-Musical Instruments (SMI), SMI made by the Author with savage and foods (Edible SMI: ESMI), voice, canto. Patient’s Somatic/Graphic Pattern (SOMPAT): analysis of his neuropsychophysical feedback, eye, mouth, upper/lower limbs motility, muscular tone, perspiration. Physiological parameters monitoring, before, during, after BERSVE production: Cardiac Frequency, Plasmatic Oxygen Saturation, Respiration Acts, Blood Pressure, INMR. Patient-Environment-Music-Index (PEMI) (time $t^0/t^n$), to monitor his behaviour evolution. The PEMI includes two Dimensional Categories (OME-MLM) with the sub-units Oneself (O); Man (M); Environment (E); Music listening (ML); Music made by the musictherapist/patient (Mp). The environment includes the aquatic, domestic, urban, rural, natural, forest sub-units, and further environments. The Author sets up a Relation Evaluation Scale (RES), with five behaviour systems: Closing (C), Exploration (E), Expression (X), Interaction (Y), Integration (W), (CEXYW), that are valued in connection with the musical parameters Intensity, Duration, Rhythm. RES test score: 0 - 100, gap of 20, in order to set up the patient’s Music therapeutic Advancement Index. RESULTS-CONCLUSIONS. The patients have showed a progressive psychomotor recovery and a resumption of communicative skills. It’s worth pointing out the comitial crises in five MCS patients: these fits are likely to have caused a superficiality of the coma and therefore a recovery joined in a fire of the reticular formation (this occurrence is the same as in relation to the generalized convulsive fits). The IMPVMCS gives rise to the patient’s psycho-physical activation feedback that PEMI and SOMPAT show by the INMR in relation to the immunological and neuroendocrine-vegetative area too in order to make superficial the consciousness states and to promote the recovery.


Disclosure: No significant relationships.
ROUND TABLE: MUSIC THERAPY IN CORRECTIONAL SETTINGS.

L. Hakvoort1, C. Gold2, A. Crimmins3, M.J. Silverman4, H. Leith5, S.J. Compton Dickinson6, L.(. Tuastad7

1Music Therapy, ArtEZ School of Music, Enschede/NETHERLANDS, 2Gamut, Uni Health, Uni Research, Bergen/NORWAY, 3College Of Fine Arts, Illinois State University, /UNITED STATES OF AMERICA, 4Music Therapy, University of Minnesota, Minneapolis/UNITED STATES OF AMERICA, 5Anglia Ruskin University, /UNITED KINGDOM, 6, , Flat./UNITED KINGDOM, 7Dept. Of Music, Grieg Academy, University of Bergen, /NORWAY

Abstract: This round table is the closure of papers presented on music therapy in correctional settings. It will address issues about how and where to focus future research to support the possible effectiveness of music therapy in the field of criminology, whether it is in forensic psychiatry, prisons, rehabilitation or prevention.

Description: Offenders are often suffering from mental problems, whether psychiatric, neurologic or intellectual. Most often they are imprisoned and only few are provided with treatment. Even a smaller number receive music therapy as part of their treatment. Yet the interest in the area of music therapy in correctional settings seems to be increasing (as indicated by a growing number of publications). One of the main challenges in this field is that the variety of client characteristics are huge. The only common characteristic is that these people have committed an offense. There are differences in age, psychiatric problems, intelligence, cultural background, etcetera. The music therapy treatments offered show major varieties in methods and music applied. Sometimes it involves listening to music, sometimes improvising, sometimes training of specific (musical) skills. Furthermore, the focus of research is also wide. In this round table we will briefly present a number of clinical researches in music therapy, its results and its limitations. Stella Compton Dickinson (manualized treatment in forensic psychiatry), Andrea Crimmins (music therapy sessions in correctional settings), Christian Gold (treatment of prisoners in Norway and China), Laurien Hakvoort (forensic psychiatry in NL), Helen Leith (resettlement of women prisoners), Michael Silverman (CBT/educational programs) and Lars Tuastad (rock band existing of ex-inmates) will each summarize the most important findings of their (PhD-)research on music therapy in correctional settings. This will be followed by a discussion between audience and the presenters. Laurien and Christian will ask each member of the round table as well as the audience to address issues about how and where to focus future research to support the possible effectiveness of music therapy in the field of criminology, whether it is in forensic psychiatry, prisons, rehabilitation or prevention.


Mini biography of presenter:

Disclosure: No significant relationships.
RT10

SHARING GOOD PRACTICE IN RWANDA AND BEYOND: THE ROLE OF DIGITAL MEDIA

C. Anderson¹, N. Haire², A. Quin³, M. Pavlicevic⁴

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Abstract: This round table discussion appraises Music as Therapy International’s innovative training DVD created to support Rwandan care staff using music in their work. We will then explore the cross-cultural context of the work and its reception by delegates, as well as use of multimedia.

Description: In 2010 music therapists Caroline Anderson and Nicky Haire ran a skill-sharing project with local care staff in rural south-west Rwanda, with further support in subsequent visits in 2011 and 2013, through Music as Therapy International. This UK charity specialises in making some of the benefits of music therapy available in places where it is not an established form of intervention, largely through skill-sharing with local staff. They focus on enabling and empowering staff sufficiently to run their own music programmes long term, even to share their skills with other local staff. In keeping with the sustainable ethos of the charity and the vision of project founder, Helen Leith, a DVD has been created from video footage of the Rwandans’ work to act as a training aid they can use to share their skills with others, highlight good practice in the field of disability and showcase their work. Using digital media was an innovation devised in response to a number of factors; limited infrastructure and prohibitive travel costs within Rwanda preventing regular peer supervision and support, especially for those in remote locations, and low literacy levels. Information technology is used increasingly in the developing world for these reasons (Sifa 2007). There is a real need to promote and expand new approaches to disability (Karangwa 2010: 272), and societal stigma around disability affects not only disabled people but also their families and staff in care settings. In line with the ethos of development through partnership and open dialogue integral to Music as Therapy International’s working practices, we will consider the DVD’s effectiveness as a training tool in the Rwandan context, how the UK practice of music therapy (and film-making) has been translated to a different cultural context and seek to learn from the creative use of different forms of media worldwide.


Mini biography of presenter: Caroline qualified as a music therapist in 2009 and works primarily in adult and child learning disability. She is doing a PhD in intercultural music therapy at Anglia Ruskin University

Disclosure: No significant relationships.
RT11

CULTURAL CONTEXTS IN MUSIC THERAPY EDUCATION AND TRAINING

T.S. Alvares¹, K.D. Goodman², L. Bunt³, A. Gilboa⁴, R. Krout⁵, S. Sundar⁶, E. York⁷
¹Musicology And Music Education, Federal University of Rio de Janeiro, Rio de Janeiro/BRAZIL, ²John J Cali School Of Music, Montclair State University, Montclair, N.J./UNITED STATES OF AMERICA, ³Allied Health Professions, University of the West of England, Bristol/UNITED KINGDOM, ⁴Music Department, BAR-ILAN UNIVERSITY, RAMAT GAN/ISRAEL, ⁵Music Department, Southern Methodist University, Dallas, Texas/UNITED STATES OF AMERICA, ⁶Chennai School of Music Therapy, Chennai/INDIA, ⁷Petrie School Of Music, Converse College, Spartanburg, SC/UNITED STATES OF AMERICA

Abstract: In this roundtable, leading educators from Brazil, Israel, India, the United Kingdom and the United States who are contributing to new literature on issues within education and training (Goodman, In press) will discuss their perspectives on culture related to core and evolving practice in music therapy education and training

Description:
The concept of culture-centered music therapy demonstrates a shift from emphasis on ethnic multiculturalism (Moreno, 1988; Darrow & Molloy, 1998) to culture in a variety of contexts (Stige, 2002). As music therapy develops in clinical practice and training around the globe (Goodman, 2011), ongoing discussion of the importance of multiculturalism in clinical practice (Stige, 2011), supervision (Young, 2009) and training (Goodman, 2011) is of paramount importance in the profession of music therapy.

Goodman (2011) points out further need for discussion and publication concerning cultural considerations impacting music therapy education and training. In an analysis of graduate program content throughout the United States, Goodman (2011) found only three courses that directly addressed the issue of culture related to music therapy practice.

How do we best design training and supervision for our students regarding cultural contexts? In this roundtable, leading educators from Brazil, Israel, India, United Kingdom and the United States who are contributing to new literature on issues within education and training (Goodman, In press) will discuss their perspectives on culture related to core and evolving practice in music therapy education and training. This will include but not be delimited to the following:

1- Culture in relation to self, community and ethnicity.

2-Community projects as a basis for cultural outreach.

3-The interface of educator, student and clinical work forming a triadic cultural mix.

4-How new academic programs work to integrate traditions indigenous to the native country within other global academic frameworks.

5-The importance of music as a cultural entity.

6-The development of research initiatives that represent cultural understanding and depth.

7-Curriculum development related to the above topics.

We will welcome your questions at the close of our presentations and look forward to your participation in this international panel on education and training.

References: REFERENCES


**Mini biography of presenter:** Karen Goodman, Professor, Music Therapy, Montclair State University, USA, founded the graduate program there. Her publications include writing on projective assessment, group work with children and education and training.

**Disclosure:** No significant relationships.
RT13

PLAY IT AGAIN! SYMPOSIUM ON MUSICAL COMPOSITION PROCESSES IN MUSIC THERAPY

S. Metzner1, F. Baker2, M.V.D. Nahmer3, H. Short4, R. Koen5
1Fb Sozial- Und Gesundheitswesen, Hochschule Magdeburg-Stendal, Magdeburg/GERMANY, 2Melbourne Conservatorium Of Music, The University of Melbourne, Parkville Melbourne/ AUSTRALIA, 3Leopold-mozart-zentrum, Universität Augsburg, Augsburg/GERMANY, 4Arts Therapies, The John Howard Centre, Secure Hospital (NHS), London/UNITED KINGDOM, 5Dito, works independently, Yeniköy/Istanbul/TURKEY

Abstract: In composition experiences within music therapy client and therapist create songs, instrumental pieces, or any kind of musical product. The symposium focusses on musical strategies clients are using and about the psychological as well as interactional processes clinical material from different fields of practice and on the clinical benefits.

Description: Composition experiences within music therapy either solely musically or in combination with lyrics help the client to develop skills in creative problem solving and the ability to communicate and to document inner experiences. According to the treatment concept, to the psychophysical state of the client and to the therapeutic goals the therapist is more or less actively involved and assists the client to find and to combine the musical elements in order to create instrumental pieces, songs, raps or any kind of musical product. Clinical experiences in song writing or in music-imaginative pain treatment (entrainment) show a surprising expertise of clients, who are non-musicians. In order to understand more about the musical strategies clients are using and about the psychological as well as interactional processes clinical material from different fields of practice and research results are brought together by an internationally compiled panel of experts. Dr. Felicity Baker (Australia) focusses on the role of music in the therapeutic songwriting process. Peter Michael von der Nahmer M.A. (Germany/USA), who is a composer and music therapist, presents how patients find and develop musical form, context and logic in their compositions. Helen Short M.A. (UK) describes work with young offenders, focusing on the way in which the client’s music in original and improvised Rap can be shaped by the therapist to provide a holding and containing function whilst retaining the stylistic elements of the genre. Renan Koen M.A. (Turkey) presents her music therapeutic approach with compositions on biographical narratives of clients and Dr. Susanne Metzner presents the results of a qualitative study on composition processes with patients suffering from chronic pain.

References: References will be provided at the symposium


Disclosure: No significant relationships.
**RT14**

**MUSIC AND THE EXPRESSION OF VIOLENCE IN SCHOOLS**

A. Wölfl, K. Skewes Mcferran, P. Derrington  
Institute For Music Therapy, Freies-Musikzentrum München e. V., München/GERMANY

**Abstract:** Three music therapists from different countries will describe their work with teenagers and reflect on how that the relationship between music and violence is addressed. We will challenge the assumption that music is always connected to positive growth and explore ‘violence prevention’ as a new area of practice in schools.

**Description:** The relationship between music and the expression of violence are complex and represent a challenge for professional music therapy approaches in schools. Music therapists often utilize the relationship between music and emotions but it is rare to see discussion focused on the dark side of this relationship. However, the music psychology literature depicts a connection between ‘problem’ music and a vulnerability to mental health problems (North & Hargreaves, 2006), and many authors describe how young people can use particular types of music for priming antisocial behaviours, including violence (Baker & Bor, 2008). The current literature shows some new insights on both issues ((McFerran, Garrido, & Saarikallio, in-press). As music therapists, it is critical that we have a nuanced understanding of the relationship between youth, music and antisocial behaviours, particularly when this is linked to violence. In this roundtable we will explore ‘violence prevention’ as a new area of music therapy practice in schools by comparing innovative programs in three different countries. We will explore how the different cultural influences in each context have shaped our approaches into a continuum of preventative practices. These range from developing skills to handle conflict (Nöcker-Ribaupierre & Wölfl, 2010), to increasing consciousness about the ways music influences (and sometimes primes) antisocial behavior (McFerran, 2011), to the use of music with violent youth to reconnect with positive self-identity (Derrington, 2012). We will share case examples from group and individual work that illustrate how both the positive and negative affordances of music can be harnessed by music therapists to reduce the level of violence in youth culture.


**Mini biography of presenter:** Andreas Wölfl is Head of the Music Therapy Training at Freies-Musikzentrum Munich, Germany. He is co-author of ‘Music to counter violence: A preventative approach for working with adolescents in schools’.

**Disclosure:** No significant relationships.
RT15

SPOTLIGHT SESSION: MUSIC THERAPY AND MUSIC MEDICINE IN THE TREATMENT OF PAIN

G. Bernatzky¹, J. Koenig², J. Loewy³, R. Spintge⁴
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Abstract: The treatment of pain is an important field of music medicine and music therapy. Music Medicine interventions focus on the pain-reducing effect of music-listening interventions on patients with acute and chronic pain, whereas Music Therapy encompasses active therapy (i.e. music making) for patients with recurrent or chronic pain.

Description: This spotlight session comprises four papers. Two papers give attention to the application of Music Medicine and Music Therapy interventions in the treatment of pain. · Aspects of Music Medicine in Pain Medicine (Ralph Spintge) · Music Therapy as a Foundation for Pain Interventions: From the Hospital to Clinic Setting (Joanne Loewy) Furthermore, two papers discuss potential mechanism underlying the beneficial effects and summarize the current evidence from experimental studies of Music Medicine and Music Therapy interventions in the treatment of pain. · Emotional Foundations of Music as a Non-Pharmacological Pain Management Tool in Modern Medicine (Günther Bernatzky) · Evidence for Music Medicine and Music Therapy interventions from Experimental Studies (Julian Koenig)

References:

Mini biography of presenter:

Disclosure: No significant relationships.
RT16

INTERNATIONAL PERSPECTIVES ON MULTICULTURAL PREPARATION OF MUSIC THERAPY STUDENTS

L. Irvin, J. Barcus
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Abstract: In the modern age of travel and technology, cultural diversity is present in varying degrees all over the world. An international panel of music therapy students will lead a discussion regarding their experiences of issues in education and training in preparation for practice in culturally diverse societies.

Description: This student session will focus on the issues students face when preparing for professional music therapy practice in culturally diverse societies. An international panel of students (two students from the US, one from Indonesia, one from the UK, and one from Estonia) will provide a brief overview of the dimensions of cultural diversity (e.g., ethnicity, religion, gender identity, etc.) and how these cultural aspects may influence music therapy education and practice. Panelists will share their personal experiences and how these experiences have helped them develop as music therapists. They will then compare and contrast the issues they have encountered, and consider how these experiences differ among students studying in their native country and those studying abroad. Through these comparisons, the panel will highlight some issues that may be common among all students and present some issues that may be unique to specific situations. These issues might include how one’s own culture influences how one responds to others; the difficulty of overcoming language barriers; and understanding how body language, gestures, and demeanor can be interpreted differently across different cultures. The presenters will engage session participants in sharing their own experiences with cultural diversity in their music therapy education, and encourage them to reflect on what challenges they may face and how they might respond to these challenges in their music therapy education as they prepare to work in culturally diverse societies.


Mini biography of presenter: Lisa is in her fifth year of undergraduate study at Indiana University-Purdue University, Fort Wayne in Indiana, USA. She is studying music therapy, music education, and psychology.

Disclosure: No significant relationships.
THE ECONOMICS OF THERAPY - CLIENTS, COLLEAGUES, CASH AND COMPETITION

D. Thomas¹, A. Ledger², P. Kern³, S.L. Jacobsen⁴, V. Abad⁵
¹Usk, Chroma, Usk/UNITED KINGDOM, ², /UNITED KINGDOM, ³, /UNITED STATES OF AMERICA, ⁴, Aalborg University, /DENMARK, ⁵, University of Queensland, /AUSTRALIA

Abstract: "Without funding we can offer nothing" This roundtable features an international panel of music therapists exploring what happens when music therapy and business collide. Can 21st century music therapy care for clients, colleagues, cash and competitors? Thought-provoking presentations will connect participants with approaches that meet culturally diverse practices and challenges.

Description: We have little control over the financial health of government budgets; however, we can be proactive in controlling the financial health of our own businesses. Music therapists have distinct skills including attunement, improvisation, and listening that are learnt for and honed in the clinical space. Can we transfer and apply these core therapeutic skills to develop successful music therapy businesses? WFMT statistics (2012) identified 14,623 music therapists worldwide. Many of these music therapists are funded directly or indirectly by Governments. For this reason music therapists predominately work in the not-for-profit, statutory or charitable sectors. In the current economic climate with GDP still falling in many countries, relying on government-funded positions may not be an option anymore. There is a clear need to build business skills and resilience in our profession alongside our culturally bio-diverse practices and ecological approaches. Research (Ledger 2010) found that music therapists were uncertain about gaining support and securing funding. Our approach with commissioners may include consultative services, but what do managers and commissioners need to know about music therapy so we can effectively engage, communicate and build relationships with those who fund us? Is music therapy both an evidence-based practice and a product? Acknowledging this brings ethical dilemmas into the open. Can we justify earning our living from people who need help? Can we market and advertise our services responsibly and reliably? Should music therapy students be taught basic strategies for business development and reflect on their own qualities as potential entrepreneurs? Working within a “for-profit” business model makes some people uncomfortable but perhaps the time has come to question why. Roundtable attendance includes the following learning outcomes:

• What commissioners want and how to build relationships with them
• Ethical issues within a “for-profit” music therapy business
• How music therapy skills transfer to business


Mini biography of presenter: Daniel Thomas, BA(Hons), PGDip(MT), is Director of Chroma (wearechroma.com). He has many years’ experience as a clinician, business owner and entrepreneur in the industry.

Disclosure: No significant relationships.
DIVERSITY IN EDUCATION: MUSIC THERAPY TRAINING IN VARIOUS MODALITIES

A. Clements-Cortes1, G.A. Behrens2, P. Kern3, M. Mercadal-Brotons4, D. Register5, T. Stegemann6

1Music, University of Windsor, Woodbridge/CANADA, 2, Elizabethtown College, Mt Joy/UNITED STATES OF AMERICA, 3, School Of Music, Music Therapy Consulting, University of Louisville, Santa Barbara/UNITED STATES OF AMERICA, 4, Escola Superior de Música de Catalunya, Barcelona/SPAIN, 5, /UNITED STATES OF AMERICA, 6, University of Music and Performing Arts, Vienna/AUSTRIA

Abstract: The exploration of trends and past, current and future issues facing professors training and supervising music therapy students in their coursework, clinical experiences, and theses preparations will be presented. Open dialogue/discussion with attendees will follow. This presentation will be of interest to educators, researchers, students, and supervisors.

Description: The panel of speakers will discuss the global trends and issues facing professors training and supervising music therapists in their coursework, clinical experiences, and theses preparation. As technological advancements enter higher education, many music therapy professors are finding themselves needing to learn virtual classroom teaching platforms; software for grading or detecting plagiarism; or how to develop online, distance learning classes. With a rise in students dealing with psychological disorders and learning disabilities, professors also are faced with issues related to student advising. In addition, students are increasingly seeking out advanced degrees in music therapy, as more countries require a Master’s degree to enter the profession. In some regions this need is tied to government regulation and/or licensure within the music therapy profession. Although the need for Master’s programs continues to grow across the world, there has not been an upsurge in developing additional higher level training programs and/or hiring full-time faculty to ensure program delivery, coordination, and success. Nor has there been training or discussions about how to identify students at risk, support those who are emotionally stable, and counsel out those who would not benefit clients. The expanding international opportunities to study abroad or complete clinical placements and internships in other countries highlights the need to emphasize the importance of culturally centered, multi-cultural music therapy approaches within coursework; inclusion of cultural diversity concepts across coursework, however, has only just begun. Finally, the rise in specialty training programs, such as Neurologic Music Therapy and Guided Imagery and Music, are globally increasing and present other avenues for music therapists seeking advanced training. After a presentation of the issues, panelists will open the floor for an open dialogue and discussion with attendees. This presentation will be of interest to current and future educators, researchers, students, and clinical music therapy supervisors.


Mini biography of presenter: Amy Clements-Cortes, PhD, MT-BC, MTA, FAMI, Assistant Professor, Music and Health Research Collaboratory, University of Toronto; Instructor & Supervisor, Wilfrid Laurier University; Senior Music Therapist/Practice Advisor, Baycrest, Toronto; Past-President CAMT; WFMT Clinical Commissioner.

Disclosure: No significant relationships.
RT20

THE ART OF SCIENTIFIC WRITING: PREPARING MANUSCRIPTS AND SURVIVING PEER REVIEW

C. Gold¹, B. Abrams², C. Elefant³, S. Gilbertson⁴, J. Kim⁵, S. Wennström⁶
¹Gamut, Uni Health, Uni Research, Bergen/NORWAY, ²John J. Cali School Of Music, Montclair State University, Montclair/UNITED STATES OF AMERICA, ³University of Haifa, Haifa/ISRAEL, ⁴University of Bergen, Bergen/NORWAY, ⁵Department Of Arts Therapy, Jeonju University, Jeonju/KOREA, ⁶Taylor & Francis, Stockholm/SWEDEN

Abstract: Editors of a music therapy journal will share their experiences with overseeing the review process of submitted manuscripts, inviting authors, reviewers, and other editors to discuss. What is peer review, why is it done, and how does it work? Presenters will provide a global and methodologically pluralistic perspective.

Description: Editors of the Nordic Journal of Music Therapy (NJMT) will present their experiences with overseeing the peer review process of submitted manuscripts. Authors, reviewers, and editors of other journals will be invited to discuss it. What is the peer review process, why is it done, and how does it work? What are the most common traps that lead to rejection of manuscripts? What can authors do to improve their chances of getting their manuscript accepted? What can reviewers and authors do to make the review process a smooth, successful, meaningful, and maybe even pleasurable experience? What do authors who submit their manuscripts expect from journal editors and reviewers? Due to the diversity in the editorial team of NJMT, presenters are able to provide a global as well as a methodologically diverse perspective. Many of them also have experience with other journals. Issues discussed will therefore be relevant for other journals as well.


Mini biography of presenter: Christian Gold, PhD, Principal Researcher, Uni Research, Bergen, Norway; Adjunct Professor, University of Bergen; Honorary Professor, Aalborg University, Denmark; Editor-in-Chief, NJMT; Associate Editor, Cochrane Developmental, Psychosocial and Learning Problems Group.

Disclosure: The authors are editors of the Nordic Journal of Music Therapy.
MUSIC THERAPY, ALTERED STATES AND IMAGERY

J. Fachner¹, D. Grocke², A. Hunt³, A. Forsblom⁴
¹Department Of Music And Performing Arts, Anglia Ruskin University, Cambridge/UNITED KINGDOM, ²Melbourne Conservatorium Of Music, University of Melbourne, Victoria/AUSTRALIA ³Temple University, Philadelphie/UNITED STATES ⁴Helsinki/FINLAND

Abstract: Music functions to alter states of consciousness (ASC) according to cultural beliefs and intentions an individual might possess with relation to inducing ASC. Music and related imagery occurring in ASC contexts have been used for therapeutic purposes. Here we want to discuss the interdependencies of imagery, music and ASC.

Description: Musical imagery research investigates imagination of intervals, melodies and other musical elements in order to compare them to the listening process ¹. Here we are interested how evoked and guided imagery in connection to music and ASC is processed. Listening to music can completely absorb people, cutting off other sensory input, but absorption skills seem to be linked to music preference, imagery, hypnotisability and intensity of emotions evoked ² ³ ⁴. The Bonny Method of Guided Imagery and Music (GIM) is a specialized one-to-one form of music imagery in which the client describes images that occur spontaneously while listening to music in an ASC. Imagery is diverse including visual, auditory, somatic, direct memories, involuntary and unbidden imagery, images of significant people, places and events from the person’s history ⁵. A typical GIM session comprises an initial discussion of the client’s concerns, and a focus for the music and imagery experience. The therapist provides a relaxation induction for the client who reclines with eyes closed. The therapist chooses a pre-determined music program, or spontaneously chooses music to match the client’s imagery. As the music plays the client describes any imagery, feeling, or thoughts. We will discuss process- and brain related interdependencies of imagery, music and ASC in therapy. One important topic is: How to distinguish between ASC and relaxation? A recent inquiry on out-of-body experiences has shown that such ASC occur more often in immobility, when lying down supine or sitting ⁶ when the focus of attention can turn inward, and more afferent information is processed. To what degree deep relaxation can be considered an ASC and a precondition for imagery evocation? What is understood as an induction of ASC in a GIM setting and how important are they for the imagery in pivotal moments ⁷?


Mini biography of presenter: Jörg Fachner, Professor of Music Health and the Brain at Anglia Ruslin University in Cambridge, UK; Co-editor of Music and Altered States (2006) and Music Therapy and Addictions (2010).

Disclosure: No significant relationships.
WFMT ASD EXPLORING THE FUTURE: STUDENT PERSPECTIVES ON GLOBALIZATION OF MUSIC THERAPY

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¹Fort Worth, TX/UNITED STATES OF AMERICA, ²Krems/AUSTRIA, ³Fukushima/JAPAN, ⁴Bueno Aires/ARGENTINA, ⁵Nakhonphantom/THAILAND, ⁶Pretoria/SOUTH AFRICA, ⁷Queensland/AUSTRALIA, ⁸Houston/USA

Abstract: The threefold purpose of this roundtable is (a) to learn about the WFMT Assembly of Student Delegates (ASD) and its goals, projects, and opportunities; (b) to discover regional music therapy student concerns, achievements, and developments; and (c) to investigate student perspectives on the globalization of music therapy.

Description: Nurturing a new generation of music therapists is critical to the healthy development of the profession. Student organizations provide opportunities for future professionals to hone their skills and to prepare to serve local, national, and regional organizations before they transition into their vocational roles. Early involvement can initiate and enhance professional connections, lifelong networking, and collaboration in an increasingly globalized field. Brief History of the WFMT ASD The World Federation of Music Therapy Assembly of Student Delegates (WFMT ASD) was established in 2011 under the guidance of Dr. Petra Kern, WFMT President, and Ms. Rose Fienman, WFMT Executive Assistant. Since its inception, the WFMT ASD has aimed to respond to student interests, to provide informative resources, and to offer collaborative opportunities. The purpose of the ASD is (a) to enhance students' knowledge of the profession; (b) to provide a forum for international student activities; (c) to facilitate the sharing of ideas, thoughts, and opinions; and (d) to assist in preparing responsible, politically aware, and skillful leadership of the WFMT. Regional Student Concerns While the music therapy profession is experiencing growth around the globe, each WFMT region encounters unique developments and challenges in this process. ASD representatives synthesize information from student colleagues within their regions, helping to create a cohesive picture of critical music therapy student concerns, achievements, and developments. Broadening Perspectives As students progress through their music therapy training, they seek opportunities to become connected to their peers and to the profession at large. Interest in global developments and international music therapy work is a growing trend among students. By fostering connections, developing resources, and engaging in dialogue with these student contacts, the ASD invests in the future of the music therapy profession.


Mini biography of presenters:

Jen Spivey, MT-BC, serves as the 2011-2014 WFMT Executive Assistant and oversees the WFMT Assembly of Student Delegates. She has also served as the WFMT Secretary/Treasurer since 2013.

Anna-Kristina Stekl is a graduate student at IMC University of Applied Sciences Krems (Austria) and serves as the 2011-2014 WFMT Student Delegate to Europe.

Julie Lytle, MT-BC, CCLS, graduated with her Bachelor’s of Music Therapy from Capilano University (Canada) and serves as the 2011-2014 WFMT Student Delegate to North America.

Kumi Sato, MS, is currently pursuing her Ph.D. in Disability Sciences at Tsukuba University (Japan). She serves as the 2011-2014 WFMT Student Delegate to the Western Pacific.

Lucila Pivetta, Licenciada en Musicoterapia, graduated with her Bachelor’s in Music Therapy from Universidad del Salvador (Argentina) and serves as the 2011-2014 WFMT Student Delegate to Latin America.
Puchong Chimpiboon, is a graduate student at Mahidol University (Thailand) and serves as the 2011-2014 WFMT Student Delegate to Southeast Asia.

Tanya Brown, M.Mus, RMT, graduated from the University of Pretoria (South Africa) and serves as the 2011-2014 WFMT Student Delegate to Africa.

Tim Minchin, MMusThy, RMT, graduated from the University of Queensland (Australia) and serves as the 2011-2014 WFMT Student Delegate to Australia/New Zealand.

**Disclosure:** No significant relationships.
ENVISIONING A GLOBAL EQUIVALENCY CERTIFICATE FOR MUSIC THERAPISTS: TRAINING, QUALIFICATIONS, CLINICAL PRACTICE

D. Register
School Of Music, University of Kansas, Lawrence, KS/UNITED STATES OF AMERICA

Abstract: The vision statement for the commission on Accreditation & Certification "envisions a common set of ideals and principles, which provide a framework for accreditation, and certification of music therapy practice worldwide." This roundtable invites participants to discuss the feasibility of professional certificate that identifies trained music therapists worldwide.

Description: The continued globalization of music therapy and the mobility of professional music therapists outside their home country and/or the country where they received training, there is an increased interest in creating a mechanism for recognizing a trained, professional music therapist according to a specified set of global standards. This session will provide a forum for music therapists from varied backgrounds and nationalities to discuss core principles of music therapy training and clinical practice that unite us as a profession regardless of training and location of practice. This session will also inform the work of the Commission on Accreditation and Certification as they prepare a proposal to establishing a World Federation of Music Therapy (WFMT) Global Equivalency Certificate. As the awareness of music therapy as a profession and viable allied health resource grows, the questions and desire to understand what comprises a qualified music therapist increases. The WFMT has a dedicated Commission to explore, discuss and provide information to countries around the world about various types of accreditation and professional recognition. To that end, this Commission has the stated goals of “assisting and supporting member countries in developing their own music therapy accreditations/licensing system.” The proposed agenda for this roundtable session would include a 30-minute overview of current professional recognition across the various WFMT regions by panelists from each region followed by a 5-10 minute update from the Chair of Accreditation and Certification regarding the current state of the commission and data collected from member countries. The remaining 45 minutes of the session will be used to discuss and respond to the current recognition standards in various nations and to discuss a proposal of “Principles of Music Therapy” applicable to all nations and proposed standards and title for a Global Equivalency Certificate for Music Therapists.

References:

Mini biography of presenter: Dena Register teaches at the University of Kansas and is the Regulatory Affairs Advisor for CBMT, USA. She consults with Mahidol University, music therapy program in Bangkok, Thailand.

Disclosure: No significant relationships.
RT23

WORLD-WIDE PERSPECTIVES ON IMPROVISATIONAL MUSIC THERAPY FROM THE TIME-A PROJECT.

G.A. Thompson¹, T. Gottfried², M. Geretsegger³, A. Oldfield⁴, F.M. Suvini⁵, G.S. Gattino⁶, C. Elefant⁷, J.A. Carpenter⁸, J. Kim⁹, C. Gold¹⁰

¹Melbourne Conservatory Of Music, The University of Melbourne, Melbourne/ AUSTRALIA, ²Music Therapy, Ben-Gurion University, /ISRAEL, ³Department Of Applied Psychology: Health, Development, Enhancement And Intervention, University of Vienna, Faculty of Psychology, Vienna/AUSTRIA, ⁴Music, Anglia Ruskin University, Fulbourn, Cambridge/UNITED KINGDOM, ⁵, University of Florence, /ITALY, ⁶, Associação Mantenedora Pandorga, /BRAZIL, ⁷, University of Haifa, /ISRAEL, ⁸The Rebecca Center For Music Therapy, Molloy College, New York /UNITED STATES OF AMERICA, ⁹Department Of Arts Therapy, Jeonju University, Jeonju/KOREA, ¹⁰Gamut, Uni Health, Uni Research, Bergen/NORWAY

Abstract: TIME-A is an international collaboration investigating the effectiveness of improvisational music therapy (IMT) for children with ASD. A "consensus model" for IMT has been developed by drawing on the world-wide perspectives of the collaborators. Presenters will highlight an aspect of working improvisationally in their local context with children with ASD.

Description: Improvisational music therapy methods have been viewed as a valuable way of working with children with autism spectrum disorder (ASD) since the pioneering efforts of Alvin and Nordoff and Robbins (Alvin, 1978; Nordoff & Robbins, 1977). The TIME-A project is a unique international collaboration targeted at investigating the effectiveness of improvisational music therapy (IMT) (Geretsegger, Holck, & Gold, 2012; Wigram, 2004) for children with autism spectrum disorder (ASD). Within this project, an international "consensus model" for IMT has been developed by drawing on the world-wide perspectives of the international collaborators, and therefore this round table presentation addresses the conference theme of "cultural diversity". Following an introduction to the project, clinicians from 4 continents around the world will present examples of clinical work highlighting an aspect of working improvisationally in their local context. The overarching principles of the "consensus model" developed within this project will be explored across the presentations, particularly those aspects of IMT that are categorized as unique, essential and acceptable within the model. Clinical examples will focus on how IMT is adapted to different contexts and why IMT is useful with children with ASD (Oldfield, 2006). In particular, the clinical examples will examine the range of characteristics of the children in the study, including those who are: high functioning and verbal; low functioning and non-verbal; younger (4 years old); older (7 years old); and receiving IMT in natural settings such as the home (Thompson, 2012). The global perspectives provided in this round table provide an opportunity for a round table discussion that will help to explore and deepen our professional understanding of an important music therapy method within the field of ASD (Gold, 2011).


Mini biography of presenter: Presenters include clinicians and researchers from 4 different continents who are collaborating in the TIME-A research project, led by Principal Researcher Prof Christian Gold, Uni Research, Bergen, Norway.
RT24

INTERNATIONAL PERSPECTIVES ON COLLABORATIVE MUSIC THERAPY RESEARCH

A.L. Heiderscheit¹, A.E. Short², L. Chlan³
¹Center For Spirituality And Healing, University of Minnesota Center for Spirituality and Healing, Minneapolis/UNITED STATES OF AMERICA, ²Institute Of Health Innovation, University of South Wales, Sydney/AUSTRALIA, ³School Of Nursing, Ohio State University, Columbus/UNITED STATES OF AMERICA

Abstract: This session explores the benefits, challenges and impact of collaborative research. International examples will illustrate how a collaborative approach to research further advances research and consequently the music therapy profession. International researchers will review how they have developed and fostered interprofessional relationships in the context of collaborative research.

Description: Funding agencies recognize the value to interdisciplinary and collaborative research in advancing and accelerating scientific discovery. They understand that important research ideas often transcend the scope of a single discipline. These agencies also understand that this interdisciplinary approach to research fosters innovative discoveries. As a result they are often more likely to fund these proposals due to the outcomes this research approach can achieve. In order to compete in this competitive research funding market, it is imperative to be able to understand the benefits, challenges and impact of conducting collaborative research. A panel of international researchers will address the issue of collaborative and interdisciplinary research. Using case examples from their experience and applying a framework of relevant questions, they will share the lessons they have learned in developing and conducting collaborative research. This will include 1) understanding the various roles and disciplines, 2) identifying potential collaborators, 3) outlining the multidisciplinary configurations utilized to effectively conduct their research, 4) respecting areas of expertise, and communicating with an interprofessional team, and 5) identifying the challenges implicit in this research approach and strategies to address these issues. Collectively, the panel will reflect on and discuss the benefits and high impact nature of this research and its value to the music therapy profession. Workshop attendees will be actively engaged in this presentation.


Mini biography of presenter: Annie Heiderscheit, Assistant Professor at Augsburg College, Alison Short on the faculty at University of South Wales, Linda Chlan distinguished professor of symptom management, Ohio State, Wendy Magee associate professor Temple University.

Disclosure: No significant relationships.
KOREAN TRADITIONAL MUSIC THERAPY AND KOREAN MEDICINE MUSIC THERAPY

C. Hyewon¹, D. You¹, J. Kim¹, S. Lee¹, H.J. Kim², S. Lee³
¹Graduate School Of Traditional Korean Music Education, Chung-Ang University, Anseong-Si/KOREA,
²Graduate School Of Music Therapy, Sookmyung Women’s University, Seoul-Si/KOREA, ³Center For Oriental Medicine Music Therapy, Kyung Hee University Hospital, Gangdong/KOREA

Abstract: We will present Part I and Part II with Korean Traditional Music. Part I is about the music therapy at the diverse clinical settings in Korea. Part II is about the Korean Medicine Music Therapy through the Korean Traditional Music.

Description: One of the presenters of Part I will tell the characteristics of Korean Traditional Music for our better understanding. The Others will share the clinical experiences of music therapy in various settings including the Senior welfare centers, psychiatric clinic center, preschool and elementary school. They will emphasize the psychological and behavioral influences of Korean Traditional Music by listening, singing, and playing instruments. It is effective of social skills, aggressive behaviors and emotional regulation at the Music therapy session. The presenter of Part II will introduce the effectiveness of ANC’s number increasing by using Oriental Medicine Music Therapy which was applied to blood cancer patients(Seung-Hyun, L., You-Sang, B., Mi-Ra, P., & Ji Won, A., 2005). She will tell the name, ‘Oriental Medicine’ has been changed to ‘Korean Medicine’ from 2013 The Association of Korean Medicine. Oriental Medicine(Korean Medicine) Music Therapy is a new Oriental Medicine(Korean Medicine) treatment that combines Oriental Medicine(Korean Medicine) and music to quickly cure diseases through the five viscera, the pentatonic scale and correlations between the seven passions. 17 kinds of Oriental Medicine music therapy using various instruments and five element music are performed in the clinic center to help patients with stroke, cancer, atopic dermatitis, postpartum diseases, digestive diseases, hemiplegia, chronic fatigue(Seok-Jae, K., Seung-Hyun, L., Yeo-Jin, K., Jin-Moo, L., Bongha, R., Jinsung, K., & Jae-Woo, P, 2012) to rapidly heal(Seung-Hyun, L., 2008).

The result, after patients with leukemia were cured through Oriental Medicine(Korean Medicine) Music Therapy, their WBC and ANC were increased significantly in the blood test. In WBC, test for significance was P=0.0419, which was efficacy. In ANC, we had p=0.0262, also efficacy. The results showed Oriental Medicine(Korean Medicine) Music Therapy was efficacy for the immunity of cancer. Through patients’ statements, Oriental Medicine(Korean Medicine) Music Therapy was effective for physical improvement as well as emotional stability.

References

Mini biography of presenter
Hyewon, Chung., Daeyong, You.(Professor of Chung-Ang University), JeongOhn,Kim., SoJung, Lee(Chung-Ang University), HyunJu, Kim.,(Sookmyung Women’s University Graduate School of MusicTherapy), Seung-Hyun, Lee(Center for Oriental Medicine Music Therapy, Professor).

Disclosure: No significant relationships.
RT26

THE COLOR OF US: MUSIC THERAPY FOR CHILDREN AND FAMILIES IN EUROPE

P. Kern¹, S. Lindahl Jacobsen², K. Tuomi³, E. Georgiadi⁴, K. Stachyra⁵, C. Flower⁶, T. Stegemann⁷, ¹Imagine.magazine, de la vista publisher, Santa Barbara/UNITED STATES OF AMERICA, ²Head Of Music Therapy Program, Aalborg University, /DENMARK, ³, ⁴, /FINLAND, ⁵, /GREECE, ⁶, Maria Curie-Skłodowska University, Lublin/POLAND, ⁷Westminster Hospital, London/UK, ³Department Head of Music Therapy, University of Music and Performing Arts, /AUSTRIA

Abstract: This roundtable brings together music therapists from Denmark, Finland, Greece, Poland, UK, and Austria to report about music therapy education, research, and practices with young children and their families. Learn about demographics, cultural values, intervention settings, effective strategies, and common approaches of early childhood music therapy around Europe.

Description: The color of us series started at the 12th World Congress of Music Therapy in Buenos Aires, Argentina. Since then, colleagues from Argentina, Australia, Brazil, Canada, Colombia, Kingdom of Bahrain, New Zealand, South Africa, Thailand, USA, Korea, Japan, China, Taiwan, and Singapore shared information about music therapy education, research, and practices related to young children and their families in the countries where they reside.

This roundtable features colleagues from Denmark, Finland, Greece, Poland, UK, and Austria. Presenters will highlight cultural diversities, trends and perspectives of providing music therapy services for young children and their families in Europe. Participants will learn about specific settings and applications as well as service delivery models in music therapy of each country. Background information related to federal regulations, theories and/or educational and cultural influences will be discussed. Presenters will introduce common music therapy approaches applied in their countries and give an example from their clinical practice. A snapshot about each country and an overview of prominent research related to early childhood music therapy will be presented, too.

In the interactive discussion that follows, presenters will explore two questions:
1. What would you like to see happen in the future?
2. How can we increase international collaborations to address cultural diversities and practices?

This presentation will include multimedia and also engage the participants in a children’s song/musical activity pertinent of each country.


Mini biography of presenter: Petra Kern, Ph.D., MT-DMtG, MT-BC, MTA owner of Music Therapy Consulting is online professor at Marylhurst University and the University of Louisville, Editor of imagine, and Past President of WFMT.

Disclosure: No significant relationships.
WS01

MUSIC THERAPY AND NEUROSCIENCES: CLINICAL APPLICATIONS FOR CHILDREN

C. Zamani
Music Therapy, Private Practice, Buenos Aires/ARGENTINA

Abstract: This workshop will involve theoretical and clinical framework of neurocognitive Music therapy applied to enhance socialization, communication and cognitive skills of children with ASD and neurodevelopmental disorders and adults with acquired brain injuries in neurorehabilitation. Audio visual material will be presented. Participants will be actively engaged in music therapy activities.

Description: Neurocognitive and behavioral interventions in Music Therapy have been extensively recognized to have a positive impact on the development, improvement and rehabilitation for individuals with neurodevelopmental and acquired neurological disorders. The workshop objectives are: 1) To present theoretical and methodological bases of the effect of the perception and production of music on the brain and mind of individuals. 2) To address the music therapy treatments developed by the authors in their clinical work with children with ASD and neurodevelopmental disorders and adults with brain injuries as TBI or CVA. 3) To actively engage the participants in music therapy activities. The methodology of this workshop is evidence based on the clinical practice of the authors. Practical clinical music therapy activities from a neurocognitive behavioral perspective will be shown via video material presenting the therapeutic approaches of the authors in longitudinal case studies. The different activities are designed to intervene and improve cognitive, communication and socialization areas of various clients who exhibit different neurological disorders. Multiple music therapy techniques such as: paraverbal techniques, dual dependent musical and rhythmic motor tasks; musictherapy techniques for patients in low awareness states, aphasia, attention disorders will be developed engaging the participants during the workshop. Resources: audiovisual material Musical instruments (percussion, piano, guitar) Minimum participants: 10 Maximum participants: 40


Mini biography of presenter: Zamani is a clinical music therapist and a special education professor who works with children with neurodevelopmental disorders and ASD. She provides educational therapeutic programs in private practice and institutions.

Disclosure: No significant relationships
PLANNING AND CONDUCTING RESEARCH PROJECTS WITHIN THE FIELD OF MUSIC THERAPY

B.M. Menke, M. Warth
School Of Therapeutic Sciences, SRH University Heidelberg, Heidelberg/GERMANY

Abstract: This workshop aims at conveying strategies for successful development and implementation of new research projects. Basic information on project management is presented and PhD students report on their personal experience. Participants plan a simulative research project within a supervised group and can exchange views on their own ideas and plans.

Description: “More research is needed” – hardly any current systematic review on topics related to music therapy goes without this claim to the research community. Many music therapists interested in research are highly motivated to comply with this requirement, but are vastly faced with great difficulties and challenges in the development and implementation of their new project ideas. Therefore, this workshop aims at conveying strategies to young researchers for both a successful implementation of their research projects and for dealing with typical upcoming challenges. Within the first step of the workshop, we present basic aspects of an effective project management that need to be considered when planning and conducting a scientific research project. These include: Acquisition of external funding, formalities and requirements, promotion, and networking. Special attention is drawn to problems specific to music therapy research, such as recruitment, interventions, ethical boundaries, and methodology. Within the second step, groups of workshop participants are given a certain problem formulation as part of a simulation exercise. Their task is to develop a practical project plan for conducting a research study. Results of the teams are presented and discussed in the plenum. Afterwards, current PhD students present their personal experiences and strategies in initializing their own projects and in dealing with upcoming difficulties. This part leads over to the fourth step, where participants are encouraged to share their own experiences and plans, to develop new ideas and to further expand the networks among young scientists within the field of music therapy.

Workshop outline: 1. Presentation I: Planning and conducting research projects (30 min.) 2. Group work: Simulation exercise (30 min.) 3. Presentation II: Case examples form PhD students (30 min.) 4. Exchange platform (30 min.)

References:

Mini biography of presenter: Barbara Menke, MA, is a researcher at the SRH University Heidelberg, Germany.

Disclosure: No significant relationships.
WS03

DIDACTIC STEPS OF DEVELOPING CLINICAL SKILLS IN MUSIC THERAPY UNIVERSITY PROGRAMS

T. Wosch
Faculty Applied Social Sciences, University of applied sciences of Wuerzburg and of Schweinfurt, Wuerzburg/GERMANY

Abstract: This workshop includes music therapy students and their teachers. In its first part it presents two models of developing clinical skills in music therapy university trainings. Afterwards all this is applied and discussed including other models and experiences of workshop participants. Finally workshop-outcomes are worked out and summarized.

Description: Bologna-process in Europe brought UK- and US-university-teaching-model to all the different university-systems of European countries. One benefit of this is the very clear identification and description of competencies students develop in each module of a program. Moreover, also the way of developing each competence is very clearly to describe. This includes also each step of developing a special skill, which is needed i.e. for clinical practice. Two examples for such step-by-step-models of developing skills are from UK Wigram's steps for developing clinical-improvisation-skills (Wigram 2004) and from US Wheeler's and colleagues' clinical training guide (Wheeler e.a. 2005). Wigram i.e. starts with very basic improvisation techniques, starting with one-note-improvisation, which are the basis for developing basic therapeutic skills, i.e. Mirroring, and again based on this develop skills of initiate transitions in clinical improvisations. Moreover, also general models exist for developing clinical skills of music therapy approaches or for a special field of clinical practice of music therapy. One model is the Milgram-Luterman developmental model (Luce 2005, Milgram-Luterman 2009). In five steps with phases of observation, experience and reflection music therapy students develop their clinical skills and competencies as music therapist. This model was modified by Wosch (Wosch 2010) including also different steps of observation and feedback. Both models will be presented in the workshop, including also practical exercises. After this first part will be discussed these models and all other models and needs, which can contribute all workshop participants, in the second part of the workshop. Finally all results of these discussions will be identified and summarized in the third part of the workshop as an intermediate outcome of worldwide discussion and experiences of didactic steps of developing clinical skills in music therapy university programs.


Mini biography of presenter: Thomas Wosch, professor of music therapy, research focuses microanalyses, music therapy assessment and music and emotion, he is head of MA music therapy, he teaches and is doing research worldwide

Disclosure: No significant relationships.
A SYSTEMATIC APPROACH FOR USING CLINICAL IMPROVISATION TECHNIQUES: WORKSHOP - PRESENTATION

C. Lefebvre, D. Carroll
Music Department, Université du Québec à Montréal, Montreal/CANADA

Abstract: A newly published guide for teaching and applying clinical improvisation techniques will be presented by the authors who are music therapy educators with over 25 years of teaching experience. This presentation will be followed by sequenced role-play exercises in which participants will explore the clinical application of these techniques.

Description: Improvisation plays a central role in music therapy clinical practice and the use of clinical improvisation is, in large part, what sets music therapists apart and makes our contribution to health care so unique. Teaching clinical musicianship can be a challenging and multifaceted task. Indeed, the need for a systematic approach to teaching clinical improvisation is clearly illustrated in a 2009 survey of board-certified music therapists in the United States (N=559) on the use of and instruction in clinical improvisation (Hiller, 2009). Results of this survey revealed that, while nearly all of the respondents use improvisation in their clinical work, many of them never received training in music improvisation nor in how to apply their musical resources with clinical intent. In this workshop, the presenters, both Canadian music therapy educators since 1985, will introduce a systematic process-oriented approach they developed for teaching clinical improvisation techniques. This will be followed by an experiential component during which participants will be invited to engage in a sequence of role-play exercises designed to practice the clinical application of these techniques. The taxonomy of clinical improvisation techniques, described by Kenneth Bruscia (1987, 535-557), provided the inspiration and starting point for developing a teaching guide for understanding and applying these techniques. The guide took shape within the context of clinical improvisational courses taught by the presenters. Ongoing student feedback and questions helped to refine this teaching tool (Carroll and Lefebvre, 2013). This guide not only includes strategies for developing clinical musicianship; it also provides a vocabulary for articulating the what, why, when and how of our unique role as music therapists in a language that could be understood by healthcare administrators and practitioners alike. This presentation will be of particular interest to music therapy students, clinicians, educators and supervisors, as well as other healthcare professionals.


Mini biography of presenter: DEBBIE CARROLL (submitter) Accomplished pianist, music therapy clinician, educator, supervisor and researcher, Dr. Debbie Carroll teaches at the Université du Québec à Montréal (UQÀM). She presents nationally and internationally.

Disclosure: No significant relationships.
WS05

CLASSICAL MUSIC, EASTERN & WESTERN, AS THERAPY

S. Dasgupta¹, G. Majumdar², S. Thakur³
¹Music Therapy, THAKUR'S MUSIC AND MOVEMENT THERAPY RESEARCH CENTRE, KOLKATA/INDIA, ²Music And Movement Therapy, THAKUR'S MUSIC AND MOVEMENT THERAPY RESEARCH CENTRE, KOLKATA/INDIA

Abstract: MUSIC IS A UNIVERSAL LANGUAGE. I WOULD LIKE TO CONDUCT A WORKSHOP ON HOW CLASSICAL MUSIC CAN BE APPLIED AS THERAPY LOCATING THE MULTI-CULTURAL ASPECTS OF MUSIC. I SHALL DEMONSTRATE HOW GESTURES AND VOICE MODULATIONS ARE RELATED TO THERAPY, ALSO HOW MUSIC CAN HELP IN ANXIETY AND DEPRESSION.

Description: Music is a universal phenomenon. There is no language more powerful than the language of music. Music crosses all cultural and linguistic barriers. A particular genre of music, for example classical music, which has the same basic approach although from different culture and country, can be applicable as music therapy. One can find people in India appreciating symphony by Bach and Beethoven and again a European enjoying Hindustani and Carnatic classical music of India. Music is based on rhythm, beats and tempo—these three are not dependant on any language. For example Indian Classical Dance can be performed with Beethoven’s symphony, similarly one can perform Ballet with Indian Classical Music—both will give peace of mind. Depression, Anxiety, Stress and several other mental ailments can be dealt with the application of Music Therapy. Especially since all people have different minds, mentalities and characteristics the types of music can also vary according to the patient or the client. I wish to conduct a workshop using Indian Classical Music and its most important component Ragas (A raga uses a series of five or more musical notes upon which it is constructed. The way the notes are approached and rendered in musical phrases and the mood they convey are more important in defining a raga than the notes themselves. In the Indian musical tradition, rāgas are associated with different times of the day, or with seasons) and voice modulation and body movements along with it. I would like to explain how this genre of Music can be applied as a Therapy to treat Anxiety and Depression in particular. At the same time I shall demonstrate that Western Classical Music can also be used with Indian style of gestures and the use of Nine Moods (according to Indian Dramaturgy) is also possible with it.

References:

Mini biography of presenter: Danseuse and Clinical Psychologist. Counselor and Music and Dance Movement Therapist. A Regular Presenter & Performer in Europe & India. Conducted several workshops on Therapy in India, Europe and Korea,

Disclosure: No significant relationships.
THE HILLS ARE ALIVE WITH THE SOUND OF UKULELES...

J. McIntyre, S. Cocking
Ukeophilia, Peninsula Music Services, Australia, Ingleside/AUSTRALIA

Abstract: 'UkeOphilia'- for the love of ukes, is the name of a community based programme that teaches, services and performs using the ukulele. This workshop will introduce the programme and demonstrate how the ukulele can be used in the community to promote wellness and a sense of belonging.

Description: According to the Guinness Book of Records, the ukulele is the easiest instrument in the world to play. With that thought in mind and the desire to bring the effect of playing music to the community, 'UkeOphilia'- for the love of uke, was born. Under this banner, Steve Cocking and Joanne McIntyre began developing community programmes to bring the joy of playing the ukulele to as many people as possible. Programmes have been developed for all ages including 'UkeSkool' for primary school aged children and 'Uke’n’Breakfast’ for business people wanting to play the ukulele. As well as the community programmes being developed, so to has the use of the ukulele in music therapy sessions with children with a disability and adolescents experiencing mental health issues. In these areas, the ukulele has been utilised to assist with mood disorders, lack of self-esteem, physical limitations and many other issues faced by these population groups. This workshop will be a practical hands-on workshop involving teaching the basics of the ukulele and introducing the idea of arrangements for community programmes and also music therapy groups. It will also cover areas such as ukulele maintenance, ukulele selection and video of how the ukulele can be used to bring communities together. There will also be a component of how the ukulele can be used in clinical settings and the responses it can illicit.


Mini biography of presenter: Joanne is a registered music therapist who utilises the ukulele in many aspects of her work. She has assisted in developing a community based programme to teach the ukulele.

Disclosure: No significant relationships.
WS07

RHYTHMFONETIC SYSTEM "TAKADIMI"

R. Misto
Aps, Armon Project, Padova/ITALY

Abstract: Rhythm-phonetic system Takadimi A set of techniques, of South Indian origin, with specific musical, music therapeutic, logopedic, psychomotor and pedagogical values. It's especially appropriate to facilitate and improve the faculties of attention, concentration, assimilation, storage and repetition: in this sense is aimed at fundamental aspects of the so-called "operational intelligence". 

Description: From the practical point of view, Takadimi consists in articulating particular phonemes (which have the ability to loosen up and strengthen the muscles used in speech), accompanied by clapping and swaying motion of the whole body. It is very useful in working with hyper-active subjects, with little ability to remain on task for significant time. Improves the acquisition and practice of mathematical calculation, facilitates the strengthening of brain neuronal synapses favoring the connections between the two hemispheres. Generally improves mood and self-esteem and it's a valuable aid in school learning in general. Including a graduated scale of difficulty levels, has the great advantage of being applied to a wide range of users: from the pre-school children, students at various levels, to the holders of psychophysical deficit, the elderly people and so on. At a recreational level, in addition to ensuring a moment of leisure and entertainment, facilitates empathic exchange inducing socialization and opening channels to communicate through non-verbal. We start with a basic rhythm rather slow and then double it faster and faster: the conductor must master the articulation of phonemes and the different movements and clapping of hands and fingers, starting from very simple exercises and then developing a wide range of rhythmic structures which, including many odd formations, allows the improvement of psychomotor coordination, developing mental agility and emotional discharge. The cultural origin of the system (konakol) has its roots in Carnatic music of South India, and for thousands of years has been used in the Indian sub-continent both in strictly musical education (rhythmic solfeggio) that for therapeutic purposes. Even in modern European music today you can hear hints and references to this system of phonemes, which facilitates its use in a music therapeutic key everywhere, overcoming cultural differences. 

References: Prof. Vemu Mukunda Musictherapy school "La Cittadella", Assisi CEOD Villaggio Sant'Antonio, Noventa Padovana (PD) Italy

Mini biography of presenter: Padua (Italy) 1954 Graduated in music therapy at Assisi studied with the Indian musician and musictherapist Vemu Mukunda graduating in Nada Yoga. Has studied elements of Indian classical music

Disclosure: No significant relationships.
WS08

TUNE IN: BUILD YOUR PROFESSION, YOUR CAREER AND YOUR COURAGE

J.L. Buchanan
President, JB Music Therapy, Calgary/CANADA

Abstract: As Music Therapy becomes more accepted into the mainstream public, interest is percolating as to how agencies and individuals can access it. This keynote is designed specifically for these therapists who are skilled and motivated by their profession and are seeking guidance to increase their profile, profession and clinical portfolio.

Description: YOU WILL LEARN HOW TO: • Effectively market yourself and your service • Demonstrate passion and commitment to your profession • Present your profession and your personal skill set in 5-minutes or less • Create an in-service that is artistic, engaging, and uplifting. • Techniques on how to get to know and understand your potential client and what they want to hear….not what you want to tell them. • Maintain critical relationships that will support your efforts in generating awareness and profile of our profession. • Understand what they mean when they say “we don’t have any money”.

Jennifer will detail her key principles to help you position yourself well in the music therapy marketplace. This keynote will stay focused on the heart of the work - our clients - what we must do if we are going to motivate or ignite strong interest and passion into what we have to offer them. Music Therapy offers the community an extension to their health care and a boost to their learning. The Music Therapist is the interface between reams of music data and the untrained but motivated user. We have a warehouse of knowledge, not to mention we are perhaps some of the most well-trained relationship experts on the planet. Music Therapists should be the local nerve center for information pertaining to anything related to music and that means we need to be a hub of knowledge and experience. The world needs music therapists more than ever. Music Therapists are too important to be a dwindling voice in our culture. For the right music therapist, this is the chance of a lifetime.

References: all have heard my Keynote Presentations: Brian Lee - Custom Learning Systems - brian@customlearning.com Dr. Laurel Young (Professor of Music Therapy) - laurel.young68@gmail.com Erin Gross, MMT - erinmariannegross@gmail.com

Mini biography of presenter: Jennifer keynotes at healthcare/education conferences, has implemented hundreds of MT programs, 18 staff in total, President of CAMT, author of TUNE IN and Member of the Global Speaker’s Federation.

Disclosure: No significant relationships.
**WS09**

**FROM PRIMAL VOCALIZATION TO EXPERIENCE OF RAP**

S. Uhlig  
Creative Arts Therapies, HAN University for Applied Science, Nijmegen/NETHERLANDS

**Abstract:** The voice is our primary instrument in music therapy for expression and communication - from lullaby to rap. The focus of this workshop is on expressing, as well as listening to the nuances of acoustic symbols and multicultural elements that are inherent in authentic human sounds, and creating communicative dialogues.

**Description:** The experience of singing or rapping can be essential for a client's process and it is also fundamental for the therapist's professional development. Through vocalizing, singing and rapping, we enter into the integrative process of expression and the interactive process of communication. This workshop will offer exposure to human sounds, primal musical motifs and the understanding of them. We learn to interact with these sounds, building up our repertoire of sounds, and becoming ready to use them in therapy. Participants will experience a sequence of vocal exercises that can promote proficiency, sing alone and with others to enhance sensitivity of how the voice impacts human relationships on many levels, develop skill and freedom to use the body and voice in improvisation to communicate effectively with the client. Important for this practice are: developing awareness of the body as an instrument; experiencing the differences between forced and free voices; discovering not-beautiful voices and their effects; understanding (multi)cultural aspects; listening. The workshop offers group and partner work experiences: engages participants in vocal interaction with peers, developing versatility in hearing acoustic symbols and creating a dialogue spontaneously that is meaningful. The personal dynamics that emerge in this work enhance our ability to dialogue with our clients. Clinical examples are used to support and clarify the use of the dialoguing voice in a therapeutic setting. The multicultural aspect of the program offers exposure to human sounds and musical motifs that are primitive and often universal. We begin to understand the many sounds human beings can make and the symbolic messages they convey. We learn how to use primal motives, how to rhyme and to interact during the therapeutic dialogue of rap/singing while song lyrics might slowly develop.


**Mini biography of presenter:** Lecturer Music Therapy & Voice HAN University, Nijmegen; 20 years clinical experiences. Music Therapy education: BA (HAN 1993, NL); MA (New York University 2010, USA), PhD (VU University Amsterdam 2012->)

**Disclosure:** No significant relationships.
HOW AND WHY TO CHANGE FROM PRODUCT TO PROCESS IN MUSIC THERAPY

J.M. Dvorkin
Music Therapy, University of the Incarnate Word, San Antonio/UNITED STATES OF AMERICA

Abstract: This workshop will assist music therapists who are supervising or teaching music therapy students to increase their awareness of the process in music therapy; thus increasing the quality of the therapy relationship and substance of music therapy work. Teaching how to focus on process, rather than product, will be included.

Description: In the United States, the field of music therapy originally affiliated with the field of occupational therapy, due to the institutions in which music therapists were hired. Therefore, the ability to learn a song about how to function, or join a music group, etc. met the music therapy goal. Producing the music was the focus. This way of working can still be observed in schools, medical and mental centers. It is also frequently observed in the work of new Board Certified music therapists. A contributor to this way of working is the focus on what song, what key, what instrument, active or passive participation, etc. should be used with the patient. While these are essential decisions, the result of these decisions becomes the end of the work. The ultimate question becomes, "was my decisions right or wrong". The therapist then seeks other ways of answering these questions as their continuing education. Another contributor is the requirement of the accrediting association for music therapy programs to emphasize performance on which the student is experienced. This limits the time available to learn to use a variety of vocal and instrumental techniques that lead to the facility and fluency of music as a way to communicate. When the focus is on understanding the patient through the sharing of music, the music therapist is able to provide unique information to the treatment team. This emphasis on the process of the therapy: what happens during a session and between sessions as an indicator to the progress, or regress of the therapy. This workshop will present examples of each type of music therapy and how to move from a product to a process way of working. It will also address how to teach this way of working to students in music therapy training programs.


Mini biography of presenter: Dr Janice Dvorkin, Psy.D, ACMT, heads the Music Therapy program at the University of the Incarnate Word. She has published on “Emotional Development in Autistic Individuals” and "Borderline Personality Disorder".

Disclosure: No significant relationships.
WS12

THROUGH MUSIC TO MOTION - MUSIC THERAPY FOR NEUROLOGICAL PATIENTS

M. Baumann¹, S. Mainka²
¹Klinik Für Frührehabilitation, Klinikum Bogenhausen, Munich/GERMANY, ²Musiktherapie, Parkinsonklinik Beelitz-Heilstätten, Beelitz-Heilstätten/GERMANY

Abstract: The workshop will provide a panorama from the seemingly non-reacting patient in an altered state of consciousness up to the mobile and independent patient who has problems with quality or fluency of motion. The theoretical background will be illustrated by clinical case studies and deepened by practical music experiences.

Description: In the clinical work with neurological patients we often encounter the phenomenon of motionlessness in various forms of appearance. In music therapy practice we experience very directly and immediately, how music can touch, encourage and enhance – it can stir up what is frozen. The workshop will provide a panorama from the seemingly non-reacting patient in an altered state of consciousness up to the mobile and independent patient who has problems with quality or fluency of motion. The theoretical background will be illustrated by clinical case studies and deepened by practical music experiences.

References:

Mini biography of presenter: Dipl.-Musiktherapeutin (FH), NMT, works for 20 years with neurological patients mainly in early rehabilitation in a communal hospital. Leader of the music therapy programme at the Freies Musikzentrum München.

Disclosure: No significant relationships.
GET YOUR GROOVE ON! IMPROVISINGATIONAL GROUP DRUMMING IN MENTAL HEALTH

D. Tague
Music Therapy, Shenandoah University, Winchester/UNITED STATES OF AMERICA

Abstract: This session will provide information on group drumming techniques, applications for therapy and group drumming leadership skills for use in the mental health setting. Emphasis is on group drumming techniques, applications for therapy and group drumming leadership skills with specific examples drawn from presenter’s research.

Description: This interactive workshop is adapted from a college level curriculum developed for music therapy students. The course objectives include introducing and practicing hand drum techniques and skills on instruments typically used in drum circle settings. The major emphasis of the course is to prepare therapy students to lead percussion activities in a variety of therapeutic settings with competence and confidence. Classroom activities are designed to allow students multiple opportunities to develop and facilitate drum circle activities and other percussion interventions appropriate for specific therapy populations. The current session adapted from this course will focus on providing functional sets of ideas and protocols that can be used to guide therapists in therapeutic drumming activities. Participants will learn through lecture, discussion and experiential activities. Participants will also take part in simulations that apply the ideas to different populations typical in a music therapy setting. Attendees will gain valuable ideas for activities and guidelines for using drumming and adapted drumming activities in a variety of settings with specific references to the mental health setting. A handout with an outline of ideas, suggestions for activities and pertinent bibliography will be provided. Participants will take a pre and post test to evaluate self-confidence and certain drum facilitation skills. The goal of the workshop will be to increase the confidence of music therapists using drumming with clients and increase the likelihood that they will use drumming in their clinical practice. Pre and post testing will employ a Likert-type scale on a series of questions regarding drum circle facilitation and leadership skills.


**Mini biography of presenter:** Dr. Daniel Tague is an Assistant Professor of Music Therapy at Shenandoah University. He has worked with adolescents and adults with mental health needs in both research and clinical practice.

**Disclosure:** No significant relationships.
WS15

BUILDING COMMUNITY THROUGH FACILITY-WIDE PERFORMANCES IN A PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY.

B. Landless
Clinical Department: Music Therapy, Grafton Integrated Health Network, Berryville, Virginia/UNITED STATES OF AMERICA

Abstract: “I feel like I can do anything!” said an excited teenager after participating in a show. This is one benefit derived from using performance in a psychiatric treatment facility. The process of implementing facility-wide productions, grounded in the philosophy of community music therapy, will be demonstrated and discussed in depth.

Description: The field of music therapy includes many accepted methods, strategies, and techniques of treatment. Less recognized among these strategies is that of performance, especially performance on a large scale. Despite the possible benefits of using performance as a therapeutic intervention, it is not widely documented in the music therapy literature. This may be due to the fact that it is a controversial issue within the field. As community music therapy emerges as a readily accepted method, the strategy of performance is increasingly mentioned and should not be ignored. In this workshop presentation I will address the benefits that can be derived from the use of performance in music therapy, specifically with children and adolescents in a psychiatric residential treatment facility. In addition, I will present and demonstrate a protocol for developing a facility-wide production founded on community music therapy principles; including substantiating research and practice background that have led to the development of this protocol, an overview of the protocol, goals and objectives addressed throughout the process, possible outcomes, challenges and solutions that may be encountered during implementation; and modifications for different settings and populations. This protocol is furthermore based on nine years of experience of implementing up to two facility-wide productions per year. On average, 97% of the clients in residence have participated actively in these shows. Workshop attendees will also participate in practical demonstrations of how to implement some of the steps in this process. Emphasis will be placed on the importance of finding and maintaining a balance between addressing product and process goals throughout this process. We will also discuss the importance of keeping the ultimate goals of building community and increasing client competence in the areas of social skills, emotion regulation, self-confidence, and autonomy at the forefront of the process and the product at all times.


**Mini biography of presenter:** Bronwen Landless, MMT, MT-BC provides music therapy services, supervises interns and practicum students, and provides in-service trainings at a psychiatric residential treatment facility where she founded the music therapy program.

**Disclosure:** I plan to publish a clinical manual on this topic. I will utilize content from this manual during the presentation, and will also inform attendees that this publication will be available. Primary purpose of presentation is not, however, to promote manual.
WS17

AN INTRODUCTION TO VOCAL PSYCHOTHERAPY: SONGS OF THE SELF

D. Austin
, , New York/UNITED STATES OF AMERICA

Abstract: This workshop will introduce Vocal Psychotherapy, a new Model of music psychotherapy that incorporates breath work, natural sounds and vocal improvisation with verbal processing. Through recorded case examples and experiential exercises, I will illustrate how vocal improvisation can facilitate the therapeutic process and deepen the connection to self and other.

Description: This workshop will provide opportunities for participants to experience Vocal Psychotherapy and the power of the voice in facilitating a connection to oneself and others. We will explore the use of breath, tone and vocal improvisation through exercises and activities and learn some of the ways in which voice work can enable clients to gain access to their spontaneous, authentic selves. I will demonstrate how "Vocal Holding Techniques" and "Free Associative Singing" can be used in various stages of the therapeutic process to help clients access feelings, images and memories from the unconscious and integrate them into conscious awareness. Deep characterological change requires a controlled regression within a safe and caring therapeutic relationship. Then clients can remember, fully experience and make sense of the feelings, images and sensations that were overwhelming as a child, intolerable because of the loneliness, because no one was present to help the child contain, understand and digest the intense affects they experienced. Vocal psychotherapy provides clients with the opportunity for a reparative relationship. Within the safety of the client/therapist vocal space early needs to be seen, heard and truly understood can be met. Vocal Psychotherapy, a new voice-based model of music therapy, has been used successfully with populations around the world in China, Korea, Japan, Greece, Israel, Canada, United States and Brazil, proving that singing is indeed a universal language capable of uniting diverse cultures when words fail.


Mini biography of presenter: Diane Austin DA, ACMT, LCAT, the Director of the Music Psychotherapy Center in New York City is an adjunct associate professor in the music therapy department at New York University.

Disclosure: No significant relationships.
EXTENDING THE CULTURE OF FAMILY THROUGH MUSIC THERAPY: RESEARCH THROUGH LIVED EXPERIENCES

L. Magill¹, T. Merrill²
¹Education And Training Commission, World Federation of Music Therapy, Ontario/UNITED STATES OF AMERICA, ²Music Therapy, Eastern Michigan University, Ypsilanti/UNITED STATES OF AMERICA

Abstract: Family plays a significant role in cultures worldwide and families are often challenged with difficult life predicaments. Music therapy has been used to meet the needs of families in various communities. This presentation will review observational, qualitative research through lived experiences with families in North America, India and Nepal.

Description: Family plays a highly significant role in cultures worldwide. The concept of family is broad as it consists of a multitude of relationships that cross time, experiences and generations. In many cultures, it is common for 3 to 4 generations to be living together under one roof, and often relations have distant, long-lasting bonds which are built upon historical connections. Families tend to grow and change, especially as past, present and new ties become deeply intertwined. In many countries, families are sometimes challenged with difficult life and/or social predicaments involving poverty, illness and/or disaster, resulting in loss, separation or abandonment. Music therapy experiences in urban and remote areas in North America, India and Nepal have illuminated the special role that this modality can have in extending the culture of family in various settings. In work done with patients and families living with chronic and life-threatening illness, with children with autism and with male orphans in an orphanage in India, music therapy was found to be a motivating and expressive modality that supports and reinforces personal and inter-relationships. Additionally, in oncology, palliative and end of life settings, music therapy strategies have been observed to help build bridges of communication while fostering improved sense of meaning, feelings of empowerment and joy even as deeply-engrained familial roles are challenged and/or permanently changed. In music therapy in these conditions and cultures, music therapists explore techniques to meet the needs of individuals and families facing challenging life situations. This presentation will review observational and qualitative research conducted through lived experiences, as clinicians and educators, in North America, India and Nepal. The culture of family will be reviewed, including the multitude of relationships that it comprises. The impact of music therapy on interpersonal, family-based relationships will be reviewed and case examples will be presented.


Mini biography of presenter: Dr. Lucanne Magill, Seasons Hospice; Faculty, Chennai School of Music Therapy, Chair, Education/Training, WFMT; an editor, Voices. She specializes in oncology and palliative care practice, training, research and intercultural practice

Disclosure: No significant relationships.
WS20

RHYTHMIC MUSIC THERAPY IN PSYCHOSOMATIC AND PSYCHIATRIC REHABILITATION

C. Münzberg
Institute For Music Education, University of Music and Performing Arts Graz, Graz/AUSTRIA

Abstract: Rhythmic music therapy can be used besides the more common musicotherapeutic improvisation also with training aspects. This includes body activating rhythmic practice, psychodynamic oriented rhythmic roleplays and reflections on experiences of rhythm in the patients’ daily life. The concept is introduced as a clinical treatment approach.

Description: Rhythm-related musicotherapeutic offers have often proved themselves in hospitals for psychosomatic and psychiatric rehabilitation. Besides the more common rhythmically focused musicotherapeutic improvisation also training aspects can be used successfully. Rhythmic music therapy includes body activating practice of rhythms, psychodynamic and group dynamic oriented rhythmic roleplays and reflections on experiences of rhythm in the patients’ daily life and living environment, such as tempo, synchronisation or energising. The concept is introduced and discussed as a treatment approach in practical excercises for clinical psychosomatic and psychiatric rehabilitation.

References:

Mini biography of presenter: Dipl.-Music Therapist, Psychotherapist Group psychoanalyst OEAGG, D3G, Group training analyst D3G Training music therapist DMTG, OEBM Management team GRAMUTH, Inter-university course music therapy, University of Music and Performing Arts Graz

Disclosure: No significant relationships.
ACCULTURATIVE STRESS REDUCTION AND CULTURAL ADJUSTMENT IN MUSIC THERAPY

S. Kim
Music, Molloy College, Rockville Centre/UNITED STATES OF AMERICA

Abstract: Managing acculturative stress that comes with immigration experience is essential. Through case examples of immigrants in the US, theories of acculturation and acculturative stress are examined with a particular focus on how immigrant clients use music as a medium to better manage acculturative stress and to achieve cultural integrity during their cultural adjustments.

Description: Continual change in the racial and ethnic profile is projected. As we live in a global society, music therapists will most likely work with more diverse populations as well. Thus, it is critically important for therapists to be informed about multicultural considerations in their work and be able to utilize cross-cultural skills.

Due to the complexity of modern society, the degree of stress that people experience daily has been greater than ever before and managing stress has been an important topic for the healthcare profession. Immigrants face many challenges during their cultural adjustment. They may experience another layer of stress—acculturative stress which they experience while they adjust to a new culture. Chronic acculturative stress can be detrimental to one’s well-being. It may also have a prolonged effect.

This presentation will address the nature of acculturative stress and offer coping skills that use music. Utilizing evidence-based research, the prevalence and predictors of acculturative stress experienced by immigrants will be discussed. Also, the presenter will share her own clinical experiences in relation to the topic. The culture-specific meaning of health and illness and gender role will also be addressed through examining multicultural songs. Using music in coping and prevention strategies will be recommended.

References:

Mini biography of presenter: Seung-A Kim is an Assistant Professor at Molloy College and an analytical music therapist at Agape School in N.Y., focusing on work with Korean-American families. Her specialties include Culturally Informed Music Therapy (CIMT), cross-cultural supervision.

Disclosure: No significant relationships.
APPLICATION OF NEUROBIOLOGY RESEARCH TO A MUSIC THERAPY PROTOCOL FOR TRAUMA TREATMENT

G.A. Behrens
Fine And Performing Arts, Elizabethtown College, Elizabethtown, PA/UNITED STATES OF AMERICA

Abstract: The pervasive influence of trauma due to crises is receiving increasing importance among music therapists. This workshop involves attendees in interactive experiences and discussions that review neurobiology of trauma research, outlines four components supported by research, and reveals a new music therapy protocol for treatment based on the four components.

Description: Never before has it been more important to become trauma-informed as music therapists. The incidence of disasters, wars, acts of violence, and abuse across the world continues to escalate each year; therapists are observing an increase in the comorbidity of trauma with other diagnoses; and recent conclusions from research on the neurobiology of trauma are challenging how treatment is provided (van der Kolk, 1996, 2006; Perry, 2009). Despite the increasing incidence of trauma and the potentially unique benefits of music therapy, limited outcome data and treatment recommendations exist for music therapists working with clients dealing with unresolved trauma. This workshop will focus on these two needs, linking the neurobiology of trauma research to the components of a new protocol for developing music therapy experiences to meet the treatment needs of clients dealing with trauma. Through a series of experiences, participants will receive information on the neurobiology of trauma, the components to consider when developing individualized treatment, and the interactive content of a new protocol that uniquely connects the components with music therapy applications. As the protocol is based on neurobiological research, it can be applied across psychological approaches and cultures. After an introduction to trauma-informed concepts, attendees will participate in various experiential activities. They will literally walk through a floor model of how trauma influences the neurobiology of the brain. Based on concepts from three models—Perry (2009); Blaustein and Kinniburgh (2010); and Ziegler (2011a)—four components critical to developing treatment also will be presented while attendees apply concepts from the components to fit selected clients. Finally, the interaction of the four components—goals, treatment steps, strategies, and key domains—will be presented as an interactive music therapy protocol while the attendees design, present, and discuss music experiences that support the needs of their selected clients.


Mini biography of presenter: Gene Ann Behrens, Ph.D., MT-BC directs the music therapy program at Elizabethtown College. Stress trauma treatment is the focus of her research and presentations and international work for the WFMT.

Disclosure: No significant relationships.
WS23

MUSIC THERAPEUTIC IMPROVISATION AND SUPERVISION

H.U. Schmidt, T. Timmermann, J.M. Bosse
Leopold-mozart-zentrum, University of Augsburg, Augsburg/GERMANY

Abstract: Free improvisation as a typical way to get in contact with and to express inner feelings will be used as a very effective method in supervision of music therapists. The participants are invited to bring clinical cases and situations to work on.

Description: Supervision normally uses verbal forms of working through problematic cases and situations. For music therapists free improvisation is a typical way to get in contact with and to express inner feelings. Therefore they can also be a very effective method in supervision of music therapists. In this workshop participants are invited to present case studies. One person talks about a difficult situation with his or her patient(s). The group then improvises with musical instruments and voice about the feelings arising, followed by a verbal analysis. Important conclusions for the clinical work and further treatment will then be drawn from that experience.

References:

Mini biography of presenter: Professor at the University of Augsburg, Co-Director of MA program and Research Centre for Music and Health, doctor for psycho-somatic and psychotherapy at the university Hamburg

Disclosure: No significant relationships.
WS24

MUSIC IMAGERY RELAXATION (MIR), A TECHNIQUE BASED ON THE BONNY METHOD

M.M. Gimeno
Music, State University of New York at New Paltz, New Paltz/UNITED STATES OF AMERICA

Abstract: This workshop will introduce a music and imagery relaxation technique (MIR) for use with adults in medical settings. The fundamentals of this workshop are based on research done in adaptations of the BM. Participants will have the opportunity to learn through a short didactic presentation and two experiential exercises.

Description: Music Imagery Relaxation (MIR) is given at the hospital bedside with the purpose to provide greater calmness for a patient about to face surgery or potentially traumatic procedures. During the prelude, a therapeutic rapport is established by encouraging the patient to remember an experience that produced a feeling of wellbeing or enjoyment. The therapist draws these memories from the patient to create a sense of comfort for the patient and to develop a script for relaxation. The technique is client-centered and mirrors the regular Bonny Method session and includes: prelude, induction, music listening and postlude. Several authors have reported adaptations of the BM (Blake, 1994; Bruscia, & Grocke, 2002; Goldberg, 1998; Short, 1991; Summer, 2002; West 1994; Wigle & Kasayka, 1999). The literature on the adaptations of the BM describes some variations, such as duration of the music, selection of the music, and bodily position during music listening. Summer (2002) refers in her study to the importance of giving supportive therapy when clients need to be held in order to reinforce any positive feeling that might emerge during the session. Summer states that in supportive therapy, an induction should clearly present a self-affirmation rather than a conflict. Some investigators have examined the effects of receptive interventions, such as music listening and music and imagery, with cancer patients, reporting positive responses such as decreased nausea, anxiety, pain, and fatigue; and improved mood and quality of life. (Burns, 2001; Bonde, 2005; Gimeno, 2010). Participants in this workshop will hear a 20 minutes didactic presentation to understand the components of the technique and then will have two experiential exercises with a process period. Learning for this workshop will include (a) structure of the session; (b) data gathering to develop a script for relaxation; (c) understanding the therapeutic process; and (d) music selection.


Mini biography of presenter: Dr. Gimeno has a Master in Music Therapy and a doctorate in Counseling Psychology. She worked twenty years as a nurse in Barcelona and is trained in the Bonny Method.

Disclosure: No significant relationships.
THE RONNIE GARDINER METHOD - RECONNECTING BODY AND MIND THROUGH MUSIC AND RHYTHM

R. Gardiner1, M. Jaspers2, L. Jaastad3

1Jazz drummer and founder/creator of the Ronnie Gardiner Method/SWEDEN
2Exercise therapist, co-founder of RGM The Netherlands/THE NETHERLANDS
3Master of Arts, Musicology and Ethnomusicology/NORWAY

Abstract: The Ronnie Gardiner Method is a joyful and effective exercise method based on rhythm and music. Participants of this workshop will acquire a basic understanding of the Ronnie Gardiner Method and also participate in a demonstration to experience the effects and how it can be fun and effective for all people, and be inspired.

Description: The Ronnie Gardiner Method (hereafter RGM) has been implemented within the Swedish healthcare and rehabilitation system since 1993. The method stimulates neural plasticity through our natural sense of rhythm and can be used to help people with brain injuries, diseases of the central nervous system, as well as enhancing brain activity in any stage of life. RGM uses multisensory input; visual, audio, kinetic and tactile, in combination with energy from rhythm, music and sound/movement codes. The aim is to stimulate cognitive functions such as concentration, executive function, memory, endurance and dual tasking, as well as motor function such as coordination, mobility, balance, and motor skills. It also improves self-esteem, state of mind, body image and social skills. The Ronnie Gardiner Method is successfully used in Stroke groups, Parkinson's disease, depression, A.D.H.D., dementia, autism, dyslexia and also in schools for children with special educational needs.

Demonstration: to the sound of individually chosen music the practitioner points at charts of symbols (choreoscores) that contain unique notes shaped as hands and feet, in either red or blue, symbolizing the left and right side of the body. To each beat the participants perform a certain movement and simultaneously use a sound enunciation, in order to activate a multitude of brain structures. Most participants are able to perform these exercises and enjoy them. The method can be varied in endless ways with different music, speed, choreoscores and movements. It can be performed either standing up or sitting down and is practiced with the advantage of being either a group activity or an individual one.

Conclusion: The Ronnie Gardiner Method enhances cognitive and motor function, as well as self-esteem and well-being, and is found to be fun and stimulating. This method is an important additive to health care for everyone who enjoys music.


Mini biography of presenter: Ronnie (81) is an inspiring and active professional musician (jazz drummer) for over 50 years, playing with musicians like Dizzy Gillespie, Gerry Mulligan and Dexter Gordon, he has more than 85 recordings to his name. He has, over the last 30 years, been developing, improving and teaching the Ronnie Gardiner Method. In 2001 he was the first American to be honoured with the Swedish Saint Eriks medal for his services as a musician and his dedication to humanitarian work.

Disclosure: No significant relationships.
WS26

RAP MUSIC THERAPY (WORKSHOP)

L. Hakvoort
Music Therapy, ArtEZ School of Music, Enschede/NETHERLANDS

Abstract: Hip-hop music is very popular among adolescents and (young) adults and therefor an important key to motivate them to participate in treatment. This workshop will hand the participants practical and basic skills to apply rap and hip hop as a musical tool for behavioral and emotional change.

Description: Besides being American slang for ‘talking’, the word “Rap” refers to “rhythmic spoken (rhymed) text” and is suggested to be an acronym for “Rhythm And Poem.” Rap is one of the (major) elements of hip-hop music, which currently forms an important part of our musical culture. Sometimes, hip-hop music is perceived as “bad music” due to the fact that it combines explicit texts with very strong beats. Nevertheless, this music can be a very good starting point for a therapeutic treatment. Rap Music Therapy is a music therapy approach with the emphasis on the musical elements of rap music, such as its specific rhythm, dynamics and expression. Rap Music Therapy aims to bypass text analysis of rap songs, to prevent engage clients in musically addressing their challenges. Treatment goals that are targeted with this approach are related to improving self-esteem, self-confidence, a (better) expression of emotions, as well as behavioral change, anger-management and stress-regulation. Rap Music Therapy consists of 7 steps: (1) performing a rap technically; (2) mastering the rap song musically; (3) recording; (4) expressing one’s own lyrics; (5) composing one’s own accompany; (6) creating one’s own rap song; (7) termination or continuation of Rap Music Therapy. These steps can easily be adjusted to the expertise and limitations of the client as well as the music therapist. Although the Rap Music Therapy approach is developed mainly within the context of forensic psychiatry, it can also be useful for other client populations with motivation problems and for whom hip-hop and rap compose important parts of clients’ musical interests. This workshop is intended for music therapist with limited expertise or skills with rap and hip hop, but realize the potential of rap in their treatment. It will provide the participants with first experience of to a Rap Music Therapy approach.

References: Laurien Hakvoort is senior lecturer in music therapy at ArtEZ school of music in Enschede. Laurien worked as music therapist in forensic psychiatry, Oostvaarderskliniek. She holds a private practice.

Mini biography of presenter: Laurien Hakvoort is senior lecturer in music therapy at ArtEZ school of music in Enschede. Laurien worked as music therapist in forensic psychiatry, Oostvaarderskliniek. She holds a private practice, Muzis.

Disclosure: No significant relationships.
CORE TECHNIQUES THAT CAN DEEPEN MUSIC THERAPY SESSIONS ACROSS CULTURES

Y.L. White
Ceo, Voices Together, Chapel Hill/UNITED STATES OF AMERICA

Abstract: While music has been called a universal language, music therapy techniques can seem to be directed at particular populations and/or cultures. There are broad core elements of successful music therapy techniques that allow them to be adapted across populations and cultures. We will explore three core elements in this workshop.

Description: In this hands-on workshop, participants will explore and experience three core elements that are vital to any music therapy practice across cultures and populations. These core elements will not only deepen each therapist’s sessions but will increase outcomes and generalizations which again are important to all music therapists regardless of where they practice and what population they serve. In this workshop we will lay out the three elements clearly and support this approach through our proprietary music therapy techniques using a fully experiential format. We will borrow from one of the approaches our programming is based on called The EVA™ Approach. The Experience As we lay out each core element, we will take each participant through an interactive experience using our program technique songs to demonstrate, experience and process the new methods as a group. Three core elements: 1. Engage In order for a therapist to be fully engaged with a client, there has to be an element of discovery, self-awareness and connection in each moment. We will explore how to integrate our own personal strengths and challenges into each session as they become the key to powerful moments in therapy. 2. Validate; “Open The Space” a non-directive approach for all populations As we learn to let go of control and truly offer non-directive therapeutic moments, each client’s unique experience is allowed to surface and be validated. This is key to each client’s ability to build the tools to participate in their own growth, self-regulation and self-advocacy. 3. Assume Competency Expectation of response: In order to see a client within a framework of their potential versus their behavior or challenges, we need to work from an assumption of competency. We will demonstrate how small but powerful changes in a music therapist’s method can positively alter results.


Mini biography of presenter: Yasmine White, MT-BC, CEO and founder of Voices Together, an award winning non-profit music therapy organization based in North Carolina. Having developed a proprietary program, she presents and trains statewide.

Disclosure: No significant relationships.
WS28

MUSIC BEFORE MEDICINE

B.G. Davidson, S. Wu
Musical Therapy, Shen Wu Music of Life Foundation, Rowland Heights/UNITED STATES OF AMERICA

Abstract: Ancient Chinese medicine texts, the I-Ching and The Yellow Emperor’s Internal Medicine, explain that our internal organs have intrinsic frequencies. Through resonance, musical sound waves of the Five-Tones can vibrate the body’s five major organ systems, thus correcting their imbalance to gain smooth flow of qi for vigor and longevity.

Description: Music, herbal medicine, and Qigong (qi energy exercises) shared the spotlight as the fundamentals of traditional Chinese medicine in ancient times. Music was considered to be the most important and the foremost of the three; hence the character for “music” was created before and placed above the character for “herb” to form the character for “medicine”. However, with the increase in efficacy of herbal medicine, and a series of unfortunate incidents in Chinese history, the use of music as medicine vanished completely for thousands of years. But Master Shen Wu, a master Qigong practitioner, re-discovered the therapeutic effects of music by studying the ancient texts. He also discovered that playing the Five-Tones while practicing Qigong, qi flow amplified quickly. He then combined the two powerful healing therapies of music and Qigong to form his Music Qigong Therapy. Now music is restored to its rightful stature as a healing therapy. Classical Music has calming qualities. But if the music is composed according to the Five-Tones Theory its therapeutic efficiencies increased dramatically. Five-Tones: metal-tone, wood-tone, water-tone, fire-tone, earth-tone correspond, respectively, to the five internal organs—Lung, Liver, Kidney, Heart, Spleen. The Five-Tones can resonate the five organs in our body, thus correcting their imbalance and allowing the body to resume its natural state of good qi flow thus good health. Qigong exercises are gentle, simple exercises used to gain qi from the universe and thus to increase the body’s qi. Qigong exercises are extremely effective, easy to learn, and take only a few minutes to practice; all of which make Qigong an excellent way to gain and maintain excellent health. Whether you are in excellent health and wish to maintain it, or in poor health and wish to gain excellent health, you can benefit from the unique therapies of Music Qigong.

References: To apply and test the discoveries of resonant frequencies of the Five-Tone and Qigong, Master Shen Wu sets out to help ailing cancer patients in local hospitals. To Master Wu’s astonishment, cancers of all types are no match to the music of the five tones and Qigong. Music Qigong is able to indiscriminately help patients with brain cancer, uterus cancer, oral cancer, lung cancer, nasal cancer and breast cancer. Music Qigong is also able to reduce the size of tumors in the brain, pancreas and lymph nodes. Many success stories and cases are documented at http://joltv.us/english/doctors.htm. Below are some of the highlights… Master Shen Wu working with Dr. Finkler, a Gynecologic Oncology Cancer Specialist, at Walt Disney Memorial Cancer Institute to heal many cancer patients.http://joltv.us/english/finkler.htm
September 9, 1999

To Whom It May Concern:

During the calendar year 1998 and early 1999, the division of gynecologic oncology at the Walt Disney Memorial Cancer Institute at Florida Hospital collaborated with Master Wu in a nonrandomized, uncontrolled trial on evaluating the effects of Qi Gong therapy in patients with end-stage cancer and pain. The purpose of this short-term trial was to evaluate whether Qi Gong therapy had any beneficial effects with regards to reducing pain associated with terminal pelvic cancer. Approximately 15 patients were enrolled in this trial and underwent Qi Gong therapy with Master Wu on an as needed basis in an attempt to reduce narcotic requirements associated with their terminal malignancy. During the course of this trial, it became quite apparent that all of the patients studied had marked reduction in their narcotic requirement. In several patients, narcotics were able to be discontinued totally and pain relief continued with Qi Gong therapy alone. Although this was a nonrandomized, uncontrolled trial, it is interesting to note that the life expectancy of the majority of patients with terminal malignancies turned out to be far greater than one would have expected with standard conventional therapies alone.

The study showed such promising effects of Qi Gong therapy that we are presently planning a large-scale prospectively controlled trial in an effort to try to reproduce these results on a larger scale. It has certainly been a pleasure working with Master Wu and his team and we look forward to future collaborative efforts in our attempt to define a role for Qi Gong therapy in the management of the cancer patient.

Sincerely yours,

Neil J. Finkler, MD
NJF/ky

Master Shen Wu with Dr. Katta, a Hematology and Oncology specialist, in healing a brain tumor patient. http://joltv.us/english/katta.htm
Master Shen Wu treated a Neurologist with Malignant Melanoma with music qigong. http://joltv.us/english/tod.htm Master Shen Wu helped cured an end-stage patient with CML (Chronic myeloid leukemia) in UCLA with Dr. Hank Yang, MD, Ph.D. http://joltv.us/english/yang.htm A cancer patient that received Music Qigong treatment from Master Shen Wu found that his pain was alleviated and no longer needed morphine. http://joltv.us/english/ken.htm Master Shen Wu also applied Music Qigong to patients with hearing impairments. After the treatment, his hearing got better. http://joltv.us/english/deaf.htm After working with patients, doctors, and conducting clinical trials, Master Wu found that this method can only aid a limited number of people. But Master Shen Wu wanted to help more people get rid of pain and suffering from disease and cancer. And the only way to achieve this is through resonance. With five-tone sound waves vibrating to a broader audience, more people can be helped at one time. This can be done in big concert halls. During a concert, Master Wu would play the five tones with various instruments to help cure audiences through resonance. So
Master Shen Wu started the healing concerts. Every year Master Shen Wu takes part in many non-profit activities in concerts. For example, in 2005, China Central Television (CCTV) reported the concert, which was sponsored by twelve Chinese Ministries and Commissions, to help AIDS patients. Master Wu donated 10,000 <Life Music, Music before Therapy> DVDs and donated contributions collected in America to the AIDS patients. For more, see: http://joltv.us/XIN%20JIA%20PO%20AI.htm Testimonies from patients who benefit from Master Wu’s music in healing concerts in Malaysia. See: http://joltv.us/2008/2008malaysia.htm Celebration after the ten-thousand people concert with Stars of Singapore and Taiwan, one of Master Shen Wu’s worldwide non-profit activities. http://joltv.us/XIN%20JIA%20PO%20ZHAO%20XXX.htm Training classes started in Malaysia University in 2011. http://joltv.us/2012fongye/ma%20mu%20lu.htm
Mini biography of presenter: Master Shen Wu, founder of Music Qigong, re-discovered the therapeutic effects of music by studying the ancient texts. Through resonance, music and Qigong becomes powerful healing therapies.

Disclosure: No significant relationships.
WS29

ORGANOLOGY OF MUSICAL INSTRUMENTS - UNIVERSAL PRINCIPLES AND CULTURAL DIVERSITY

A.C. Hammer
Direction, Svaram Musical Instruments, Auroville/INDIA

Abstract: In the context of the emergence of Music Therapy worldwide and in different cultures it is important to understand the common universal principles of the morphology of musical instrument, their construction, shape and materials, so to better be able to discern within their cultural diversity, common correlations and specific usages.

Description: In ancient cultures the origin of musical instruments is often described in legends and myths in terms of the supernatural, the magic and mysterious and they are presented as an essential aid and tool for the progress, health and well-being of the individual and the community. Depending on geographical and cultural circumstances and the availability of certain materials a rich diversity of musical instruments has developed over the course of time, yet it is interesting to observe that there are only a few core-archetypes of instruments to be found throughout all the cultures of humanity. What then are the significations of these archetypes, and how do they relate to therapeutic applications of music? What are the tested timeless principles behind instruments, what their cultural specifications and limitations? What are the necessary innovations to provide for the present growing need in Music Therapy? These questions will be explored in an interactive way, through live demonstration of selected instruments and their use, with the aim to be able to discern between universalities of musical instruments and their cultural diversities, specific characteristics and applications.


Mini biography of presenter: Aurelio (A.C. Hammer) is specialized in organology, the study of musical instruments, their universality and cultural diversity. He is founder of Svaram, South India, presents internationally and practices sound healing modalities.

Disclosure: No significant relationships.
THE HASIDIC PRACTICE OF NIGGUN SINGING

A.M. Saltiel
Und Supervision, Praxis für Psychotherapie, Graz/AUSTRIA

Abstract:
In the Hasidic tradition a religious act is considered invalid if it is not accompanied by enthusiasm and joy. Hasidim use psycho-spiritual techniques such as singing repetitive niggunim, special wordless melodies, in order to allow one’s internal essence to resonate as the melodies unfold.

Description: “The tongue is the pen of the heart, but melody (niggun) is the quill of the soul”–Rabbi Shneor Zalman of Ladi. The singing of niggunim is a spiritual practice of the Hasidim, a mystical renewal movement within Judaism that has its beginnings in the 18th century in what is now western Ukraine. The Hassidic centers of learning of our time trace their origins to Rabbi Israel ben Eliezer (c. 1700-1760), who sought to apply the principles and practices of the Kabbalah in everyday life. One of his main teachings is the importance of “lightening the heart” or “elevating the soul” before proceeding with religious practice. Different tunes are used to evoke different inner states, which correspond to the names or archetypal qualities of the Divine. In this workshop, we start with simple vocal exercises and then sing niggunim together to experience the effect of the tunes on the body, feelings and mind.

References:

Mini biography of presenter: Aron Saltiel, singer, storyteller and psychotherapist in private practice, has studied Jewish and Islamic musical traditions, conducted ethnomusicological fieldwork and pursued concert and teaching careers. He lives in Graz, Austria.

Disclosure: No significant relationships.
WS32

MUSITHERAPY AND DRUM CIRCLE.

K.H. Glinka
Music Therapy, self employed, Quilmes, Pcia de Bs As/ARGENTINA

Abstract: I graduated in Musictherapy from University of El Salvador, Buenos Aires, Argentina. The proposed workshop is based on my thesis: Musictherapy and Drum Circles, which is an approach to Group Musictherapy. Both the drum circle technique and Group Musictherapy lead to promote health and wellness.

Description: A drum circle brings people together to make music in a celebration mood by using the tools of improvisation and the skills of the participants as well as the musical sensitivy of the music therapist (the facilitator). Some of the health indicators of drumming are: resilience, creativity, synergy, empowerment, cooperation, empathy and here and now state. Such features are also found in a primary health framework. Arthur Hull, father, mentor and world leader of the modern facilitated Drum Circle Movement, says that it is a useful tool of integration for a contemporary fragmented society. What is the essential contribution of this experience to the field of health? Anthroposophy has given me a deeper and broader idea of man than that of existential humanism. Writers such as Steiner, Bühler and Husemann let us conceive a dynamic coexistence of binary and ternary rhythms that leads to a state of physiological health. This rhythmical organization of the human body (heart and lungs) echoes with a steady pulsation of vitality in two and three: binary rhythm is related to cautionousness, will power, earth and water; ternary rhythm is related to air, fire, fluency and Spirit. Whenever these rhythms take turns, people flow smoothly through both ends. However, if they are stuck in one of them, there will be crystallization and pathology. It is based on Hull’s guidelines and consists of two songs: one with binary rhythm and the other with ternary rhythm. Participants will improvise, expressing what they feel, rather than following a complex set of rules, creating a new rhythm and a much deeper musical relationship.


Disclosure: No significant relationships.
WS33

ATTENDED INTERVISION AS AN OPPORTUNITY FOR DEVELOPMENT OF RELATIONSHIP WORK AND PROFESSIONAL IMPROVEMENT. LET US TALK ABOUT IT!

B. Schnetzinger, MMag.
Buchkirchen/AT

Abstract: This workshop presents the pilot project of attended intervision as a prevention and consulting instrument at music schools. It discusses relevant aspects of health prevention, diversity of roles, professional discretion, conditions, setting and relationship work under attended intervision and its benefits for therapy and education.

Description: What function has mandatory intervision and supervision concerning health prevention in therapeutic work and would it also be relevant in an educational context?

Attended intervision as an opportunity for the development of relationship work:

Relationship work is both the greatest source of stress and enrichments in the therapeutic and educational work. Nowadays, the mission and requirements for the professionals in these fields are becoming increasingly complex and need great achievements, particularly concerning relationship work. Attended intervision can have a relieving effect for those involved because not every challenge can be met without support.

Attended intervision as an opportunity for professional development:

Intervision is a mutual consultation for professional problems in a group of peers who try to find determined solutions in an autonomous learning process. This process should take place under an agreed structure, based on experiences of the participants. Furthermore, intervision is a suitable tool to create lasting positive changes in communication and cooperation skills within a team. It can increase not only the professional competence and relationship skills, but also can support emotional relief on workplace. In this way attended intervision supports the process-oriented and relationship-oriented development of both teachers and therapists.

References

Bauer, Joachim (2013): Arbeit: Warum unser Glück von ihr abhängt und wie sie uns krank macht, Blessing Verlag, München
Juul, Jesper (2013): Schulinfarkt - Was wir tun können, damit es Kindern, Eltern und Lehrern besser geht, Kösel Verlag München

Mini biography of presenter

MMag. Barbara Schnetzinger studied music therapy and instrumental education (flute) on the University of Music and Performing Arts Vienna. Now she’s studying human medicine at the Medical University of Vienna.
WS34

HOLISTIC APPROACH IN MT AND ITS SPECIFIC FEATURES IN CHILDREN GROUP THERAPY

S. Drlíčková, M. Friedlová
Department Of Psychology, Palacký University Olomouc, Olomouc/CZECH REPUBLIC

Abstract: The seminar focuses on the system of holistic music therapy perceiving each individual from the point of view of indivisible biopsychosocial unity and its use in children group therapy. The workshop includes theoretic topics as well as practical examples: Tuvan exercise, MT orchestra and a short relaxation plus video recording.

Description: Holistic music therapy presented in the workshop perceives each individual from the point of view of indivisible biopsychosocial unity. It supports the endeavour to return to the simple order of things. Within this model we work with good quality music instruments, both in material and sound, with pure intonation. Mainly folk instruments are used - of Central European origin, ethnic, medieval, percussions. In the holistic music therapy model the music is always acoustic. An indispensable part of the system is sensitive work with breath and voice. Special breathing and singing techniques are used that have their roots in the music of native peoples and in Moravian folk music. The workshop describes experience with group therapy for children in the system of holistic music therapy and presents specific music therapy models. In this system, active and receptive methods of work are used and chosen based on the clients' needs and the therapeutic aim determined. Music therapy models are created so that they may be used, if slightly altered, for children with mental, physical, sensory, speech and combined handicaps. Workshop includes both theoretic and practical parts: Theoretic part - the system of holistic music therapy, group music therapy, active and receptive forms of therapy in children Practical part - Tuvan exercise, music therapy orchestra, short relaxation Video - short examples from active and receptive music therapy sessions and music therapy concerts with children


Mini biography of presenter: S. Drlíčková is a music therapist with holistic approach to clients who has long experience especially in group MT for handicapped children. She preferes and uses instruments with pure intonation.

Disclosure: No significant relationships.
ZINTHU ZA ZA ALIYENSE (SOMETHING FOR EVERYONE). MUSIC THERAPY IN RURAL MALAWI

P.J. Winter¹, A. Blanks², J. Jones³
¹Music Therapy, Radford University, Radford, Virginia/UNITED STATES OF AMERICA, ²Special Education, Radford University, Radford, Virginia/UNITED STATES OF AMERICA, ³School Of Teacher Education, Radford University, Virginia/UNITED STATES OF AMERICA

Abstract: This is an exploration of a transdisciplinary collaboration incorporating music therapy, special education, and literacy in 20 primary schools in rural Malawi. The project culminated with professional development workshops for educators addressing the importance of community music, classroom adaptation, and literacy best practices to support accessibility for children with disabilities.

Description: Published research on music therapy in Africa is very limited. Oosthuizen, H, Foché, S. & Torrance, K. (2007) discussed a community music therapy program in Cape Town, South Africa, Pavlicevic (2002) also explored a CoMT program in South Africa, and there is a report of CoMT at a refugee camp in Kenya (Akombo, 2002). Africa as a continent is severely underserved by the music therapy community in spite of the strong cultural and community traditions around the use of music for healing. At this time there have been no published reports of the use of CoMT or music therapy in Malawi. This project was an exploration of the incidences of disabilities in 20 primary schools in rural Malawi, the use of music as an integral part of the educational community, and the impact of cultural musical traditions for providing accessibility to children with disabilities diagnoses. Through a transdisciplinary approach to education and training, professional development workshops were provided to primary school educators from 20 rural schools. These workshops combined music therapy concepts, special education approaches, and literacy best practices in an effort to offer additional support for providing access to children with diverse educational needs. This presentation will be an overview of the presenters’ experiences as observers in the classrooms, an overview of cultural and traditional beliefs about disabilities, and the process by which the presenters developed and implemented the professional development workshops. The music therapy approaches were largely drawn from the community music therapy literature and reflect an emphasis toward empowering the community to provide accessibility to all children as well as the importance of sustainability of the techniques and approaches offered to the educators. Implications for further research will also be discussed.


Mini biography of presenter: Patricia Winter Ph.D., MT-BC, Allyster Blanks Ph.D., and Jennifer Jones, Ph.D. are professors at Radford University in music therapy, special education and literacy respectively.

Disclosure: No significant relationships.
BEING IN THE "HEAR" AND NOW: MUSIC-MAKING AS MINDFULNESS PRACTICE

F. Halverson-Ramos
Private Practice, SoundWell Music Therapy, Longmont/UNITED STATES OF AMERICA

Abstract: Research shows that mindfulness has a variety of health benefits. While traditionally associated with meditation practices, mindfulness can also be experienced through music-making. In this presentation, participants will deepen their understanding of mindfulness through music-based activities and examine possible implications for themselves and clients.

Description: Mindfulness can be understood as a state of being in which one experiences moment-to-moment awareness from an internal place of non-judgement. Increasingly, research in mindfulness is showing that such a state of mind can have a highly beneficial affect on one's sense of well-being. Benefits of mindfulness include: reduced rumination, stress reduction, improved working memory, greater focus, less emotional reactivity, more cognitive flexibility, greater relationship satisfaction, self-insight, morality, intuition and fear modulation. Traditionally, mindfulness practice has been associated with meditation practices, but music can also be used as a form of mindfulness practice. In this educational, experiential, process-oriented presentation, participants will deepen their understanding of mindfulness through music-based mindfulness activities.


Mini biography of presenter: Faith Halverson-Ramos, MA, LPC, MT-BC is a board certified music therapist and Licensed Professional Counselor in Colorado. Mindfulness practice is foundational to her work as a music psychotherapist.

Disclosure: No significant relationships.
THE BODY TAMBUERA - IMPACTS AND APPLICATION OF A VIBROACOUSTIC STRING INSTRUMENT

K. Eckbauer¹, O. Zeigert²
¹N/a, N/A, Vienna/AUSTRIA, ², /AUSTRIA

Abstract: This workshop will focused on the potential of the body tambura. This 28-stringed instrument is used in active and receptive music therapy. Beside theoretical informations, there will be a practical application of the body tambura. The participants will be part of an active voice improvisation and a receptive sound experience.

Description: This relatively new body instrument is widely unknown outside of german-speaking regions. Description and practical use of the body tambura in active and receptive music therapy was the main topic of the master thesis of two graduates of the University of Music and Performing Arts Vienna, Department of Music Therapy (supervised by PD Mag. Dr. Gerhard Tucek and Univ.-Prof. Dr.med Thomas Stegemann). The body tambura, holding 28 strings, stimulates the multimodal sensory perception as well as self-awareness of the recipients. The unique sound and the easy portability are two main features of this instrument which make it distinguished from other body instruments e.g. the body monochord. This workshop based on self-experience is organized in the following three parts. In the beginning, a short explanation of the theoretical background will be provided. First results of scientific research are to be presented. These results indicate an effective benefit of using the body tambura in clinical practice. Research on the constitutional potential of the instrument and its other impacts in biopsychosocial context has just begun. During the main part active and receptive aspects of the body tambura will be shown to the participants. The active part will be done by voice-improvisation, supported by the harmonic sound-spectrum of the body tambura. In the receptive part, the participants are going to lie on mats and get the opportunity to listen to the monochrome sound and experience its effects. Subsequent to the main part the impressions can be shared. Finally, there will be an open space for questions and public discussion. If so desired, playing the body tambura can be "experienced" vibroacoustically in pairs (with the instrument resting on the body of the recipient). The participants should be aware that the use of their own voice is welcome, but not obligatory. Furthermore, comfortable clothes are recommended.


Mini biography of presenter: Katrin Eckbauer MA, graduate of University of Music and Performing Arts Vienna, Department of Music Therapy; Three years experience with the body tambura combined with voicework; Multisensory stimulation with adults.

Disclosure: No significant relationships.
WS38

MUSICAL TECHNIQUES OF ENGAGEMENT

S. Gardstrom1, J. Hiller1, L. Mchugh1, D. Phillips2

1Music Therapy, University of Dayton, Dayton/UNITED STATES OF AMERICA, 2, Dayton/UNITED STATES OF AMERICA

Abstract: The success of our work is predicated, in large measure, on clients’ engagement in the music therapy process. Low levels of engagement compromise the process and high levels may increase the potential for more meaningful therapeutic gains. This workshop includes models of client engagement and various musical techniques of engagement.

Description: The success of our work as music therapy clinicians is predicated, in large measure, on the level of our clients’ engagement in the music therapy process. We believe that low levels of engagement compromise the clinical process, whereas high levels of engagement increase the potential for a more satisfying process, as well as for greater and more meaningful therapeutic gains for our clients. As music therapists—whether we are facilitating listening experiences or leading a client in vocal or instrumental performance, composition, or improvisation—we are in a position to positively influence levels of client engagement. Without a clear understanding of the nature of engagement and the techniques that promote it, we will undoubtedly miss opportunities to do so, thereby compromising client growth, development, and wellbeing. In music-related literature, one can find studies that aim to identify and explore the concept of engagement with pediatric and adult medical patients (O’Callaghan & Colegrove, 1998; Robb et al., 2007; Toolan & Coleman, 1995; Whitehead-Pleaux et al., 2007) and individuals with developmental and learning disabilities (Stamenovic, 2009; Toolan & Coleman, 1995). There are also some published studies pertaining to engagement among residents with Alzheimer’s Disease and Related Dementias (ADRD) (Harrison et al., 2010; Mathews, Clair & Kosloski, 2000). By and large, the reports that do exist have as their focus the verbal and nonmusical actions or techniques of the therapist, such as gesture, facial affect, proximity, touch, and so forth. A deepening of client engagement requires concerted attention to the fine details, or nuances, of our own actions as we facilitate music experiences. The purpose of this workshop is to expand therapists’ conscious awareness and effective use of musical techniques of engagement. Discussions, video footage, modeling, and practice with peer feedback will be used to reinforce conceptual and practical applications of these techniques.

Mini biography of presenter: Dr. Susan Gardstrom, MT-BC, is the Coordinator of Music Therapy at the University of Dayton. Susan is a frequent presenter and workshop leader at state, regional, and national conferences.

Disclosure: No significant relationships.
WS39

MUSIC THERAPY ASSESSMENT FOR AWARENESS WITH DISORDERS OF CONSCIOUSNESS (MATADOC): ASSESSMENT PROTOCOL

W. Magee¹, R. O’Connor²
¹Music Therapy, Temple University, Philadelphia/UNITED STATES OF AMERICA, ²National Rehabilitation Hospital, Dublin/IRELAND

Abstract: We provide a workshop with demonstrations of a protocol that has been standardized for use with patients with disorders of consciousness: the Music Therapy Assessment Tool for Awareness with Disorders of Consciousness (MATADOC). Through live demonstrations and video presentations, participants will gain an understanding of the procedures of the MATADOC.

Description: Music therapy with people with disorders of consciousness (DOC) has a long history (Boyle and Greer, 1983). However, the music therapy approaches and methods used with this population are diverse, with most clinical practice based in expert opinion rather than evidence (Magee, 2005). Although a growing evidence base from neuroscience is relevant to music therapy with this population, it is often difficult to integrate the findings from basic research into interventions that are therapeutic and clinically relevant (O’Kelly & Magee, 2013). We present a practical workshop on the assessment and treatment protocol used in the Music Therapy Assessment Tool for Awareness in Disorders of Consciousness (MATADOC). The MATADOC has been standardized as valid and reliable for use with adults with DOC and has diagnostic power with this population (Magee et al., in press). Its validation with a pediatric DOC population is underway, and it has relevance for other, as yet untested, populations such as advanced dementia, profound and multiple learning difficulties and advanced neurological illness where consciousness is compromised. Developed and refined in clinical practice over a 17 year period to align with interdisciplinary practice (Magee, 2007), the MATADOC protocol assesses behaviours that are essential for demonstrating awareness across the auditory, visual, communication and arousal domains. The protocol uses a range of musical stimuli, including single auditory stimuli, complex musical sounds, and musical activities to measure a broad range of functional non-musical behaviours (Magee, Lenton-Smith & Daveson, 2012). This workshop will offer participants an insight into the clinical methods used in the MATADOC assessment as well as the science underpinning the methods used. Participants will gain some skills in using the MATADOC protocol interventions with patients with disorders of consciousness. Skills developed in this workshop can be furthered through specialist training and competency development.


Mini biography of presenter: Dr. Wendy Magee, Gemma Lenton-Smith and Eirini Alexiou were all involved in the research that standardized the MATADOC. All are experienced clinicians in working with adults with disorders of consciousness.

Disclosure: No significant relationships.
WS40

ACROSS TEH BORDERS - SINGING INSIDE AND OUTSIDE THE MUSIC THERAPEUTIC SETTING

M.R. Mühlbauer
Institut For Cultural Ans Social Anthropology, University of vienna, Vienna/AUSTRIA

Abstract: Music therapy gets influenced by cultural changes and phenomena and vice versa influences the cultural activities by its work and research. My contribution about “singing” regarded as a phenomenon of healing, empowerment and spirituality within parts of the German and Austrian culture gives an example of this cultural interaction.

Description: The river is flowing, an Indian song for Empowerment is the first song of the book „Chanten – Dipping into the healing world of singing“ (2008) by the German music therapist Wolfgang Bossinger “This chant was given to people from the west by Sun Bear, a medicine man of the people of the Chippewa (Ojibwa)“ (Bossinger/Friederich, 2008, S.14). The same song will be found in the book “Songs of the heart – Spiritual Songs und Mantras” (1995) of the Austrian musician and leader of rituals and vision quests Gerhard Lipold twenty years before. “All versions of the mentioned Indian songs (...) are to a certain extend adopted to our habits of listening” (Lipold, 1995, S.12). And we will find this song again in a slightly different version in: “Come together songs – Vol. 1” (1997) by Hagara Feinbier a German music teacher. This song is just one example of many other songs, chants, mantras, etc. from many different cultures all over the world to be heard and sung in work-shops, concerts or other singing events of the mentioned three authors and many others around them. All the songs have one in common: they are sung in large groups, without notes, very often repeated and improvised, in combination with dancing without performance character but for a spiritual or healing purpose. Is there a cultural ground of reason, why this special form of singing practice and this special assemblage of songs of different spiritual and healing traditions can be found inside and outside the music therapeutic setting in Austria and German? Who influences whom and how and why does this influence work? Results out of my PhD research in cultural and social anthropology and music ethnology on “singing and healing” based on a fieldwork in and around Vienna.

References: Univ.Prof. Dr. Bernhard Hadolt; University of Vienna, Institut for cultural an social anthropology; (medical anthropology) Priv.Doz. Dr. Gerhard Tucek, University of Vienna, Institut for cultural and social anthropology; (music therapy) Univ. Prof. Dr. Regine Allgayer- Kaufmann, University of Vienna, Institut for music sciences; (music ethnology) Ass.Prof. Dr. August Schmidhofer, University of Vienna, Institut for music sciences; (music ethnology and music healing)


Disclosure: No significant relationships.
GUIDED SONGWRITING WORKSHOP

E.K. O'Brien
Music Therapy, The Royal Melbourne Hospital, Melbourne/AUSTRALIA

Abstract: GOLM is a specialized published music therapy songwriting protocol that follows a series of stages to create an original song with the patient (O’Brien, 2006). Participants will have the opportunity to role play the stages of GOLM and create an original song as a group experiencing the method.

Description: GOLM is a specialized published music therapy songwriting protocol that follows a series of stages to create an original song with the patient (O’Brien, 2006). These stages may be dynamic and move between one another throughout the songwriting process. The song is newly composed with original lyrics and original music. The method is underpinned by therapeutic intent, which is evident in each stage of GOLM process being validated by the patient/participant. GOLM requires specific specialised training in order to provide the participant with a comprehensive experience. GOLM was formulated by extensive study into writing songs with cancer patients in the principal researchers masters research (O’Brien, 2005). To date the workshop presenter has written over 350 songs, an opera (2005), a musical (2006), and a cabaret show (2008) with cancer patients using this method. GOLM can be used with voice and any other accompanying instrument. For this workshop participants will have the opportunity to role play the stages of GOLM and create an original song as a group experiencing the method. It is expected that the participants are skilled in guitar and voice in order to participate in this session. (Maximum participants 30)

References:

Mini biography of presenter: Emma O’Brien has pioneered methods in guided facilitated songwriting across music genres and her work was the subject of the multi award winning SBS/f-reel documentary, ‘Opera Therapy’ (2005).

Disclosure: No significant relationships.
WS42

MUSIC THERAPY IN THE SOCIAL WORK

G.J. Fierus
Musiktherapie, Musiklabor-Netzwerk, Velbert/GERMANY

Abstract: A qualitative study explores the possibilities of music therapy in social work and looks at the use of music in group work. The work from different fields of practice was compared. Exercises can be presented.

Description: Warm-up, relaxation and activation

References:

Mini biography of presenter: Social worker in assisted living, social psychiatric center Velbert
Education Diplom-Sozialarbeiter
dipl. Musiktherapeut PhD student (Deutsche Sporthochschule Köln)

Disclosure: No significant relationships.
WS43

MUSIC THERAPY WITH HOMELESS YOUTH.

J. Peyrin
Music Program, DANS LA RUE, MONTREAL/CANADA

Abstract: This presentation will cover various aspects of a music therapy intervention (relaxation, improvisation using percussion instruments, song-writing and recording) that is adapted to the contextual factors linked to homelessness and social challenges. Participants will hear music created by some of these teens.

Description: Firstly, I would like to begin on a general note by presenting the structure of the "DANS LA RUE", by evoking the centre's social mission and by presenting the various issues affecting this clientele (including : family and social exclusion, drug addiction, psychiatric disorders, suicide). Then, we shall define the role of music therapy by describing the diverse kinds of interventions adapted to this population. An individualized framework is established with each youth who joins in the therapeutic approach of this music program, whether it be: - Within sessions of "psycho-musical" relaxation proposed to youth experiencing mental and physical stress; - In active music therapy around a "drum circle" dedicated to the improvisation and the expression of oneself in context of open group; - By means of music recorded during studio sessions (texts, songs or improvisations). We shall approach more exactly the project of the first musical compilation released on spring, 2013, involving young people benefiting from our services with professional artists and we shall see how this kind of project with therapeutic aim can be developed with other populations in difficulties.


Mini biography of presenter: Julien studied music therapy at Université Paul Valéry (Montpellier, France) and also at UQAM (Montreal, Québec). He has worked since 2008 for DANS LA RUE and for Montreal Youth Center.

Disclosure: No significant relationships.
ANTHROPOSOPHIC BASED MUSIC THERAPY

M. Bissegger1, D. Dorfmeister2, S. Dambacher3, E. Helmert3, A. Ranger3, J. Vagedes3
1Music Therapy, Filderklinik, Filderstadt/GERMANY, 2, Filderklinik, Filderstadt/GERMANY, 3Arcim Institute, ARCIM Institute (Academic Research in Complementary and Integrative Medicine), Filderstadt/GERMANY

Abstract: Anthroposophic Music Therapy has been developed from Dr. Rudolf Steiner’s anthroposophical understanding of the human being. The workshop will present an introduction to this anthroposophic knowledge and its relation to music therapy. Practical experiences of this therapy will be given and current research on its effectiveness will be presented.

Description: Anthroposophic Music Therapy is based on Rudolf Steiner’s research and teachings about the full nature of the human being [1]. It takes into account the threefold human organisation’s nerve-sense activity, its polar opposite metabolic-limb activity and its intermediate rhythmic systems of breathing and heartbeat. Through melody, harmony, rhythm and sound, music opens inner realms of experience and appeals to emotions through which we can already grasp what we cannot understand merely with our heads [2, 3]. Music works on the breathing and the heartbeat (the rhythmic system), harmonizing upwards and downwards: in the nerve-sense system it provides greater clarity and alertness; in the metabolic-limb system it balances and stimulates [4]. Emphasis on the rhythmic or melodic, the selection of the instrument and the duration of therapy are chosen according to the nature and severity of the disease [5, 6]. Music therapists use different instruments as “acoustic medications” – using percussion, stringed and wind instruments and especially the human voice, the most versatile of acoustic instruments. Children and adults can benefit from music therapy for a variety of diseases. Unhealthy infants can also receive music therapy in the form of the mother’s voice (under the therapist’s guidance), or the therapist’s voice, accompanied with a harp or lyre [7]. Further, music therapy is successfully used for many medical conditions, such as psychosomatic disorders like depression, anxiety and fatigue [8], and for heart and circulatory diseases [9]. A guiding principle for this therapy is to lead the patient out of psychological isolation by stimulating their latent vitality and ability for self-regulation. During the workshop, subjects will receive, and actively participate in, practical applications of this therapy. Also, current research involving the pentatonic scale, live versus digitalised music, the effects of single intervals, sound-bed therapy with cancer patients, among other themes, will be presented.


Mini biography of presenter: Monica Bissegger is an anthroposophic music therapist and works at Filderklinik (Filderstadt), Germany.

Disclosure: No significant relationships.
WS45

THE INDIVIDUAL MUSIC-CENTERED ASSESSMENT PROFILE (IMCAP-ND) IN SELF-ASSESSMENT

G.S. Ortiz\textsuperscript{2}, J.E. Asch\textsuperscript{1}
\textsuperscript{1}New York/US
\textsuperscript{2}The Rebecca Center For Music Therapy, Molloy College, Rockville Centre/UNITED STATES OF AMERICA

Abstract: Self-assessment is crucial within any stage of a music therapist’s development. It offers one a method through which to enhance his/her clinical skills and competence. The IMCAP-ND rating scales will be utilized to draw insight into the therapist’s musical-clinical tendencies, informing the clinical process within the therapeutic relationship.

Description: The Individual Music-Centered Assessment Profile for Neurodevelopmental Disorders of Relating and Communicating (IMCAP-NDRC) (Carpente, 2009), is a music-centered based music therapy assessment profiling system targeting specific musical areas as they pertain to the child’s ability to engage, relate and communicate in the context of interactive musical play. The aim of the therapist is to assess a child’s level of musical awareness and his/her capacity for musical engagement and relatedness. This is examined through the use of improvised music that takes into account his/her unique responses and interests within the context of musical play. As the child takes part in creating music, the therapist can then assess his/her social emotional development across five domains of musical responsiveness: 1) Musical Attention, 2) Musical Affect, 3) Adaption to Musical-Play, 4) Musical Engagement, and 5) Musical Interrelatedness. This presentation will focus on the therapist utilizing the IMCAP-ND to draw insight into his/her own musical-clinical tendencies that occur within context of the therapeutic relationship. The presentation will focus on evaluating these factors within the context of musical-play, helping to inform the clinical process. An examination of the therapist and client IMCAP-ND rating scales will also be presented as a means to gain deeper insight into the processes emerging within the therapeutic relationship.


Mini biography of presenter: Gabriela Ortiz, MS, MT-BC, NRMT, is a clinician, supervisor, and researcher at The Rebecca Center for Music Therapy. She is an adjunct professor at Molloy College in New York.

Disclosure: No significant relationships.
ADVANTAGES OF MUSIC THERAPY FOR IMPROVING COMMUNICATION SKILLS IN CHILDREN WITH AUTISM.

S. Manne
Faculty Research Development, Molloy College, Rockville Centre/UNITED STATES OF AMERICA

Abstract: Empirical studies aimed at improving social communication skills of children with ASD are reviewed to explain advantages of music therapy (MT). An international random control trial aimed to assess the effectiveness of MT is also described along with its implications for understanding the causal mechanism underlying its impact.

Description: Music therapy (MT) has a long tradition in the treatment of autism spectrum disorders (ASD) and there are many clinical case studies and single group studies suggesting that music therapy enhances social communication. However, in contrast to behavioral approaches such as ABA, developmental approaches such as MT are still regarded as "promising interventions" rather than "best practices". Hesitancy to endorse these stems from limited empirical support and lack of theoretical clarity regarding the mechanism by which they promote children's social emotional functioning. This review draws on empirical studies from a broad range of psychosocial interventions for children with ASD to demonstrate that (1) "staged" interventions which systematically deliver child-led prior to adult-led strategies to reflect the developmental progression of early prelinguistic skills are more effective than interventions which are purely behavior or which mix behavioral and developmental strategies unsystematically targeted, as well as untargeted skills which generalize to novel settings, people and stimuli and are maintained over time; (2) contingent imitation, exact imitation (same object, action, interaction time) can produce dramatic improvements in social communication; (3) relative advantage of MT over other approaches based on its ability to embody "staging" and "exact contingent imitation" as conditions for implementing every procedure, while introducing small dynamic nuances that automatically ensure the variation needed to develop "interaction themes". A random control trial of 300 children in eight countries (TIME-A) is underway to assess the effectiveness of improvisational MT for improving social communication skills in ASD children ages 4-7, whether varying "dose" makes a difference and cost effectiveness. The potential for providing compelling evidence of MT and opportunities to examine the causal mechanisms by which MT improves social emotional functioning are discussed.


Mini biography of presenter: Stella Manne received a Ph.D. in social psychology from Columbia University. She works with academic researchers to obtain funding for research in biomedicine, dentistry, engineering and music therapy.

Disclosure: No significant relationships.
P002

THE MUSIC THERAPIST TRAINING: A JOURNEY BETWEEN RATIONAL AND SENSITIVE KNOWLEDGE.

P.B. Mulin
Music Therapy, Faculdades Metropolitanas Unidas, São Paulo - SP/BRAZIL

Abstract: This paper refers to a study on the formation of Brazilian music therapist. Aims to investigate the interfaces between scientific knowledge and artistic knowledge through musical autobiography and different types of sounds and musical experiences as a way for the development of clinical thinking of music therapy.

Description: This work refers to a research that is being developed in an interdisciplinary master's program (Education, Art and Cultural History) about Brazilian music therapist formation. This research has the objective to investigate how awareness of the sound-history personal ways of experiencing different types of sounds and musical experiences shared with classmates can contribute to understanding of a musical therapist clinical thinking, especially developing goals and strategies formulation and musical sound appropriate for different types of patients. The main issue of this perception as a music therapy teacher course, the difficult path that the student goes through to deal with the transition between rational aspects, and artistic sensitizers and use them in an integrated manner in clinical practice. In this first part of the research a literature considering topics relevant to the topic, such as characteristics of scientific knowledge and artistic knowledge; sensitive education, teaching methods in music therapy has been performed. Important findings were found to date showing that the difficulty of addressing and describe rational processes (scientific) and sensitive processes (artistic) is not only a challenge in the field of music therapy. It was found resonance in the thinking of many authors studied the master's program, like Freud, Jung, Vygotsky, Dewey, Adorno, Merleau-Ponty, Meffesoli, Ranciere. These authors make a connection between art and science, leading mainly reflections that permeate the visual arts, literary or poetic. However, a path towards music can be considered when addressing the works of such authors in chronological order and you can see a path that part of rationality (literature and theater), for a more concrete materiality (visual arts) and finally for a more abstract materiality (music). From the results obtained in this first step is outline a proposal for action research to be applied to a group of music therapy students.


Mini biography of presenter: Graduated in Music Therapy. Interdisciplinary Master's program in Education, Art and Cultural History at the University Mackenzie. Professor and supervisor of the internship undergraduate degree in Music Therapy (FMU).

Disclosure: No significant relationships.
"VIBROACOUSTIC MUSIC THERAPY: INTEROCEPTIVE AWARENESS AND EMOTION REGULATION"

J.M. Zain
Buenos Aires, Centro de Musicoterapia Vibroacustica, Ciudad de Buenos Aires/ARGENTINA

Abstract: This paper posits that in Vibroacoustic Music Therapy, negative emotions can be experienced as fluctuations in bodily sensations, thus favouring emotional detachment from experiences and the regulation of emotional processes.

Description: The vibroacoustic approach is a theoretical and methodological development of vibroacoustic therapy. It is a method of receptive music therapy in which the therapist helps the patient enter states of receptivity and deep relaxation through vibroacoustic, sound bath and mental imagery experiences. The patient lies down on a bed, where they perceive low-frequency sounds combined with sedative music, which come out of subwoofers, or by means of vibroacoustic singing bowls. The human brain receives information on a permanent basis, coming from different receptors which sense processes and physiological states of the body. This makes up the foundation of the conscious perception of bodily sensations, such as heat, cold, pain, itch, muscle fatigue, or other sensations that arise in the viscera, such as gastrointestinal pain and a sensation of breathlessness, among others. The conscious perception of these somatic sensations is defined as interoception. This interoceptive sensory system continuously senses the physiological changes that occur during an emotional state. Several studies on “mindfulness” demonstrate that the practice of experiencing negative emotions as fluctuations in bodily sensations favours emotional detachment from experiences and, thus, the regulation of emotional processes. In Vibroacoustic Musictherapy the vibratory experience helps placing and recognising these sensations during a session. The patient is immersed in an intertwining of the senses, where sounds, vibrations, images, and tactile sensations can be identified as a positive picture or context. This new and positive information, conveyed by a human bond created in the therapeutic process, generates “imprints” in the brain. It is capable of changing and adjusting itself before positive stimuli. Due to its plasticity, it creates new neural connections when the patient is able to continue their treatment. Real changes can be observed in their daily lives, such as reductions of the influence of negative emotions.

consciencia interoceptiva y regulación emocional”; in “V Congreso Latinoamericano de Musicoterapia”; Sucre, Bolivia.

Mini biography of presenter: Music therapist from the University of Buenos Aires. Director of the "Vibroacoustic Musictherapy Center" in Argentina. He coordinates the training course "Receptive approaches with sound and music" since 2010.

Disclosure: No significant relationships.
MENTAL HEALTH, HUMAN RIGHTS AND THE ART(S) OF COLLECTIVE ACTION

J.A. Nunes, R. Siqueira-Silva
Centro De Estudos Sociais, University of Coimbra, Coimbra/PORTUGAL

Abstract: This paper reports on an ongoing, collaborative postdoctoral research project, on strategies and practices of intervention based on artistic/cultural practices as resources for collective action in the field of health, and mental health in particular, and their links to struggles for human rights, in Brazil and Portugal.

Description: Artistic practices, including forms of musical performance, are a powerful mode of promoting and articulating collective interventions and processes of community- and collectivity-building within the domain of health, particularly among vulnerable, marginalized and excluded populations. These practices contribute to the repertoires of collective action and to the empowerment of these collectives as social and political actors. This is the case, in particular, of the struggle for their recognition as subjects of rights and of their creative capacities and collective intelligence. The centrality of these initiatives and forms of collective action for the more general struggle for human rights has been widely acknowledged in countries like Brazil, and is currently a topic of considerable interest in cultural studies, postcolonial/decolonial studies and within some currents in ethnomusicology. The project reported on here rests upon more than two decades of professional and research experience of music therapy in mental health in Brazil and of work on patient organizations and collective action in Europe, including Portugal, which provides, with Brazil, the setting for this Project. Its main objective is the collaborative development, with communities, associations and collectives associated with health and, in particular, mental health, of approaches and tools based on artistic practices (with a focus on music) as resources for collective action. The situated design and enactment of different forms of artistic performance draws on repertoires and configurations, vocabularies, traditions, genres and styles associated with the ongoing life experiences of local populations, communities and collectives, but also with their engagements with and resistance to the appropriation of their creations and performances by market forces. The project combines field research and intervention, drawing on collaborative, participatory procedures. It is theoretically anchored in recent versions of Actor-Network Theory and in innovative approaches in ethnomusicology, postcolonial/decolonial studies and cultural studies (namely the work of George Yúdice).


Mini biography of presenter: João Arriscado Nunes is Professor of Sociology (Center for Social Studies, University of Coimbra). His research interests include social studies of science, technology and health, political sociology and cultural/decolonial studies.

Disclosure: No significant relationships.
P005

SINGING TO PROMOTE HEALTH/WELL-BEING FOR ADULTS WITH HIGH FUNCTIONING AUTISM/ASPERGER’S SYNDROME

R.L. Young
Creative Arts Therapies, Concordia University, Montreal/CANADA

Abstract: Previous research indicates that singing has positive health outcomes for the general population. The relevance of these findings for many special needs populations has not been fully explored. This research investigated the impact of a structured singing group on the health and well-being of adults with high functioning Autism/Asperger’s Syndrome.

Description: Purpose: To investigate the impact of a structured singing group on the health & well-being of adults with high functioning autism/Asperger’s Syndrome. "Health" is being defined from a holistic biopsychosocial perspective that encompasses body, mind, spirit, society, culture, & environment; & proposes that these elements interact in complex ways which as a whole affect individuals’ overall state of health & well-being. Design: Exploratory mixed methods study. Emphasis on qualitative data analysis. Descriptive statistics used to inform interpretation of these results.

Participants: Convenience sample; N = 8; 6 males; 2 females; Age: 21-38 years (M = 26.9) Method: Informed consent obtained. Twelve, 1.5 hour, group singing sessions held over a 10-week period. Singing/vocal experiences designed to meet expressed/implied needs of participants. Sessions video recorded and analyzed. Individual interviews conducted before and after the 10-week period.

Results: Data analyses currently in progress. Final results will be available for the presentation. Health related quality of life variables (associated with singing & this context) will be identified. Potential indications and contraindications for the use of particular singing experiences/techniques with this population will also be identified. Discussion: This project is likely the first of several to be conducted at Concordia University’s Centre for Arts in Human Development that will aid in the formulation of specific models of singing/vocal techniques to be used in both clinical and non-clinical (i.e., community) contexts. Implications for future research based specifically on the results of this project will be discussed. Furthermore, the results of this research and of future studies will be used to develop training workshops for music therapists, musicians, other health professionals, and/or educators who want to develop high quality and effective singing programs for persons with complex or special needs.


Mini biography of presenter: Laurel Young: Music Therapist Accredited, GIM Fellow, & Assistant Professor of Music Therapy in the Creative Arts Therapies Program, Concordia University, Montreal, CANADA. She has 19+ years of clinical experience.

Disclosure: No significant relationships.
MINORITY SUPERVISORS WITH INTERSECTING IDENTITIES: POWER DYNAMICS AND SUPERVISORY DYADS

F. Hsiao1, X. Tan2
1Music Therapy, University of the Pacific, Stockton, California/UNITED STATES OF AMERICA, 2Music Therapy, The University of Iowa, Iowa City, Iowa/UNITED STATES OF AMERICA

Abstract: This presentation addresses the impact of intersecting identities and power dynamics on supervisory dyads for minority supervisors. The Resilience-based Model of Supervision and Racial Identity Social Interaction Model will be introduced within the framework of the multicultural supervision competencies.

Description: Cultural diversity encompasses dimensions of race, ethnicity, gender, age, sexual orientation, socioeconomic status, physical and mental abilities/disabilities, religious preferences, language, place of origin, and other life situations (Roper, 2011). When a supervisor embraces diversity, that individual honors the range of attributes and characteristics which interlace the supervisory relationship. In instances where clinical supervisors are not from the majority culture, their alliances with various identities within these dimensions can potentially create different combinations of supervisor-supervisee dyads. The Resilience-based Model of Supervision (Singh & Chun, 2010) examines the intersections of multiple cultural identities and emphasizes the need for minority supervisors to engage in three processes, i.e. 1) awareness of privilege and oppression, 2) affirmation of diversity, and 3) supervisor empowerment. The model is based on the six multicultural supervision domains: supervisor-focused personal development, supervisee-focused personal development, conceptualization of multicultural identities, skills of cultural based practices, process to establish open dialogues for cultural discussions and outcome/evaluation. Integrating racial identity theory and relational power dynamics, the Racial Identity Social Interaction Model (Jernigan, Green, Helms, Perez-Gualdron, & Henze, 2010) focuses on the power of the supervisor and how race and culture shape the context of supervision. This model values the impact of racial identity on the quality of social interactions and proposes four types of supervisor-supervisee relationships: parallel dyads (both parties share similar identity status), crossed dyads (both parties share opposite identity status), regressive dyads (supervisors have less sophisticated identity status in comparison to their supervisees), and progressive dyads (supervisees have less sophisticated identity status as opposed to their supervisors). This presentation addresses the impact of intersecting identities and power dynamics on supervisory dyads for minority supervisors. Case scenarios of various supervisory dyads will be illustrated.


Mini biography of presenter: Feilin Hsiao is associate professor and music therapy program director at University of the Pacific. She has published and presented on issues pertaining to education and supervision nationally and internationally.

Disclosure: No significant relationships.
P007

"SINGING CREATES FREEDOM",- MUSIC THERAPY ACADEMIC AND PRACTICE DEVELOPMENT IN LATVIA.

R. Haus, M. Paipare
Music Therapy Master Programme, University Liepaja, Liepaja/LATVIA

Abstract: From 1998 on a co-operation contract between the German Children Hospital Datteln, University Witten/Herdecke and the Latvian Ministry of Science/Education led to a music therapy program at the University Liepaja and a strong Latvian practice network. Project strategies met the culture of singing and developed a sustain music therapy service.

Description: With their huge heritage of choir-culture the Latvian people showed their call for independence whilst singing freedom-songs in the long human chain Tallin-Riga-Vilnius in 1989, the fiftieth anniversary of the Molotov-Ribbentrop-Pact. This “singing revolution” led to the restoration of the independence of the three Baltic countries including Latvia. As symbol of lived solidarity 7 years later the first music therapy seminars were held at the University Liepaja by the German Children-Hospital Datteln, University Witten/Herdecke. Contract partner Prof. Dr. W. Andler (†), former medical director and chair for paediatrics, had a vision for a sustainable music therapy academic training program and practice-network comparable with the German standard, which both will be presented in this paper. The training programme was implemented by the author and strong supported by the German ministry of education, the Germany Embassy Riga and several EU-ERASMUS-projects, which allowed a high number of well known international lecturers to work with Latvian students. From 2004-2010 a monitored network of practice-institutions in all Latvian regions was founded by the author and later extended by German charities and companies. Now 25 years after the political independence of Latvia in the music therapy master programme graduate 10 students/year, who offer their service in more than 30 health/social care institutions. About 60 Colleagues in the Latvian Music Therapy professional association get regular supervision and continued education. Music therapy is official acknowledged as health care profession from the Latvian ministry for health. The resources, out of which this strong music therapy community in Latvia could develop itself does not exist in strategy tools or in money rather than in the inner self-concept of the Latvian people: Singing creates freedom. The right understanding of historic responsibility can not change the past but moreover enabled a country to build up music therapy on a high level.


Mini biography of presenter: Dr. Reiner Haus, German music therapist, since 1998 scientific co-ordinator, lecturer and honorary doctor in the Music Therapy Master Programme at the University Liepaja / Latvia.

Disclosure: No significant relationships.
CANADIAN GLEE: MULTI-PHASE STUDIES ON SINGING WITH OLDER ADULTS

A. Clements-Cortes
Music, University of Windsor, Woodbridge/CANADA

Abstract: This presentation will discuss three studies that examined the benefits of participating in a choir facilitated by music therapists on health, wellness and successful aging of cognitively intact adults and adults diagnosed with dementia.

Description: This presentation includes a description of three studies: Buddy’s Glee Club Phases I, II, and III: choral experiences for older adults attending Adult Day Care and living in a nursing home along with their caregivers. The background literature, recruitment, method, and results for all studies will be shared alongside a discussion and presentation of future research that builds upon the findings. The Buddy’s Glee Club studies were implemented to understand the benefits of participating in a choir on the health, wellness and successful aging of older adults both cognitively intact and/or diagnosed with dementia. In each of the phases, participants took part in a weekly one hour choral program and were assessed on a variety of qualitative and quantitative dimensions such as: anxiety, pain, and mood. From phase I five large themes emerged including: friendship and companionship; simplicity; happiness, uplifting and positive feelings; relaxing and reduced anxiety; and fun. Phase II (T-test analyses, two-sided with aggregated sessions data), indicated that changes were statistically significant (p<.01) for four indicators: increases in mood, energy and happiness and a decrease in pain. Nine large themes also emerged from this phase II including: music is therapy. Phase III is currently underway and results will be included in this presentation. Phase III is unique in that it involved one older adult participating with a caregiver in the choir.


Mini biography of presenter: Amy Clements-Cortes, PhD, MT-BC, MTA, FAMI, Assistant Professor, Music and Health Research Collaboratory, University of Toronto; Instructor & Supervisor, Wilfrid Laurier University; Senior Music Therapist/Practice Advisor, Baycrest, Toronto; Past-President CAMT; WFMT Clinical Commissioner.

Disclosure: These studies were funding by private donor of the Baycrest Centre Foundation where I work. I am also a co-investigator in the AIRS research project which supplied funding for an RA in the studies.
MUSIC-BASED AUTISM DIAGNOSTICS (MUSAD) - ASSESSING ADULTS WITH INTELLECTUAL DEVELOPMENTAL DISABILITY

T. Bergmann¹, T. Sappok¹, M. Ziegler², S. Dames³, A. Burkhardt-Distl⁴, A. Diefenbacher¹, I. Dziobek⁵
¹Abteilung Für Psychiatrie, Psychotherapie Und Psychosomatik, Evangelisches Krankenhaus Königin Elisabeth Herzberge, Berlin/Germany, ²Faculty Of Mathematics And Natural Sciences ii / Psychological Institute, Humboldt Universität zu Berlin, Berlin/Germany, ³Statistics - Joint Masters Program Berlin, Freie Universität Berlin, Berlin/Germany, ⁴, Praxisgemeinschaft, Wien/Austria, ⁵Exzellenzcluster Languages Of Emotion, Freie Universität Berlin, Berlin/Germany

Abstract: The MUSAD is a structured approach using musical interactional settings as an appropriate framework to assess autistic symptoms in adults with intellectual developmental disability. A preliminary study (N=91) provides evidence for its good feasibility, objectivity, reliability and validity.

Description: Introduction: There is high evidence of music therapy in the treatment of autism spectrum disorders (ASD) and the nonverbal communicative quality of music is used in ASD diagnostics as well. Although ASD is much more common among people with intellectual developmental disabilities (IDD) than in the general population, there is a lack of diagnostic tools for this group. The newly developed Musical Scale for Autism Diagnosis (MUSAD) is a structured approach with music as an age independent form of play to assess autistic symptoms in adults with IDD. Methods: Tasks and prompts to provoke diagnosis-related behaviors were created according to the DSM-IV-TR ASD criteria including social, communicative, and repetitive behaviours as well as sensory and motor issues. The sequence was designed taking into account autistic thinking and perceptual peculiarities. Applicability and psychometric properties of the instrument were evaluated in an ad hoc sample of 91 adults varying from mild to profound IDD. Results: The development of the diagnostic setting and course resulted in 13 musical interactional situations associated with various instruments and activities. The MUSAD was well accepted by the participants with good feasibility compared to established diagnostic procedures (ADOS, ADI-R). Plausibility has been verified by the complete encoding of one case by 12 untrained raters, objectivity was checked by coding a subsample (n=12) by two blinded raters and resulted in an ICC (2,1) of .733, indicating strong agreement. Reliability averaged over four test repetitions was .75 (ICC 3,1). Significant correlations r>.5 of the MUSAD total scores can be obtained with convergent measures (SCQ, PDD-MRS), while low correlation could be seen with discriminant scales (r=.2; ABC, MOAS). Factor Analysis and item selection led to a tailored final test-model, which was confirmed by fit indices. Conclusion: The MUSAD is a promising, appropriate observational measure for diagnosing ASD in adults with IDD.

References:


Disclosure: No significant relationships.
P009

PREPARING MUSIC THERAPY STUDENTS FOR A GLOBAL WORKFORCE: CULTURAL DIVERSITY AND E-LEARNING.

I.N. Clark, G.A. Thompson
Music Therapy, Melbouren Conservatorium Of Music, The University of Melbourne, Melbourne/AUSTRALIA

Abstract: The face of music therapy education is changing with technological advances and an increasingly global society. The Masters of Music Therapy at The University of Melbourne is offered to students across Australia and overseas via e-learning technologies and intensive teaching. Challenges and learning outcomes from this international curriculum are discussed.

Description: Increasing globalisation, student diversity, interdisciplinary focus, and e-learning resources are rapidly transforming university teaching (Ramsden, 2003). A learning environment maximising the potential of these resources offers significant learning opportunities and might prepare music therapy students for a global workforce (Farell et al., 2007). This paper will discuss the unique experiences of educators teaching students enrolled in Masters of Music Therapy at The University of Melbourne, Australia using e-learning technologies. Masters of Music Therapy (MMT) at the University of Melbourne is a 2-year full time course offered in a traditional on-campus mode and through blended learning. Blended learning involves on-line learning combined with intensive face-to-face teaching, and is available to students living in Australian states where there is no music therapy training courses, as well as overseas. Music therapy at the University of Melbourne aims to provide an international curriculum with culturally relevant content, clinical experiences, music therapy methods and music repertoire. An appreciation of specific international systems and cultural norms, such as health and education practices and government policy is also recognised. Student peer-to-peer engagement is encouraged with small group activities promoting supportive and respectful interaction, broad perspectives, diverse points of view, and critical thinking. Clearly, these are complex aims when considering students who are overseas and learning on-line. In many ways the learning environment for MMT students at the University of Melbourne is a fertile ground for exploring the potential of an international music therapy curriculum provided using technological resources. We will share our experiences, accomplishments and challenges faced as music therapy educators teaching students from diverse cultural backgrounds and using e-learning technologies.


Mini biography of presenter: Imogen Clark is a Music Therapist, PhD Candidate, and Tutor at the University of Melbourne Australia. Dr Grace Thompson is a Music Therapist, and Lecturer at the University of Melbourne.

Disclosure: No significant relationships.
**P010**

"NECESSITY IS THE MOTHER OF INVENTION": THE INCEPTION OF INTERACTIVE MUSIC-MAKING

S. Hadley
Music Therapy Service, Oxeas NHS Foundation Trust, London/UNITED KINGDOM

**Abstract:** Sarah Hadley has long used her clinical skills in disadvantaged areas of London to train early years practitioners to address developmental, social and communication needs using music. Work with Music as Therapy International in Romanian orphanages led to formalising her approach into the University credit-rated module, “Interactive Music-Making”.

**Description:** The whole concept of formalised skill sharing is something which has been evolving for the author for the past 20 years, driven by client needs. As leader of the largest National Health Service paediatric Music Therapy service, Hadley recognised how formalised skill sharing was to become an imperative in order to be able to meet the increased demand and demography of the Music Therapy caseload within the Royal London Borough of Greenwich. This paper traces the origins of this formalised skill-sharing from a Home Programme for parents of children with Downs Syndrome, and the significant contribution played by a period of time spent training Romanian practitioners on behalf of the charity Music as Therapy International to use music with children with wide ranging needs, towards the development of an approach now called ‘Interactive Music-Making’. The Interactive Music-Making approach has successfully extracted two specific principles of music therapy, namely: 1. Creating a secure attachment base as the basis of achieving positive developmental outcomes 2. Using music in a way which is responsive to the children’s innate musicality This paper will explore how it has been possible to transfer these key principles into everyday practice from the traditional highly specialist context, which is rooted heavily in professional musicianship, to create a training programme which requires no formal musical skills of its students. By building instead on the students’ strong motivation to use music to support healthy early child development, this paper will demonstrate how it has been possible to make effective musical activities and techniques accessible to early years practitioners. This in effect has widened the scope of practice to support the early identification of needs which may require Music Therapy or has prevented the escalation of need to a level where a clinical intervention would be indicated.


**Mini biography of presenter:** Sarah Hadley manages the Oxeas Music Therapy Service and is a practising clinician. She founded Interactive Music-Making: Working with the Under 5s, and is one of the Course Leaders.

**Disclosure:** No significant relationships.
CREATIVE MUSIC THERAPY WITH PREMATURE INFANTS: TESTING THE INFLUENCE ON BRAIN DEVELOPMENT

F.B. Haslbeck
Clinic Of Neonatology, University Hospital Zurich, Zurich/SWITZERLAND

Abstract: First insights in an ongoing controlled, e clinical trial that evaluates a possible influence of creative music therapy on the premature infants’ brain structure, function and development will be presented. Methods, challenges and first results will be subject of debate.

Description: Premature infants face several short- and long-term challenges. Research on brain development of premature infants shows that there is a high incidence of white and grey matter abnormalities as well as a neurobehavioral delay in premature infants. Results of a qualitative study show that creative music therapy (CMT) can facilitate relaxation and stabilization in premature infants; by experiencing inter-subjectivity in music the infants can be empowered to engage in meaningful, nurturing interactions. Since on the one hand individualized interactive experiences and on the other hand music may alter brain development in the fetus and very young infants, the question arises as to whether CMT might actually promote the premature infants’ brain development by facilitating nurturing socio-emotional and auditory interactive experiences at the same time. Therefore a controlled study is conducted to test a possible influence of CMT on the premature infants’ brain structure and function. First insights in this ongoing prospective, controlled, between-subject, e clinical trial will be presented. Attention will be given to methods and first results. 25 premature infants receive CMT during their hospitalization time and a matched case control group without music therapy serves as control group. MR imaging and EEG measurements are performed in order to assess brain growth and development at 32 weeks corrected gestational age and between 38-42 weeks of corrected gestational age. The study hypothesizes that the experimental group, when compared to the control group will demonstrate improved brain growth and development, for example larger global and regional brain volumes assessed by 3D volumetric MR data and better microstructure expressed by higher fractional anisotropy. Strategies and challenges of conducting a quantitative study with this vulnerable group will be subject of debate. Rounding off, implications for clinical practice and research in music therapy in neonatal care will be introduced.


Mini biography of presenter: Friederike Haslbeck is a clinical music therapist and research fellow at the University Hospital Zurich and the University Hospital Bern. She is teaching and counseling students at various international universities.

Disclosure: No significant relationships.
P012

DISTANCE LEARNING IN MUSIC THERAPY WHEN THE DISTANCE IS 1,555 MILES!

E. Lovell¹, C. Rowland²

¹Advisory Panel, Music as Therapy International, London/UNITED KINGDOM, ²Clinical Advisor To Local Partners, Music as Therapy International, London/UNITED KINGDOM

Abstract: In 2011 the British Charity Music as Therapy International launched its Distance Learning Programme providing introductory training for local practitioners in ways of using music to address the difficulties of young children with disabilities in Romania. This paper explores the creation of the programme, its impact and limitations.

Description: The Distance Learning Programme is in its third year and provides teachers, psychologists, educators and other care staff (all currently employed within Romania’s care system) with monthly online tutorials and written assignments, an Intensive Study Weekend to develop their skills in practice, and a supervised practical assignment. The authors will explore the rationale for developing the course and how the curriculum and teaching materials were developed, addressing the question “What are the key music therapy theories and techniques that can be safely used by people with no musical training and limited supervision of practice?” Reference will be made to the influence of the Interactive Music-Making Course: Working with the Under 5s (a partnership between Oxleas NHS Foundation Trust Music Therapy Service and Music as Therapy International). Insight into our students’ experiences on the course will be presented as we trace the areas that have proved both challenging and rewarding, as demonstrated by their written and practical assignments, use of supervision, tutorial evaluations and feedback. We will also look at the longer term implications of the course following a field trip to Romania to observe our Distance Learning graduates’ work in a range of care settings across the Country. The paper will demonstrate the scope and limitations of cross-cultural teaching through the medium of Distance Learning and consider the potential for the course to be made more widely available.


Mini biography of presenter: Emma Lovell sits on the Music as Therapy International Advisory Panel and is a Music Therapist with Hertfordshire Partnership University NHS Foundation Trust, working with adults with learning disabilities.

Disclosure: No significant relationships.
DEFINING PSYCHODYNAMIC MUSIC THERAPY: A FUNCTION OF THERAPIST OR THERAPY?

C. Isenberg
Music, University of Quebec in Montreal, Montreal/CANADA

**Abstract:** Relationships between psychodynamic music therapy practice and theory, and psychodynamic music therapists and therapy are explored. The concept of part-theories is used to posit that psychodynamic language may belie practice and that psychodynamic music therapy may be best defined by identifying training and personal psychotherapy characteristics of psychodynamic music therapists.

**Description:** Music therapy literature is replete with psychodynamic terminology. Although the practice of psychoanalysis is less popular than in the mid-20th century, the language of psychoanalysis has infiltrated society, the unconscious having become part of the vernacular. Within the mental health community, transference and countertransference have become common currency. Does this mean, though, that psychodynamic music therapy is more salient? A study on music therapy in mental health (Silverman, 2007) provides discrepant results, 49.2% of respondent psychiatric music therapists reporting using psychodynamic approaches; only 5.7% considering their primary philosophical orientation to be psychodynamic. In this presentation, this apparent inconsistency will be used as a springboard for exploring the relationship between psychodynamic music therapy practice and theory, and between psychodynamic music therapists and therapy.

Among the questions addressed are the following: Are psychodynamic practice and theory dissociable and if so, what does this mean and what are the implications? Is there necessarily a direct correspondence between a specific music therapy approach or technique and a specific conceptual framework? If some music therapy methods are used by music therapists with different theoretical orientations, do we identify a psychodynamic music therapy orientation via the therapist’s observable actions or unobservable clinical thought, and if the latter, how? If, as has been suggested elsewhere (Isenberg-Grzeda, 1989, 1998), clinical thought is expressed through a clinical vocabulary or language, are we able to identify the theoretical underpinnings of psychodynamic music therapy practice through this language and does language suffice to define the psychodynamic orientation? The notion that language suffices to define practice will also be examined, using the concept of part-theories to posit that psychodynamic language may belie psychodynamic music therapy practice and that psychodynamic music therapy may be best defined by identifying the training and personal psychotherapy characteristics of psychodynamic music therapists.

**References:**


**Mini biography of presenter:** Connie Isenberg, Ph.D., MTA, MT-BC, FAMI founded music therapy at UQAM. Charter member of the CAMT and clinical music therapist, she is a psychoanalyst, a clinical psychologist and an MFT.

**Disclosure:** No significant relationships.
P014

MUSIC THERAPY IN HEIDELBERG - THE 'CORE'-PRINCIPLE

A.F. Wormit
School Of Therapeutic Sciences, SRH University Heidelberg, Heidelberg/GERMANY

Abstract: The "CORE"-principle takes active and independent learning into account and combines expertise, knowledge and the joy of learning in a comprehensive way. The basic idea of the music therapy studies is to train music therapists as scientist-practitioners.

Description: By the winter term 2012/2013 all courses at the SRH University Heidelberg were re-organized - after the so called "CORE" principle. The new study model takes active and independent learning into account and combines expertise, knowledge and the joy of learning in a comprehensive way. The most important qualities of the CORE principle are: topic centred five-week blocks, competence orientation and suitable forms of examination, activity oriented teaching and related learning methods, intensive professional and personal service, innovation and research. The basic idea of the music therapy studies in Heidelberg is to train music therapists as scientist-practitioners, that are able to incorporate into various fields of music therapy research and practice independently with appropriate responsibly and reflection of their acting and development. Within the CORE-principle basic techniques, methodological competencies, personal and social skills are developed and subsequently and increasingly summarized to music therapeutic skills over the course of study. Music therapy requires the safe use of therapeutic instruments in a comprehensive psychological and medical field of work (expertise). It calls for various indications and clients, knowledge of the "state of the art", the ability to work evidence-based, scientific and critical reflective. Music therapists trained in Heidelberg can adequately establish therapeutic relationships and interpersonal-communication and differentiate themselves as a therapeutic personality in ethically appropriate ways.


Mini biography of presenter: Alexander Wormit, Prof. Dr., is vice dean of the School of Therapeutic Sciences and is dean of studies (music therapy, B.A.), SRH University Heidelberg, Germany.

Disclosure: No significant relationships.
P014A

MUSIC IN THE HOLOCAUST AND ITS IMPLICATIONS TO MUSIC THERAPY

A.C. Fisher
Music Therapy, Bar Ilan University, Ramat Gan/ISRAEL

Abstract: A qualitative study of the therapeutic effects, through music, on seven Holocaust survivors, all of whom were either amateur or professional musicians, both during and after WWII. The study shows how, in a non-conventional environment, music was used to ease trauma both on the victims and their companions.

Description: In this presentation we will examine self-therapeutic roles of music during and after the acute traumatic situation of the Holocaust. To answer this question seven Holocaust survivors, between the ages 73-95, were interviewed; some were professional musicians while others were amateurs. The interviews were analyzed according to Interpretative Phenomenological Analysis (Smith & Osborn, 2003). We found that music significantly helped the survivors in several different aspects in each and every stage of their lives; before, during, and after the Holocaust. During the war, for instance, music served as a means of "self-therapy" since it helped the survivors to concentrate on the "norm" and to escape their traumatic experiences. Through music, survivors could also raise the morale of their co-internees and to, thus, form and preserve social networks. Results of this study have implications to the field of music therapy. First, this is an outstanding demonstration of the power of music in the most difficult traumatic situations. Distraction from the surroundings, raising the morale, and giving a sense of humanity are all objectives which could and are implemented in music therapy. Second, findings showed that music helped the survivors to overcome the "conspiracy of silence" (i.e., the tendency to avoid mentioning their traumas). Such information might be of great value to therapists treating post traumatic clients. It is also of interest to discuss the borders of music therapy and its definitions in light of the so called "self-therapy" that was documented in this study.


Mini biography of presenter: I am a music therapist with 17 years of experience with severe retardation, non-verbal autistic adolescents. Nine years of experience as a lecturer. PhD student in Music Therapy.

Disclosure: No significant relationships.
P015

CREATIVE MUSICAL EDUCATION. METHOD FOR THE DEVELOPMENT OF MUSICAL SKILLS FOR MUSIC-THERAPIST.

I. Sánchez Constantino
Education, Mexican Institute of Humanistic Music Therapy, Mexico city/MEXICO

Abstract: “Creative Musical Education” is a holistic and humanistic method for the development of musical skills that works with body, emotions and mind, considering the cultural and spiritual context of the student. The method has been used in the training program of the Mexican Institute of Humanistic Music Therapy since 2001.

Description: “Creative Musical Education” is a holistic and humanistic method for the development of musical skills. It is a holistic method because it affirms that educational process must attend human being entirely, considering its individual construction and its cultural and spiritual context. This is why Creative Musical Education’s educational approach is aimed to develop and work with the dynamic interaction and the influence between body, emotions and mind. Thus, the development of musical skills is understood as a totality that must be approached holistically. The method is comprise of the following guidelines: 1) work and exploration with the body in order to develop psychomotor coordination and vital energy management; 2) emotional education as a basis for expression, motivation and clear establishment of attitudes; 3) training for logical and intuitive thinking. Creative Musical Education incorporates theories and techniques of artistic education from occidental culture. It also integrates philosophical principles and methodologies for psychoenergetic work from oriental culture. Creative Musical Education method has been proven effective in the development of fundamental skills for humanistic music therapists because it establishes conscious links between attitudes, musical skills and social skills. Creative Musical Education method is applied in the classes intended for developing musical skills as part of the Master’s degree in Humanistic Music Therapy taught in Mexico City. Creative Musical Education method has been used in the Mexican Institute of Humanistic Music Therapy since 2001 in its training program.

References: Holistic and humanistic method Development of musical skills Work with body, emotions and mind Conscious links between attitudes, musical skills and social skills Theories and techniques from occidental and oriental cultures


Disclosure: No significant relationships.
CAN MUSIC THERAPY LEARN FROM THE “CRISIS OF CONFIDENCE”?

T.K. Hillecke, J. Koenig, M. Warth  
School Of Therapeutic Sciences, SRH University Heidelberg, Heidelberg/GERMANY

Abstract: There is an ongoing discussions on the crisis of confidence. The question arises, what can music therapy learn from this debate?

Description: Over the last 20 years music therapy research was productive in different fields. Case studies were supplemented by empirical studies, also randomized controlled studies were realized and a lot of results were summarized in meta analyses. Cursory reviewed, it seems that many areas of application came closer to evidence based practice. In the same time a research crisis in associated disciplines arose: the so called crisis of confidence (Pashler and Wagenmakers 2012, Ioannidis 2005, Fanelli 2010). These ongoing discussions associated to this, cannot be ignored by health providers, health care systems and therapeutic sciences. In the light of this crisis questions with immense relevance - also for the field of music therapy - came up. 1. Are the main contents of this crisis relevant to music therapy research and which are those? 2. Are there any replications of music therapy studies? 3. Are there studies with negative results in the field of music therapy? 4. Are there independent music therapy studies or are all of them proceeded by stake holders? Respecting these questions, what conclusions should be drawn?

References:

Mini biography of presenter: Thomas K. Hillecke, Prof Dr., is the dean of the School of Therapeutic Sciences, SRH University Heidelberg, Germany.

Disclosure: No significant relationships.
MORE FROM MUSIC: MUSIC REHABILITATION FOR COCHLEAR IMPLANT USERS

S.M. Hodkinson1, R.M. Van Beseow2, B.R. Oliver1, M.L. Grasmeder2
1Music, University of Southampton, Southampton/UNITED KINGDOM, 2Institute Of Sound And Vibrational Research, University of Southampton, Southampton/UNITED KINGDOM

Abstract: A presentation of participatory design research developing music rehabilitation workshops and software for the adult cochlear implant (CI) user population. An exploration of specifications and needs that enhance music listening, helping CI users to make informed choices about music.

Description: Once an individual is implanted with a CI, the process of (re)habilitation is comprehensive, involving a wide team of professionals inputting at various stages. Music can often be a stumbling block. A CI processes sounds and stimulates auditory nerve fibres directly by producing pulses of electrical current from a very small number of electrodes. CI users typically experience difficulty with aspects of music such as: pitch recognition; following melodic contour; dynamic range. However CI users express a desire to hear music again and there is a growing acknowledgement of the significance of music for well being and quality of life. The few studies that have investigated the therapeutic value of music listening exercises, suggest that training is beneficial in helping CI users to perceive and enjoy music. Yet resources are limited. In this participatory design research, adult CI users were consulted through a series of focus groups and music workshops, evaluated using quantitative and qualitative methods (Oliver et al, 2012; van Besouw et al, 2013). Twenty-one adult CI users were subsequently recruited to take part in a 24-week randomised controlled crossover trial to evaluate prototype software. The CI users have a varied background in music, presenting different musical aspirations and desires. Within the research and resources being created, a balance has to be found between steering CI users towards musical genres and timbres that will sound good in quality through an implant, but also including enough variety to allow for individual taste and appeal. The aim of both the workshops and software is to develop musical awareness and transferable skills that enable a CI user to apply knowledge and discrimination when seeking new music, in order to gain the most from music through their implant.

Acknowledgements: Supported by AHRC grants AH/H039392/1 and AH/K002880/1.


Mini biography of presenter: Music therapist at Shooting Star CHASE children’s hospice in London and lecturer at the University of Southampton. Research includes music therapy in cochlear implant rehabilitation and paediatric palliative care.

Disclosure: No significant relationships.
P018

MUSIC THERAPY RESEARCH: TRENDS AND PATTERNS

B.L. Wheeler
- Retired, Beach Haven/UNITED STATES OF AMERICA

Abstract: The progression of music therapy research as reflected in research books will be reviewed, from Experimental Research in Music (Madsen and Madsen, 1970) through Music Therapy Research, 3rd Edition (in preparation). Types and purposes, publication venues, and issues will be included with an international perspective when possible.

Description: This presentation will detail changes in music therapy research as reflected in books about music therapy research. Publications whose content will be considered include the upcoming edition of Music Therapy Research, 3rd Edition (edited by Wheeler); Music Therapy Research, 2nd Edition (edited by Wheeler, 2005); Beginning Research in the Arts Therapies (Ansdell & Pavlicevic, 2001); Multiple Perspectives: A Guide to Qualitative Research in Music Therapy (Smeijsters, 1997); Music Therapy Research and Practice in Medicine (Aldridge, 1996); Qualitative Music Therapy Research: Beginning Dialogues (Langenberg, Aigen, & Frommer, 1996); Music Therapy Research: Quantitative and Qualitative Perspectives (edited by B. L. Wheeler, 1995); and Experimental Research in Music (Madsen & Madsen, 1970, 1978). Information on types of research, purposes of research, publication venues, and issues surrounding music therapy research through these years will be included. The presenter will include information on the content of many of the publications and analyze them according to various areas of interest. Examples from research studies and specific journals will be used to illustrate some of the points. To the extent that information is available from various countries, an international and multicultural perspective will be presented.


Mini biography of presenter: Barbara L. Wheeler, PhD, MT-BC, adjunct professor at State University of New Paltz and Molloy College, Professor Emerita from Montclair State University, and retired from the University of Louisville, presents and teaches, researches, and writes and edits.

Disclosure: No significant relationships.
P019

MUSIC THERAPY USING RUSSIAN FOLKSONGS FOR A RUSSIAN WOMAN LIVING IN JAPAN

Y. Nishimoto
Faculty Of Literature, Kumamoto University, Kumamoto/JAPAN

Abstract: This presentation reports the effects of music therapy using Russian folksongs on an aged Russian woman. After she joined the music therapy, she recalled her mother tongue which she had forgotten and it also improved her QOL. Moreover, it was effective for other participants, improving the understanding of her culture.

Description: This presentation reports the effects of music therapy using Russian folksongs on an aged Russian woman living in Japan. After she was bereaved of her Japanese husband, she suffered depression and isolation in the facility, because she is a foreigner. Later she moved to another facility with fewer members and joined our music therapy. She has some disability in her hands due to cerebral thrombosis and dementia. The objective of this therapy was to increase her physical and mental Quality of Life (QOL) and to reconcile her with the other participants. The method: All together 40 sessions were conducted in small groups once a week and 10 aged participants took part each time. The activities were singing and playing musical instruments. The progress and the result: Therapist considered the feelings of her and sang Russian folksongs in Russian. After joining the music therapy, we were amazed when she recalled her mother tongue which she had forgotten for a long time, after singing Russian folksongs. It also revived memories of her younger days. She sang gladly and showed everyone how to sing the Russian folksong “Katyusha”. This song fits the Japanese sentiment and was popular after World War II. After that other participants tried to sing in Russian and she taught us some words. Singing Russian folksongs together centering on her improved her QOL and her desire to live, and she was able to receive understanding and approval from other participants soon. In addition the others seemed to be watching her warmly, and were also touched by her singing, and their singing desire and level improved as well. This therapy was effective in facilitating group acceptance and understanding of a member of different culture and origin. The final result was better relations in the group and acceptance of the individual.


Mini biography of presenter: Yumi Nishimoto received the M.A. degree from Kumamoto University, Japan. She is working with elderly people with dementia as a music therapist. She is a part-time lecturer of Kumamoto University.

Disclosure: No significant relationships.
P020A

MEANINGFUL MOMENTS THROUGH MUSIC LISTENING IN ACUTE STROKE REHABILITATION

A. Forsblom  
Music Therapy Clinic, Anita Forsblom, Music Therapist, Vantaa/FINLAND

**Abstract:** This PhD-research explores the personal and subjective experiences of patients who have listened to music after acute stroke. Results showed that patients in the music listening group experienced less depressive and confused moods. Keywords: music listening, rehabilitation, acute stroke, experience

**Description:** Stroke claims the lives of nearly six million people each year. It is the second biggest cause of death for people over the age of 60. As we come to a better understanding of stroke recovery and the most effective rehabilitation strategies, most discussions on the subject usually focus on how pharmacotherapy and physical and cognitive therapies can remodel and affect the plasticity of the brain. However, not so much is known about how patients experience this kind of therapy. The present work explores the personal and subjective experiences of patients who have listened to music after acute strokes, as documented in my PhD: "Experiences of music listening and music therapy in acute stroke rehabilitation" (2012) The participants consisted of 60 people from the Department of Neurology at the Helsinki University Central Hospital who had been admitted to the hospital for treatment of acute stroke. Results showed that patients in the music listening group experienced less depressive and confused moods. Also recovery in the domains of verbal memory and focused attention improved more in the music group than in the audio book and control groups. The therapeutic role of music listening was then investigated more deeply and the results suggest that music listening can be used to relax, improve mood, and provide both physical and mental activation during the early stages of recovery from stroke. This work increases understanding of how music affects emotional processing from the point of view patients, and how music listening can be used in the treatment of acute stroke. Keywords: music listening, rehabilitation, acute stroke, experience

**References:**


Mini biography of presenter: Anita Forsblom, PhD is working as a GIM- music therapist in her own music therapy clinic in Vantaa, Finland. She is interested in experiences, people have while listening music.

Disclosure: No significant relationships.
P020

NORDOFF-ROBBINS MUSIC THERAPIST TRAINING IN ASIA

D.M. Kim¹, H.S. Baek²
¹Creative Arts Therapy, Jeonju University, Jeonju/KOREA, ²Clinical Division, Musicing: Korean Nordoff-Robbins Association, Seoul/KOREA

Abstract: In August 2011, the Nordoff-Robbins certification training program started at the Musicing center run by Korean Nordoff-Robbins Music Therapy Association (KNRMT) in Seoul. Korean music therapists are currently being trained as Nordoff-Robbins Music Therapists in their own language and culture.

Description: Since 1990’s when Nordoff-Robbins Music Therapy was first introduced by Dr. Clive Robbins and Dr. Alan Turry in Korea, many Nordoff-Robbins practitioners have contributed their clinical and theoretical knowledge on the development of the approach in Korea. Especially, the first three Korean Nordoff-Robbins music therapists, Dr. Young Shin Kim, Dr. Dong Min Kim, and Hye Seon Baek, trained and certified at the Nordoff-Robbins Center for Music Therapy at New York University played a vital role in the first phase of development of the approach in Korea. Nordoff-Robbins Music Therapy in Korea entered in the next developmental phase as the Nordoff-Robbins music therapy certification training program started at the Musicing center run by Korean Nordoff-Robbins Music Therapy Association (KNRMT) in Seoul in August, 2011. As of August, 2013, four trainees from the first cohort of the program have successfully finished their training and been certified as Nordoff-Robbins Music Therapists. Currently, seven music therapists from cohort 2 and 3 are being trained in the program. The training staff of the program are making extra efforts to incorporate Korean culture into the core philosophies of the approach, such as self-actualization, intrinsic motivation, and mutual growths through musical experience.

References:

Mini biography of presenter: Dr. Dong Min Kim, head of department of Creative Arts Therapy at Jeonju University. Ms. Hye Seon Baek, Clinical Director of Musicing Center of Korean Nordoff-Robbins Music Therapy Association.

Disclosure: No significant relationships.
P021

REFLECTIONS ON FEMINIST MUSIC THERAPY PEDAGOGY IN TEACHING MUSIC THERAPY

N.D. Hahna
Music Dept, Slippery Rock University, Slippery Rock/UNITED STATES OF AMERICA

Abstract: This study explored the phenomenon of feminist pedagogy as experienced by four music therapy educators. The study sought to examine if music therapy educators use feminist pedagogy, if so, how they use it, what their experience is, and how do they define feminist pedagogy.

Description: Four music therapy educators participated in semi-structured, in-depth interviews as part of a qualitative study. The purpose of this study was to explore the phenomena of feminist pedagogy as experienced by music therapy educators using phenomenological inquiry. The study examined the following research questions: (a) do music therapy educators use feminist music therapy pedagogy in teaching music therapy, (b) if so, how do they use feminist music therapy pedagogy, (c) what is their experience in using feminist music therapy pedagogy, and (d) how do feminist music therapy educators define their use of feminist pedagogy in undergraduate and graduate music therapy education. Each interview lasted from 1 1/2-3 hours. Data were analyzed according to Giorgi’s (1975) phenomenological method and feminist theory. The researcher used member checking, inter-rater reliability, and triangulation of data (interviews, analytic memos, and music lyrics) to address issues of trustworthiness and dependability. Five categories were identified from the meaning units: (a) philosophical framework, (b) goals, (c) teaching methods, (d) institutional and social issues, and (e) backlash and response. A composite summary, discussion of the implications of the findings, consistency and inconsistency with the literature, limitations, revisiting of assumptions, personal reflections, guidelines for using FMTP, and areas for future research are included.


Mini biography of presenter: Nicole Hahna, Ph.D., MT-BC, is an Assistant Professor in Music Therapy at Slippery Rock University. Her research interests include the use of feminist perspectives in MT education and clinical practice.
Disclosure: No significant relationships.
P022

DILEMMAS OR THE DEFINITIVE ANSWER: CAN A MANUAL ACCOMODATE QUALITY AND QUANTITY?

S.J. Compton Dickinson
Health Service And Population Research, Institute of Psychiatry, London/UNITED KINGDOM

Abstract: This presentation will describe the implementation and results of a two-armed, mixed methods partially randomised controlled trial of manualised forensic music therapy. The qualitative and quantitative outcomes will be explored in how an evidence-based treatment manual was developed. The chosen methodology gave patients a choice of different levels of participation.

Description: Duggan et. Al. (2009) state that patients in secure hospital treatment who have restricted freedom and choice have a right to expect evidence-based treatments. There are no large-scale quantitative or qualitative studies into the clinical effectiveness of music therapy for men and women who have committed violent offenses and who are residents in secure hospital settings. Two pilot projects were completed prior to this main study (Lawday & Compton 2013, Sleight & Compton 2013). In secure hospitals in the United Kingdom a multi-disciplinary approach involves the delivery of concurrent treatments tailored to each individual’s needs. Yet these time-limited interventions are programmed within structured multi-disciplinary treatment pathways. A form of music therapy is required which is compatible to offence-related, cognitive, psychosocial, educational and occupational therapeutic treatment programmes within the pathway. The aim of g-camt, is to facilitate patients to interact primarily non-verbally through jointly-created improvised musical dialogue. The process is facilitated through the skills of the music therapist within an integrated model based on the social concepts of group analytic therapy (SH Foulkes) and cognitive analytic therapy (Ryle and Kerr 2002). G-camt has been designed to be delivered safely by following a treatment manual, the aim of which is to help patients to learn together how to express themselves emotionally and socially (Compton Dickinson 2006). Following ethical approval and preparatory work, the Implementation took place over sixteen sessions with follow-up at eight weeks. The study sample was recruited from five selected mental health wards at Rampton high secure hospital. Forensic hospital services are gender specific, As such, this is a gender specific study for men who have a primary diagnosis of schizophrenia and who have committed serious, violent offenses for which they have been committed to hospital through the criminal justice system.


Mini biography of presenter: As Head of Arts Therapies and Clinical Research Lead, Stella devoted eleven years to developing the evidence base for forensic music therapy, she is a published academic and trained researcher

Disclosure: No significant relationships.
MUSIC THERAPY PROGRAM FOR CHILDREN WITH COCHLEAR IMPLANTS

Y.M. Quique
Speech Therapy, Universidad Manuela Beltrán, Bogota/COLOMBIA

Abstract: This research aimed to describe the characteristics of a music therapy treatment program created for children aged 8 to 10 years, who are cochlear implant users (CI), developing detection, discrimination, identification and sound understanding through music.

Description: Background: cochlear implant users go through re/habilitation processes that include the developing of detection, discrimination, identification and sound understanding. Speech therapists and audiologists, whose principal tools are sounds, generally lead these processes, but there are few programs, in this area, created specifically by music therapist.

Objective: this research aimed to describe the characteristics of a music therapy treatment program created for children aged 8 to 10 years, who are cochlear implant users (CI), developing detection, discrimination, identification and sound understanding through music.

Methods: This research follows the qualitative approach in an exploratory way, with a design using pre and post-testing. A music therapy assessment tool was designed for evaluating detection, discrimination, identification and sound understanding; this being applied pre and post-test. The treatment process comprised 10 sessions and was individualized. The program was initiated by 5 participants from CINDA (Research Center for Hearing Impaired) from Bogota city, but only 4 of them completed (three boys and one girl).

Results: The results showed significant progress in the specific area of detection, discrimination, identification and music-sound comprehension; but the most important element was the development of the musical "being" and "doing" that was evident in each child during and after the program.

Conclusions: the treatment program created and the evaluation tool, are two important outcomes that can be used in working with children with cochlear implants.


Disclosure: My paper has been sent for publication to a Journal in spanish. I am waiting for its peer review and acceptance.
"IL FLAUTO MAGICO" STILL WORKS: MOZART’S SECRET OF VENTILATION

K. Laczika¹, O.P. Graber², G. Tucek³, A. Lohninger⁴, N. Fliri⁵, G. Berka-Schmid⁶, E.K. Masel⁷ and C.C. Zielinski⁷
¹Medical University of Vienna, Department of Internal Medicine 1, Division of Palliative Care, Vienna/AUSTRIA; ²University of Music and Performing Arts Vienna/AUSTRIA; ³IMC University of Applied Sciences, Krems/AUSTRIA; ⁴Autonom Health, Vienna/AUSTRIA

Background
Synchronisation/coupling between respiratory patterns and musical structure.

Methods
Healthy professional musicians and members of the audience were studied during a performance of W.A. Mozart’s Piano Concerto KV 449. Electrocardiogram (ECG)/Heart Rate Variability (HRV) data recording (Schiller: Medilog®AR12, ECG-channels: 3, sampling rate: 4096 Hz, 16 Bit) was carried out and a simultaneous synchronized high definition video/audio recording was made. The breathing-specific data were subsequently extracted using Electrocardiogram-derived respiration (EDR; Software: Schiller medilog®DARWIN) from the HRV data and overlaid at the same time onto the musical score using FINALE 2011 notation software and the GIMP 2.0 graphics programme. The musical score was graphically modified graphically so that the time code of the breathing signals coincided exactly with the notated musical elements. Thus a direct relationship could be produced between the musicians’ breathing activity and the musical texture. In parallel with the medical/technical analysis, a music analysis of the score was conducted with regard to the style and formal shaping of the composition.

Results
It was found that there are two archetypes of ideally typical breathing behaviour in professional musicians that either drive the musical creation, performance and experience or are driven by the musical structure itself. These archetypes also give rise to various states of synchronisation and regulation between performers, audience and the musical structure.

Conclusions
There are two archetypes of musically-induced breathing which not only represent the identity of music and human physiology but also offer new approaches for multidisciplinary respiratory medicine.

References
P025

MUSIC THERAPY AND AUSTRALIAN INDIGENOUS CHRONIC DISEASE: FEASABILITY AND POTENTIAL

S. Truasheim
Allied Health Department, Institute for Urban Indigenous Health, Brisbane/AUSTRALIA

Abstract: What is the potential for music therapy to be a culturally appropriate and effective way to improve Indigenous health in Australia? This paper examines a pilot music therapy program for Indigenous Australian adults living with chronic disease, and reports on positive findings from client and inter-professional staff feedback.

Description: There is currently up to a 20 year difference in expected lifespan between Aboriginal and Torres Strait Islander people, and non-Indigenous Australians (O'Dea, 2005). Chronic disease plays a significant part in this, with chronic disease accounting for a majority of Indigenous deaths in recent times (Australian Institute of Health and Welfare, 2013). There is a notable lack of reporting on music therapy programs designed for Aboriginal and Torres Straight Islander people, as well as a lack of discussion around the cultural considerations required to ensure that music therapy programs are delivered in a way that is informed by the Indigenous community, culturally empowering, and effective. This paper reports on a pilot program that was implemented as part of an already existing chronic disease self-management program for Indigenous adults that provided health education and exercise sessions. Over 12 weeks, 13 Indigenous adults attend music therapy. Goals identified by the participants were increasing social connectedness, improved physical health, and sharing of experiences to advocate for wider community health improvements. Feedback from staff and clients suggests that the program was valued by all involved, and revealed an increase in the feeling of connection in the group, a feeling of being valued, and a value of the relaxation and song-writing interventions. This paper will include discussion of the current literature on urban Indigenous health, chronic disease, culture and health, and music therapy, following by an explanation of the context of the program and description of the program music therapy program itself. Client and staff feedback was collected through questionnaires and a focus group, and partnering with clients, song-writing and relaxation interventions, logistics and inter-professional involvement were all identified as key factors in the program's development. Recommendations for future music therapy programs accessed by Indigenous Australians will be provided.


Mini biography of presenter: Sian Truasheim has completed a Masters of Music Therapy by coursework at the University of Queensland, and currently works at the Institute for Urban Indigenous Health, in Brisbane, Australia.

Disclosure: I am currently employed by the organisation in which this pilot program ran, and created a part-time position partially from this experience, funded solely by this program. The greater program, including music therapy, is being packaged for licensing.
P026

BIO-GUIDED MUSIC THERAPY

E. Miller
Music Therapy, Montclair State University, Montclair/UNITED STATES OF AMERICA

Abstract: This session reviews fundamental concepts of Bio-guided Music Therapy - utilizing real-time physiological data-driven music therapy for stress, anxiety, hypertension, ADHD, etc. Live data to inform interventions such as drumming, improvisation, music listening, guided imagery and mantra meditation will be reviewed. A live demo will be included time-permitting.

Description: This presentation presents fundamental concepts of Bio-guided Music Therapy (Miller, 2011, Jessica Kingsley Publishers of London). The session provides the music therapy practitioner with a rationale, historical context and overview for utilizing real-time physiological data driven music therapy. Interventions are outlined for various purposes and populations. Some of the target complaints discussed include, stress, anxiety, high blood pressure, Raynaud's disease, neuromuscular deficiencies, ADHD, Autism, depression, phobias, and addictions. Examples using live data to inform interventions such as drumming, live improvisation, music listening, guided imagery and mantra meditation will be shown. In the workshop format, the session delivers a live demo in creating musical environments based on real-time physiological output of muscle tension, heart-rate, skin conductance and EEG brainwaves.


Mini biography of presenter:

Eric B. Miller Ph.D. MT-BC, music therapist, biofeedback-practitioner, and author, is adjunct faculty at Immaculata and Montclair universities. Eric collaborated with Grammy-winning cellist, David Darling on the instrumental CD Jazzgrass.

Disclosure: Workshop relates to my book published by Jessica Kingsley. The monetary return to myself is not significant. In presentation, I do not sell anything. This workshop was presented as a CMTE course at the AMTA national conference in Jacksonville, FL Nov 2013.
PERSONAL MEANING OF QUALITY OF LIFE OF AFTER STROKE PATIENTS IN THE CONTEXT OF MUSIC THERAPY

A.Vilkeliene¹, J.Jakutis²
¹Special Education of Arts, Lithuanian University of Educational Sciences, LIT
²Health and Rehabilitation, Alytus Medical Rehabilitation and Sports Centre, LIT

Abstract: Quality of life of after – stroke patients is associated with their physical and cognitive abilities (movements, memory, speech) and internal state (happiness, satisfaction with life, belonging to group). The studies of E. Ruud (1997), D. Aldridge (1996) confirm the fact that the man, unable to recognize and express his emotions, cuts communicative relationships with the people round about on preverbal level, suppressing and extinguishing his feelings. Then he becomes incomprehensible to others, in addition to a negative impact on the individual’s own world - he retires into himself and loses the opportunity to feel the quality of fullness of life. However, when analysing the results of research, it follows, that positive emotions, social interactions and assessment of identity during artistic activity is one of the most important meanings of quality of life of the person.

Description: This paper examines the problem of quality of life that scientists explain in the very different ways: economic, medical, pedagogical-technological, artistic, therapeutic. The World Federation of Music Therapy in the music therapy definition states that it “restores the individual functions in order to improve the intra and/or interpersonal integration and, therefore, the better quality of life” (Barcellos, 1996). So, the music therapy like leads to the better quality of life, but it does not have to be associated with the better health or better understanding the personal meaning of the quality of life. However, if the person due to his condition cannot achieve his goal, it is related to his health, emotional state and behaviour. In turn, the situation of the person’s behaviour and belonging to the society - work, leisure, education – reveals as an opportunity to express his identity, creating and taking over the values that prevail in the surrounding culture. These statements are confirmed by the studies of E. Ruud (1997), which emphasize that due to application of the musical means the quality of life of the disabled changes positively: the assumptions for the feeling of commonness emerge, the music stirs emotions and vitality and helps to harmonize the feelings, the musical expression means complement the self-expression opportunities, whereas the perception of national identity creates the feeling of community, belonging to the ethnic group or your nation. That’s exactly through the ethnic culture, which reveals the values and traditions the belonging to a particular ethnic group is strengthened. The folk songs, dances, traditional crafts, ethnic symbols and rituals and other traditional activities form the spiritual experience of the nation, the time-tested cultural segment (Sauka, 2007). For example, the sounds of music evoke emotions (Lundqvist, Carlsson, Hilmersson, Juslin, 2009), through the musical activities the sense of commonness in the group, society is reached faster. For the disabled the music is the gateway to the community, and the very existence in the community makes him feel safe, belonging to the group, nation, its culture (Stiege, 1996; Ruud, 1997) These authors provide empirical evidence that the ethnic music, ethno-cultural understanding, feeling create the sense of national identity. The object of this research is the a personal meaning of quality of life of people after stroke in the context of music therapy. The research was carried out in a cooperation with the medical doctor at Medical Rehabilitation and Sports Centre. Five after-stroke patients during their rehabilitation stage at the centre were included in the research. All of them were asked whether they would agree to participate in the short-term study. 10 music therapy sessions 15 minutes each were carried out. The four steps of action research are presented as: the identification of the problem of the after-stroke patients; the fact finding that was undertaken with regards to the literature; the making of an overall plan to address the problem; an evaluation of each patient personal meaning of quality of life in the music therapy context. These findings demonstrate that singing, rhythmetrical exercises and music listening during the after stroke stage can enhance cognitive recovery, prevent negative mood. However, when analysing the results of research, it follows, that positive emotions, social interactions and assessment of identity during artistic activity is one of the most important meanings of quality of life of the person. re-structuring of an inner system (Tuček,2006), creating identity, or self-perception, as a person belonging to a certain group, holding a certain status or capable of conveying certain values, can be developed by strengthening of national identity, which is revealed in the ethnic culture.

References

Mini biography of presenter: Professor dr. Aldona Vilkeliene subject is special education of arts, she works with the disabled children and adults teaching music and applying music therapy methods. She is a President of Ethnomusic therapy association in Lithuania.
Disclosure: No significant relationships.
P028

BENEFITS OF AN ASIAN MUSIC THERAPY STUDENT GROUP: MULTIPLE PERSPECTIVES

Y. Lin1, B. Abrams2
1Music Therapy, Montclair State University, Taipei/TAIWAN, 2Music Therapy, Montclair State University, Montclair/UNITED STATES OF AMERICA

Abstract: The purpose of the study was to understand the benefits of utilizing a self-regulated Asian music therapy students peer group on improving its members’ learning experiences in academic study, clinical work, and personal life in the U.S. from both perspectives of educator and student.

Description: In recent years, there have been increasing numbers of Asian students enrolled in music therapy programs in the U.S. These students often bring diverse perspectives from their multicultural backgrounds that enrich their programs. However, major discrepancies between Asian and American cultures also bring high levels of stress and challenge resulting from language barriers, lifestyle changes, loss of control, overwhelming unfamiliarity, and insufficient social support. Furthermore, these students are not the only ones experiencing this acculturative stress – their educators also face challenges of adjusting and adapting their teaching to culturally diverse students in order to provide them with sufficient support in accordance with their needs. In one case, a group of Asian students at Montclair State University in the U.S. spontaneously established a self-regulated peer group for improving each other’s learning experiences. This group was first established in September, 2011 and was composed of a total of eleven students, who participated through August, 2013. In order to understand this group better, a research study on their personal experiences was conducted utilizing both narrative and arts-based inquiry. Findings indicate that the group was helpful in providing important opportunities for practicing music therapy techniques, exchanging information, and sharing thoughts and feelings using secondary language in a relaxing and secure environment. Moreover, increased connection with in-depth cultural understanding greatly improved social bonding among members, thus creating a sense of belongingness, which helped strengthened the social support system in the group. Finally, findings also suggest that deep empathy and active introduction of resources to multi-cultural students promote those students’ wellbeing and success.

Preliminary abstract overview per April 2014


**Mini biography of presenter:** Yi-Ying Lin, MA, MT-BC, is from Taiwan. She completed graduate studies at Montclair State University in the U.S. and was clinical trained in Beth Israel Medical Center.

**Disclosure:** No significant relationships.
P029

GROUP PSYCHOANALYSIS AND MUSIC THERAPY

C. Münzberg
Institute For Music Education, University of Music and Performing Arts Graz, Graz/AUSTRIA

Abstract: Music therapy in groups is often based on group dynamic and group psychoanalytic concepts. Some important concepts and their meaning for the understanding of musicotherapeutic improvisation and group processes will be explained.

Description: Music therapy is very common in form of a group setting. Group dynamic and group psychoanalytic concepts are often used inherently. Terms like "scapegoat phenomena", "mothering aspects of groups" or "sibling transferences" are widely known and can be found in music therapy groups in the context of relationship as well as in musically improvised processes in sense of inscenatoric aspects. The basic meaning of some important group psychoanalytic concepts and the understanding for the group process in musicotherapeutic group work will be explained and illustrated in case vignettes.


Mini biography of presenter: Dipl.-Music Therapist, Psychotherapist Group psychoanalyst OEAGG, D3G, Group training analyst D3G Training music therapist DMIG, OEBM Management team GRAMUTH, Inter-university course music therapy, University of Music and Performing Arts Graz

Disclosure: No significant relationships.
P030

SUSTAINABLE MUSIC THERAPY PRACTICE IN SINGAPORE: AWWA CHORALE

E.Y. Lee
School, Asian Women's Welfare Association, Singapore/SINGAPORE

Abstract: This paper shall present on a pilot music therapy project using communal singing and improvisation within a 3-phase model. This model illustrates how existing traditional group sessions may transition to a consultative model within special education. Challenges encountered in managing cultural expectations shall also be discussed.

Description: The shifting priorities within special education in Singapore in recent years has moved towards inclusion within the community, and empowering families in supporting family members with special needs (Steering community on the Enabling Masterplan, 2011). Research have shown that currently, parents remain essential but ‘unequal partners’ in the support network of special education (Poon, 2013) and it is an issue not adequately addressed. Meanwhile, consultative music therapy practices have been well documented in special education in recent years, but most were either located in Western societies (Kern & Aldridge, 2006; Rickson, 2010), or western music therapists conducting short term projects with a focus on local skill development (Bolger & Skewes McFerran, 2013). This paper shall bridge the gap in literature, by presenting perspectives of a western-trained music therapist returning to a local community, overcoming cultural differences between western-based training and local cultural sensitivity. AWWA Chorale is a music therapy program aimed at addressing the needs of High Support Needs (HSN) students as well as their mandatory caregivers, who are required to be present at all times. Such intensive interaction may result in increased levels of care-giving stress, which could be detrimental to students with HSN. Communal singing provided a three-way benefit during music therapy sessions: First, it allowed the musical experience to be attuned to actions/vocalisations done by the students, facilitating social interaction & individual communication goals. Second, caregivers could participate in community singing. Finally, teachers will be equipped with activities and ideas to adapt songs for different purposes, but tailored to their respective classes’ needs. The outcomes were measured through teacher surveys as well as scoring against their Social Emotional Learning (SEL) goals. This transitional arrangement benefited six classes over three months, transitioning from traditional group sessions to having teachers conduct music facilitated activities independently.


Mini biography of presenter: Evelyn Lee is a registered music therapist in Singapore working children with multiple disabilities and autism in a special school. She is passionate about empowering families through active music making.

Disclosure: No significant relationships.
P031

USING THE MUSIC OF OTHER CULTURES IN CLINICAL PRACTICE: FOR WHAT PURPOSE?

H. Loth
Music Therapy Centre, Anglia Ruskin University, Cambridge/UNITED KINGDOM

Abstract: Musical cultural diversity is a growing area of enquiry in music therapy. This paper presents guidelines for the use of Indonesian gamelan in clinical music therapy, drawn from a recently completed research study. It will be illustrated with video excerpts from a pilot ‘Gamelan Therapy’ Project with learning disabled children.

Description: The use of music and instruments from a foreign culture in music therapy practice could be considered as simply a novelty or even irrelevant to the lives of participants. However, a recently completed research study by the author suggests that Indonesian gamelan music has much to offer western music therapy practice. Whilst the benefits of gamelan playing are being increasingly described (MacDonald et al, 1999; Wilson & Logan, 2006; Leonard et al, 2013), outcomes of this study show that gamelan playing could be an effective intervention in a range of practices, when delivered by a music therapist experienced in the music. These include group therapy, community work, family therapy and individual or small group work for clients with complex or profound learning disabilities and/or sensory impairments. A continuum of gamelan musical techniques were identified, from free improvisation using the sounds as a resource, through using gamelan musical structures, to playing full traditional pieces. These can be used to address specific therapeutic aims. The study showed how particular aspects of gamelan culture have relevance for therapy practice, such as the need to work as a group and be aware of roles taken within it, how gamelan playing develops and strengthens a sense of community amongst participants, the potential for the multi-sensory aspects of the music to engage participants and the importance of the transmission of the culture through the gamelan music therapy practice. A major outcome of the study was the development of a set of guidelines for the use of gamelan in music therapy practice. These guidelines and outcomes will be presented and illustrated through video excerpts taken from a small pilot ‘Gamelan Therapy’ project with a group of learning disabled children. The effects on the identity and role of the music therapist using gamelan will also be explored.


Mini biography of presenter: Helen Loth is Course Leader, MA Music Therapy, Anglia Ruskin University. Her clinical practice includes adult mental health, and learning-disabled children and their families. She plays Javanese and Balinese gamelan.

Disclosure: No significant relationships.
MUSIC, TRADITIONAL VALUES, AND PREGNANT WOMEN IN INDONESIA

J. Natalia
Faculty Of Psychology, University of Surabaya, Surabaya/INDONESIA

Abstract: This research investigated the influence of preferred music on the anxiety of Indonesian pregnant women. The experimental group (30 Ss) listened to music while the control group (29 Ss) did not. The results revealed that there were no significant differences in anxiety between the two groups because of traditional values.


Mini biography of presenter: Johanna Natalia Faculty of Psychology – University of Surabaya Jl. Raya Kalirungkut – Tenggilis Surabaya 60293 Indonesia Phone : + 62 31 – 298 1300 E-mail : johanna_natalia@staff.ubaya.ac.id n_nod@yahoo.com
Disclosure: No significant relationships.
P033

TUNE IN EVERYBODY! XYLOPHONE ENSEMBLES DEVELOPING SOCIAL ABILITIES IN STUDENTS WITH AUTISM.

B. Arns, V. Lucas
Music Therapy, Giant Steps Sydney, Gladesville/AUSTRALIA

Abstract: A project to introduce xylophone ensembles to students with autism provided an opportunity to examine the social and musical skills required to enable participation. The results of a 40-week program will be presented along with case studies illustrating individual social change and effects on the school's musical culture.

Description: It is well established in the literature that music making can be a highly preferred activity for individuals with autism. Current research also suggests that music, as a multi-modal activity engaging regions of the brain overlapping with the human mirror neuron system, may have great potential for this population (Wana et al., 2010). Studies confirm that children show high levels of social engagement and communication in the music therapy setting (Edgerton, 1994; Kim, Wigram & Gold, 2008 and 2009). Recent studies also indicate that while children with autism can have difficulty attending to stimuli on demand, they show excellent attention to desired stimuli. They also found that there were difficulties in orienting when the cue was social, but not when the cue was non-social. This suggests that the use of desired stimuli (tuned percussion and music) is playing to a strength of autism, whilst playing in a socially-cued ensemble is focusing on a core deficit. A 2012 grant enabled Giant Steps to introduce groups of large, novel instruments to students who were more accustomed to sharing instruments by waiting and taking turns. The equipment proved to be highly motivating for most students from the outset and the setting was ripe for social engagement. The music therapy team examined what social and musical skills would be necessary for a student to be able to succeed, and developed an assessment tool to track these skills over a 40-week period. The results of this program will be presented along with a discussion of differentiation strategies. Some surprising individual social gains will also be shown through case studies. Feedback on the program showed some interesting effects on staff and family perceptions of the students. This was most evident when showcasing their skills within the school community thereby enriching the school’s musical culture and identity.


Mini biography of presenter: Bronte Arns is the Director of Music Therapy at Giant Steps Sydney, also working in private practice with autism early intervention services. Vanessa Lucas is a Registered Music Therapist at Giant Steps Sydney, also working in private practice with autism early intervention services.

Disclosure: No significant relationships.
P034

CAN MUSIC BRIDGE THE CULTURAL GAP BETWEEN ARABS AND JEWS IN ISRAEL?

A. Gilboa, R. Hanna
Music Department, BAR-ILAN UNIVERSITY, RAMAT GAN/ISRAEL

Abstract: In this lecture we would like to examine the ability of music to bridge cultural gaps. We will do this by describing "Let's talk music", a music therapy project which we conduct which is aimed at enhancing communication between Arab and Jewish university students in Israel.

Description: In this lecture we would like to examine whether music can enhance communication between groups which are in cultural conflict, and more specifically, between Arabs and Jews in Israel. We will do this by describing "Let's talk music", a music therapy project which we have been conducting and developing for the past few years. In this group, Arab and Jewish university students meet on a weekly basis and are involved in different musical activities aimed at enhancing the communication between the cultures and enabling rich and complex inter-cultural processes to take place.
We would like to show how music was used in different ways to deal with cultural conflict: It taught participants how to listen to each other, it enabled them to become more acquainted with one another's culture, and it encouraged people to communicate concerns regarding the ongoing Israeli-Palestinian conflict. We would also like to show where music did not succeed to bridge cultural gaps. Finally we would like to conduct an open discussion with the audience and see if "Let's talk music" could be implemented with conflicting groups in other contexts and in other places in the world.

References:

Mini biography of presenter: Avi Gilboa is Lecturer of Music Therapy at Bar-Ilan University, Israel and Head of Music Therapy, Haredi College in Jerusalem. He publishes and lectures extensively on multiculturalism in relation to music therapy

Disclosure: No significant relationships.
CROSS-CULTURAL MUSIC THERAPY SKILL-SHARING: SUCCESSES, LIMITATIONS AND CONSIDERATIONS

A. Quin¹, C. Rowland²
¹Director, Music as Therapy International, London/UNITED KINGDOM, ²Clinical Advisor To Local Partners, Music as Therapy International, London/UNITED KINGDOM

Abstract: Alexia Quin and Cathy Rowland will look at the impact of Music as Therapy International’s introductory music therapy training projects for local practitioners working worldwide. Their research uses a Competency Framework to evaluate the skill-base used by participants in their continued practice, further informed by local and cultural considerations.

Description: Since 1995, the British charity Music as Therapy International has been providing very introductory training to local care staff, teachers, physio and speech therapists, and psychologists who work in countries where music therapy is not yet an established, or widely accessible, form of intervention. In 2004, Quin worked with fellow music therapist, Sarah Hadley, to devise a Competency Framework which ratified the core competencies necessary for effective music as therapy practice (as opposed to clinical music therapy practice). This Competency Framework has been implemented and refined ever since, with input from numerous members of the Music as Therapy International Advisory Panel of Music Therapists. Its current format is now used to structure the charity’s Distance Learning Programme in Romania, as well as its university credit-rated learning module “Interactive Music-Making: Working with the Under 5s” in the UK. In 2013 and 2014, members of the charity’s Advisory Panel of Music Therapists undertook field trips to gather up-to-date evidence of how local practitioners working in three continents were sustaining their practice. All practitioners had received locally-tailored introductory music therapy training delivered using a skill-sharing training model between 1998 and 2013. Quin and Rowland will present the findings of this research: Which key music therapy skills were successfully being sustained in practice, and which were not? An analysis of these findings will consider if there is any cross-cultural universality to the particular skills which have been successfully adopted, or to the limitations of skill-sharing as a training model identified through the research. Additionally, the authors will explore any contributions to these findings which might be attributable to local culture, and other local factors (such as a practitioner’s previous or subsequent education and training, the level of support they have in their work, their professional status, length of practice etc).


Mini biography of presenter: Cathy is a freelance music therapist working with adults and children with learning disabilities in England. She is also the Clinical Advisor to Local Partners for Music as Therapy International.

Disclosure: No significant relationships.
TRIADIC SUPPORT OF INTERACTION BY IMPROVISATION

J. Strange
Department Of Music And Performing Arts, Anglia Ruskin University, Cambridge/UNITED KINGDOM

Abstract: When a client with profound developmental delay is supported in music therapy by an assistant, the development of early interaction patterns between client and assistant may be promoted by music the therapist improvises from outside the interacting dyad. The views of observing music therapists and participating assistants will be presented.

Description: This paper presents two stages from the presenter's recent doctoral research. The first stage consisted of semi-structured interviews in which learning support assistants reacted to video clips of music therapy which showed their own interactions with profoundly learning disabled teenage pupils, supported by the therapist's improvised music. Interpretative phenomenological analysis of the set of interviews yielded common themes linking the LSAs' views, including concern for the teenagers' autonomy, interest in their communicative behaviour and understanding of the mutuality of interaction. However, the therapist's improvisation was viewed as influencing only the teenagers. The second section involved three music therapists who first used a mechanical device to register continuous responses to the set of video clips and later discussed their responses as a panel, linking therapeutic influences they had detected with features of the improvised music, as transcribed by the presenter. A system devised by Daniel Stern to classify different schools of mother-infant psychotherapy was adapted as a framework to structure both the music therapists' continuous responses and their subsequent discussion. Using this framework, musical influences upon the overt behaviour and inferred mental processes of the client and the assistant were considered separately. Despite this analytical approach, evidence emerged that the improvised music often influenced the client-assistant dyad more systemically. The clinical work studied will be illustrated by two of the video clips and the corresponding musical transcriptions. There will also be a short video illustration of the mechanical response device, which could prove useful in any research requiring continuous judgments to be made to clinical music therapy presented as video.


Mini biography of presenter: John Strange has 28 years experience as a music therapist specialising in child and adult learning disability. He has recently completed doctoral research at Anglia Ruskin University, Cambridge, England.

Disclosure: No significant relationships.
LOCALIZATION AND CULTURAL ADAPTATION OF MUSIC THERAPY IN IRAN DURING TWO DECADES

H. Doostdar¹, S. Foroozanfar², H. Zamanian³

¹Art Therapy, Mental Retard children society, Tehran/IRAN, ²Clinical Psychology, Azad University, Tehran/IRAN, ³Health Education And Promotion, Qom University of Medical Sciences, Qom/IRAN

Abstract: During previous two decades, music therapy activities in Iran had a great advance which its main reason was attempts to cultural adaptation of music therapy. In this paper we discuss about our attempts in cultural adaptation of music therapy in Iran.

Description: Iranian population has people from diverse races and ethnicities. Each race people has their own culture, traditions and their own music and melodies and even their own languages. As well, diverse musical instruments are used frequently in different races of Iran. Music therapy success could be achieved only with considering these factors in designing protocols and interventions.

We, in Mental Retard children society, during previous two decades tried to culturally adapt music therapy in Iran. This cultural adaptation was made in different ways: using local instruments, using Maqami traditional melodies, collaboration with some songwriters for different treatment targets, using local and traditional dances and its integration with music therapy considering especial targets, having collaboration with local musicians from different races in Iran are some ways to adapt music therapy.

Another point is related to immigrants. We have more than 4 million immigrants in Iran from other countries. After some failures in treatment, we tried to have team work with musicians and sociologists of these countries (now for Afghanistan and Iraq) to know more about their music and culture.

Another issue is the role of religious beliefs in music therapy. Some strict religious people in Iran believe that music is forbidden. The only way to overcome this problem was advocacy with religious leaders which led to some letters from them about permission of music application for treatment purposes. The other way we tries was applying religious music and melodies in music therapy.

The other way we did, was using the ancient narration melodies in music therapy. This narrations are about Myths or national ancient champions which made our interventions more adapted culturally.

References:

Mini biography of presenter: Hatef doostdar: More than 20 years activity in music therapy practice and 15 years of teaching music therapy in Iran. Writing four books and some papers in music therapy.

Disclosure: No significant relationships.
COMMUNITY MUSIC THERAPY IN A COLLECTIVE CULTURE

H. Kimura¹, Y. Nishimoto²
¹Integrated Human Studies, Faculty Of Letters, Kumamoto University, Kumamoto/JAPAN, ²Faculty Of Letters, Kumamoto University, Kumamoto/JAPAN

Abstract: Japanese culture is collectivistic, which influences music therapy practice there. In this presentation the collectivist characteristics in Japanese Community Music Therapy are analyzed. Also, through a consideration of the music of Takemitsu, some aspects of music therapy in West and East are discussed and the interaction of the two considered.

Description: Music therapy differs according to the cultural character of the place in which it happens. According to a cross-cultural psychologist H.C.Triandis, Japanese culture is a collectivist one. He suggests that people in collectivist culture are likely to define themselves as aspects of groups, to give priority to in-group goals, to focus on context more than the content in making attributions and in communicating. Although Triandis noted that China, Korea, Japan, and Russia are collectivist cultures, the Japanese type is somewhat different. Japanese culture sets a higher value on ‘process’ than ‘aim’ or ‘result’, especially on the relationships within process. This process is sometimes called ‘nariyuki’ in Japanese, which means ‘in the course of events’. For Japanese ‘nariyuki’ is not a procedure led by some clear objective or some dominant director but is a spontaneous development dependent on the atmosphere within a group. This sense of somewhat loose and subtle relationship is considered typical in Japanese groups. Although music therapy was introduced to Japan in early 60’s, from Europe and US, where the individualistic culture is dominant, Japanese music therapy became gradually different from the music therapy of those countries. In this presentation the Japanese collectivistic characteristics in Community Music Therapy are analyzed from 3 points: how and why the participants request songs; how the participants answer the questionnaires; how the participants take their seats in session. The results reveal that the participants respect the harmonious state of a group but the satisfaction of the individual is less regarded. Considering Japanese traditional music and the music of Toru Takemitsu, a consideration of how to create better ‘process (nariyuki)’ in Japanese Community Music Therapy is discussed. Also, the possibility to integrate Western and Eastern approaches is taken into consideration.


Mini biography of presenter: Hiroko Kimura is a musicologist and a RMT (by JMTA), carrying out CoMT with elderly people. She is also working with people with dementia and children with special educational needs.

Disclosure: No significant relationships.
P039

IDENTIFYING THE VALUE OF MUSIC THERAPY WITHIN INTERDISCIPLINARY ASSESSMENT; A RESEARCH PROJECT

R.S. O’Connor, D.N. Grey
Music Therapy, National Rehabilitation Hospital, Dublin/IRELAND

Abstract: This presentation will detail a 2 year music therapy research project at the National Rehabilitation Hospital (NRH) in Ireland with Disorder of Consciousness (DOC) patients and their families. The project has been funded by the NRH Foundation Trust to assess and identify the role of music therapy within interdisciplinary assessment.

Description: The emphasis of this paper will be on the importance of interdisciplinary working. It will be exploring the valuable role that music therapy can play when it is part of the interdisciplinary assessment and treatment process of this patient population. The impact of working conjointly in sessions with other members of the team including nurses, occupational therapists, social workers, physiotherapists and speech and language therapists will be explored. The benefits of working closely with family members in music therapy sessions will also be discussed. Research has identified that there is a need for a variety of different assessment tools to be used to encourage responses indicative of awareness in DOC patients. In this research project the music therapists apply the MATADOC (Music Therapy Assessment Tool for Awareness in Disorders of Consciousness) in conjunction with the SMART and WHIM to contribute towards the overall interdisciplinary team assessment. ‘Multidisciplinary assessment using SMART and MATADOC provides complementary data contributing to a fuller understanding of a patient’s level of awareness’ (O’Kelly & Magee 2013)

The project also explores the value of the MATADOC in monitoring change in DOC patients by comparing pre rehabilitation treatment MATADOC scores, completed on admission, and post rehabilitation treatment MATADOC scores, completed at the end of a patients’ rehabilitation prior to discharge. Case studies and video examples will be used to illustrate the use of this tool in clinical practice in joint interdisciplinary sessions and the role music therapy has in enhancing the interdisciplinary assessment process for the team, the patients and for patients’ families.


Mini biography of presenter: Rebecca has worked for 23 years in health and education as a music therapist, researcher and senior lecturer. Dee, music therapy researcher, works in disability services, mental health and hospices

Disclosure: No significant relationships.
P040

EVIDENCE-BASED,Ã NICUÃ,Â MUSIC THERAPY FOR PREMATURE INFANTS: INCREASING MEDICAL/DEVELOPMENTAL OUTCOMES

J.M. Standley
Colleges Of Music And Medicine, Florida State University, Tallahassee, FL/UNITED STATES OF AMERICA

Abstract: Evidence-based music therapy has developed as a NICU treatment in the United States over the last 20 years, but is still in development in Europe. The purpose of this presentation is to share the research results and clinical outcomes for incorporating NICU-MT in care of premature infants.

Description: NICU-MT methods include recorded lullabies or live music to mask aversive NICU noise and reduce stress while increasing oxygen saturation levels, music combined with progressive massage to promote tolerance for stimulation and reduce overstimulation, music therapy counseling with parents to reduce stress, increase bonding, and teach developmentally appropriate interactions. The PAL (Pacifier-Activated-Lullaby) is a device that uses music contingently to increase frequency of sucking leading to faster independent oral feeding and earlier NICU discharge. It is an approved medical device with U.S. Federal Drug Administration approval to teach feeding skills to premature infants. A recent meta-analysis on NICU-MT with premature infants showed significant positive benefits for infants born between 28-35 gestational weeks with birthweight < 1500g. Premature females respond with greater benefit from NICU-MT (average earlier discharge of 15.7 days) than do males (8.2 days earlier). A post hoc analysis of a clinical NICU-MT program that had been in effect for over 5 years with all infants born low birth weight in 2006 and treated in the local NICU (N= 800) confirmed shorter lengths of stay for music infants born at earlier gestational ages and lower birthweights. Music infants also gained significantly more weight/day. Research demonstrates that NICU-MT is a beneficial developmental therapy based on researched protocols.


**Mini biography of presenter:** Jayne M. Standley, Ph.D., MT-BC, NICU-MT is with research emphases in medical music therapy. Standley is widely published in MT and medical journals, and is the author of 7 books

**Disclosure:** No significant relationships.
HARMONY AND DISCORD: CULTURAL ISSUES IN DEVELOPING MUSIC THERAPY PRACTICE IN NEPAL

V.C. Clemencic-Jones  
Play And Music Therapy, Sydney Children's Hospital, Randwick/AUSTRALIA

Abstract: This presentation will highlight diverse cultural issues encountered when bringing a western model of music therapy practice and management to the context of Nepal, a small country in the Himalayan region of South Asia. Case examples will be illustrated with audio, photo and video footage.

Description: This presentation will highlight diverse cultural issues encountered when bringing a western model of music therapy practice and management to Nepal, a small developing country in the Himalayan region of South Asia. It focuses on the presenter's experience of undertaking the dual role of managing The Music Therapy Trust Nepal (TMTTN) and working as a music therapy clinician in Kathmandu. There is great potential for the development of music therapy in Nepal (Staelens, 2013), with TMTTN providing services to both children and adults since 2010. Sessions are conducted in a variety of clinical settings by a Nepalese music therapist, and international trained music therapists/music therapy interns. Although foreign music therapists have been integral to the expansion of music therapy in Nepal, conflict may arise when competencies and standards of music therapy practice between east and west differ. Moreover, differing cultural practices and expectations can create disharmony. The presenter will discuss the clash between the western view of self-responsibility (Flynn, 2013) and the deeply rooted Nepalese societal concept of fatalism, where one’s life circumstances are determined by a divine external agency, leading to dependency and what westerners may perceive as a lack of work ethic and motivation to achieve (Bista, 1991). The role of quiet leadership in this scenario, i.e. encouraging people how to think better (Rock, 2006) versus the traditional Nepali system of giving orders and instructions (Jamil & Dangal, 2009) will be addressed. The presenter will also highlight the joys and challenges of establishing a music therapy program on the burns and oncology wards of Kanti Children's Hospital, Kathmandu, e.g. an innate Nepalese musicality and willingness to engage, ethical concerns related to working with extremely poor families, and relevance of western-trained music therapy in a Nepalese context. Brief clinical vignettes will be illustrated with audio, photo and video footage.


Mini biography of presenter: Verena Clemencic-Jones, RMT, Kids Cancer Centre, Sydney Children's Hospital took a year's leave without pay during 2013 to work in Kathmandu as manager/clinician for The Music Therapy Trust Nepal.

Disclosure: No significant relationships.
P042

THE USE OF THAI INSTRUMENTS IN MUSIC THERAPY SETTINGS

P. Poopityastaporn
Music Therapy, College of Music, Mahidol University, Nakornpathom/THAILAND

Abstract: Thai instruments are unique for their tuning, shapes, sounds, and the action used in playing. This presentation explores different types of Thai instruments and the use of Thai instruments in various music therapy settings such as in pediatric units in hospital, adults in rehabilitation, and private settings.

Description: Music therapy has been growing in Thailand slowly but steadily for the past 5 years. Thai music therapists explored their Thai heritage and started using Thai classical instruments, both instead of and in conjunction with Western music instruments. Both types of Thai instruments, classical and regional, such as ching, angklung, khim, khlui, saw, glong yao, and ranat were used in different settings. The instruments are categorized by the action used in playing which are plucking, bowing, striking, and blowing. The music therapists found that using Thai classical instruments is beneficial for their clients in many aspects. For example, the 8-tone tuning, with the use of modes, gives way to easy improvisation especially in striking instruments. The movement of the player and the unique sound of ching makes it suitable for gait training. Presenters will introduce Thai classical instruments, show how to play each of them, present useful adaptations to make the instruments suitable for some music therapy settings, and demonstrate the music therapy applications using Thai classical instruments and the video recordings of the sessions. Additional resources of where to find the instruments and learning materials will also be presented.

References:

Mini biography of presenter: Patchawan Poopityastaporn, MM, MT-BC is currently working as an instructor and a music therapist in the Music Therapy Department, College of Music, Mahidol University, Thailand.

Disclosure: No significant relationships.
P043

C.G. JUNG AND HIS IMPORTANCE FOR MUSIC THERAPY

T. Timmermann
Leopold-mozart-zentrum, University of Augsburg, Augsburg/GERMANY

Abstract: Up to now the Jungian research is orientated solely on visual and narrative structures. In this presentation, acoustic and musical approaches will be offered, followed by a discussion with the participants on relevant topics.

Description: Jung is an important pioneer of using arts in psychotherapy. He was the first to inspire his patients to express their inner feelings by painting pictures. The unconscious for him was more than a container for repressed or forgotten personal contents. He considered it a space full of patterns and figures, the fountain of creativity and arts. He extended the personal unconscious of Freud by adding a collective, transpersonal unconscious, which is archetypically structured. That means, that specific forms of perception have grown in the evolution of the homo sapiens on all kinds of levels, including also the acoustic realm. Up to now the Jungian research is orientated solely on visual and narrative structures. So, in this presentation, acoustic and musical approaches will be offered, followed by a discussion with the participants on the following topics: Do archetypically musical structures exist and what would this mean to the effects of music in music therapy? Certainly they cannot be taken like an “acoustic medicine”. Individual experiences cannot be judged as “right” or “wrong” with regards to a musical symbolism, which could be (1.) connected with the fate of an individual in his family system, (2.) influenced by the specific culture and (3.) transpersonal and transcultural facts. What kinds of archetypical powers are at work in the spontaneous symbolisations of patients in the free music therapeutic improvisations? What kind of musical expression is connected to Jungian terms like “persona/shadow”, “anima/animus”, “super-ego/inner voice” and “self”? How can they be helpfully used in the music therapy practice?

References:

Mini biography of presenter: Prof. Dr. Tonius Timmermann
Professor at the University of Augsburg, Leopold-Mozart-Zentrum;
Head of the Master Training,
Private therapeutical practice in Munich;

Disclosure: No significant relationships.
A GLOBAL MUSIC AND HEALTH MOVEMENT AND THE EPISTEMOLOGICAL CHALLENGES FACED.

M.E. Swijghuisen Reigersberg
Psychology, Music Mind And Brain Centre, Goldsmiths College, London, London/UNITED KINGDOM

Abstract: This paper focusses on the interdisciplinary relationships between music therapy, ethnomusicology and music psychology, music, health and wellbeing. It seeks to raise epistemological questions and challenge disciplinary boundaries, rather than provide definitive answers. The information presented is based on ethnographic research undertaken in the UK, Austria, USA and Australia.

Description: This paper will explore the challenges faced when trying to create a global movement which investigates the relationship between music, health, wellbeing, medicine and ethnomusicology. It seeks to raise epistemological questions and challenge disciplinary boundaries, rather than provide definitive answers. I will base my presentation on ethnomusicological applied research that I have undertaken in the past two years which involved speaking to colleagues from other disciplines such as (neuro) music psychology, and music therapy. My geographical areas of engagement have been the UK, Austria, USA and Australia. I discovered that researchers and practitioners in all disciplines named have similar questions, but that there are still a few challenges that need to be engaged with constructively by all disciplines before a true collaboration on a more global scale can occur. These challenges include: (a) the perceived domains of enquiry of ethnomusicology by other disciplines: Understandings of what ethnomusicologists ‘do’ and what ethnomusicology ‘is’ tend to vary considerably. Ethnomusicology in the USA and UK for example incorporates anthropological approaches to the study of music. Special research interest groups exist in medical ethnomusicology, applied ethnomusicology and cognitive ethnomusicology, all of which are relevant to music therapy; (b) Lack of collaboration: There is as yet little cross-fertilisation where scholars and practitioners attend each other’s conferences, publish in each other’s journals, train in different disciplines. I argue for a change in educational models and for all researchers to engage in some ‘continued professional development’ that is multi-disciplinary. (c) Languages/ research methods used: the ways in which researchers choose their methodologies and describe their work through language varies, not just between disciplines, but also between countries and even institutions. I argue that through reflexively examining these practices and differences we will be better able to foster fruitful collaborations on a more global scale.


Mini biography of presenter: Dr Swijghuisen Reigersberg is a visiting fellow at Goldsmiths College, London, Music Mind and Brain Centre, Psychology. She conducts interdisciplinary research on the relationship between music, health, wellbeing and ethics.

Disclosure: No significant relationships.
P046

WHAT A GLORIOUS FEELING, I'M HAPPY AGAIN: MUSIC THERAPY AND DEMENTIA SYMPTOMS

R.A. Pendry, M.H. Hsu
Music Therapy, Methodist Homes (MHA), Derby/UNITED KINGDOM

Abstract: The study seeks to investigate the effectiveness of a music therapy programme for care home residents with dementia. It explores the programme's efficacy in minimising residents' symptoms of dementia, and in promoting carers' attentiveness to residents' needs and abilities in managing residents' symptoms of dementia.

Description: Introduction BPSD (Behavioural and Psychological Symptoms of Dementia) have been reported to affect approximately 80% of people with dementia living in care homes (Margallo-Lana et al., 2001; Zuidema et al., 2007). This compromises care home residents' quality of life and additionally increases carers' stress in daily practice. Previous research has indicated music therapy supports the reduction of BPSD (Livingston et al., 2005); however, little knowledge has been generated into how sessions work (McDermott et al., 2012), and their impact on carers’ practice. This PhD project has been carried out in dementia care homes in Methodist Homes (MHA), a non-for-profit organisation providing care services in the UK. Aims The study seeks to investigate: 1) the effectiveness of music therapy in minimising residents’ BPSD 2) the key elements of music therapy that reduce BPSD 3) whether the music therapy programme promotes carers’ attentiveness to residents’ needs and abilities in managing residents’ BPSD Methods The study is a cluster randomised controlled trial. Participants comprised 16 residents and 10 staff across two care homes, randomized to the control (standard care) or intervention group. The intervention group received weekly individual music therapy for five months, and staff participants received weekly presentations using video-clips, to demonstrate how symptoms are reduced. Quantitative data was collected using Dementia Care Mapping, Neuropsychiatric Inventory and psycho-physiological data. Qualitative data was collected using semi-structured interviews with staff, and video analysis of sessions. Results Initial analysis has indicated a reduction in residents’ BPSD due to changes in arousal, and an increase in staff’s effectiveness in managing residents’ symptoms. Full results will be produced by the end of 2013.


Mini biography of presenter: Ming Hung Hsu is Lead Music Therapist for Methodist Homes (MHA), and is a PhD student at Anglia Ruskin University. He is a trained Dementia Care Mapper.

Disclosure: No significant relationships.
M. Nöcker-Ribaupierre
München, Freies Musikzentrum, München/GERMANY

Abstract: During the last decades music therapists have developed different methods to support premature infants. The scale ranges from medical music therapy addressing physical reactions and the infant's developmental stages, to several humanistic and psychotherapeutic oriented methods, addressing the psychic situation of premature birth including infant and parents.

Description: Neonatology encompasses premature infants, infants with primary and secondary surviving and developmental problems. As the technical development of intensive care has improved, very low birth weight infants of younger and younger gestational age survive at an ever earlier stage of development. This high tech medicine, necessary for surviving is followed by inevitable side effects in neurological and functional deficits. Additional measures are inevitable for these additional problems. Music therapy in neonatal intensive care is based on 25 years of music therapy research and clinical practice as well as on cumulative knowledge of premature and newborn infant development and human responsiveness to music. Longitudinal studies have shown that premature infants have a significantly higher risk for neuro-developmental problems than their full-term peers (Anderson & Doyle, 2008; Fischer & Als, 2004, 2012; Volpe, 2008). As a result, the goal of neonatal care has shifted from merely survival to prevention of major disabilities by safeguarding normal brain development as much as possible. This shift influenced of course also NICU music therapy practice to follow these goals: • support the infant's neurobehavioral and sensory system development by providing individualized music therapy interventions (Standley, 1998) • increase social, emotional, cognitive, motor and communication developmental competencies by providing balanced sound/sensory stimulation and avoiding overstimulation (Loewy, 2004) • engage and support the infant's parents by providing opportunities for culturally appropriate infant-parent interaction and bonding (Nöcker-Ribaupierre, 2004, Hanson-Abromeit et al., 2009, Haslbeck, 2012). Music therapists provide individualized music to premature infants and the interventions are based on a detailed assessment of the infant and careful observation of the infant's response to sensory stimulation. (Nöcker-Ribaupierre, 2013) This paper provides an overview of well researched and practiced music therapy methods worldwide, followed by differences and similarities which lead to the formulation of common requirements and some future thoughts.


Mini biography of presenter: Dr.sc.mus. Monika Nöcker-Ribaupierre: Research and clinical work in NICU at University Children’s Munich. Board member at Freies Musikzentrum Munich e.V., Vice-President of ISMM, member of different scientific and editorial board.

Disclosure: No significant relationships.
INTEGRATION OF CHINESE MUSIC AND YIN-YANG PRINCIPLE IN GUIDED IMAGERY AND MUSIC

W.M. Ng  
Music Therapy, Professional Music Therapy Centre, Hong Kong/HONG KONG

Abstract: GIM is spreading to China recently. Chinese music and Chinese philosophy gradually become an important cultural resource for GIM. This research project explored the integration of Chinese music and Chinese philosophy (Yin-Yang Principle) in creating Chinese GIM music programmes and its therapeutic application to Chinese participants in Hong Kong.

Description: Guided Imagery and Music (GIM) is one of the approaches used in music therapy. The music programme is a very important element during the listening process, which directly influences the client’s imagery and therapeutic result. The earliest Chinese GIM music programme was created by Hanks (1992). However, 20 years later, the development of the contemporary Chinese orchestra has been clearly established, and a thousand Chinese orchestral works have been composed which enable a wide selection of music for creating Chinese GIM music programmes. The purpose of this study was to explore how Chinese philosophy contributed to the creation of Chinese GIM music programme, analysis of client’s transcripts, and the application of a series of five Chinese GIM music programmes for matching the clients’ needs. Each Chinese music programme was measured and classified to be Yin or Yang by using a Nine-Point Scale based on the Yin / Yang of musical elements (e.g. soft is Yin, loud is Yang). The programmes were used in the GIM sessions with six participants individually. The participants received seven GIM sessions. They were required to fill in a questionnaire and the therapists were interviewed. The study was a mixed methods design. The participants’ transcripts (the record of imagery) were analysed using a Nine-Point Scale to measure the Yin-Yang elements and levels in the participant’s imagery experiences. A final analysis determined whether the Chinese music programmes had been effective in bringing about a balance of Yin-Yang in the clients’ lives. The nine-point scale generated numerical (quantitative) data which was used to the analysis of Yin-Yang balance between music and participant’s imagery. Finally, the therapist’s interviews and participant’s questionnaire were analysed qualitatively. The findings of this project provided a new insight into the quality of GIM, its music and the application of Chinese philosophy in GIM.


Mini biography of presenter: Wai Man NG is a qualified Music Therapist (UK) and GIM Therapist (US) working in Hong Kong. He is recently conducting a PhD research at the University of Melbourne.

Disclosure: No significant relationships.
P049

DOES PSYCHOANALYSIS HAVE A ROLE TO PLAY WITHIN INDIAN MUSIC THERAPY TRAININGS?

R. Oreschnick, S. Purey
Pg Diploma In Clinical Music Therapy, The Music Therapy Trust, India, New Delhi/INDIA

Abstract: This paper aims to explore the role of psychoanalytic theory on an Indian music therapy training programme. Is there a place for psychoanalytic theory? Can it inform and deepen students' understanding of Clinical Practice? Does it, indeed, bear any relevance to Indian and Nepalese perceptions of emotional and musical life?

Description: During a teaching session with students on Winnicott's concept of The Transitional Object (Winnicott 1951), one student sits quietly thinking. Then asks: 'When I was a baby I used to dream of a past life experience. Could this be called a transitional object?' This question brought our session to a pause and raised the question that had been in our minds for some time: does psychoanalytic thinking translate into an Indian or a Nepalese context? Does it bear relevance to students' everyday lives, and to the clinical work we are preparing them for as music therapists? For Ruth, a music therapist trained within a western, psychoanalytically orientated framework, psychoanalytic thinking forms a major part of her music therapy tool box. For Somesh, psychoanalytic thinking was a part of his training as a music therapist; yet he remains aware of the need to contextualise this way of thinking within an Indian framework. Does psychoanalytic theory, then, have a meaningful role to play for music therapists coming from a different cultural, religious, musical and spiritual background? This paper aims to explore this question, drawing on our experience with Indian and Nepalese students, reflecting on their feedback and growth over the course of training, and how psychoanalytic theory impacted, or not, on their practice. Psychoanalysis' place within the growth of therapy in India will be considered, alongside Indian psychotherapists' observations of its relationship to eastern philosophy (Kakar 1991). Parallels in musical frameworks will be explored - for example the linear experience of a raga in Classical Hindustani Music versus the exploration of harmony/dissonance in Western Classical Music (Neelameghan & Narayana 2012). Time for discussion and reflection on the integration of these perspectives by participants will be available.


Mini biography of presenter: Ruth's clinical practice is with children and adults with a wide range of learning disabilities. She currently works as Course Tutor for The Music Therapy Trust, India.

Disclosure: No significant relationships.
Mentalization and its Relation to Music Therapy

G. Strehlow
Psychiatry And Psychotherapy, Hospital Bethesda Hamburg Bergedorf, Hamburg/GERMANY

Abstract: The concept of mentalization developed by Peter Fonagy and his colleagues has recently aroused great interest. Mentalizing is considered as a foundation of all psychotherapeutic treatments. The paper will introduce key aspects of Fonagy’s mentalization concept and how specific interventions in music therapy can enhance the patient’s mentalization capacity.

Description: The concept of mentalization developed by Peter Fonagy and his colleagues has become increasingly widespread over the last ten years in Europe and the United States. Mentalizing is the fundamental human capacity to "read" one’s own and others’ mental states such as thoughts and feelings (Bateman & Fonagy 2012). The concept of mentalization emerged in psychoanalytical thinking that integrates results from the attachment theory, neuroscience, theory of mind and developmental psychology. Mentalization is not a specific form of new therapy, but a change in the therapist’s attitude with the development of new therapeutic interventions (Allen et al. 2008). It is worthwhile for music therapists to investigate the benefit of how music therapy can foster the capacity to mentalize. In the beginning the concept of mentalization focused on BPD patients and proved itself in randomized controlled trials (Bateman & Fonagy 2009). Recognition that reduced mentalizing capacity is a core feature of many psychological disorders, expanded the concept which is nowadays in use for diverse treatments for psychiatric disorders (eating disorder, depression, addiction, autism spectrum disorder and PTSD). Enhancing mentalization capacity becomes the core component of effective psychotherapy and can be understood as a new paradigm that connects psychodynamic- and behaviour orientated therapy. The paper will introduce the main points of Fonagy’s mentalization concept and its use in music therapy. Emotional involvement when playing or listening to music, experiencing music from different perspectives and music with its ambiguity of meaning are some music therapy examples to reflect on the self and others. Music therapy offers various opportunities to improve mentalization capacities (Strehlow 2013, 2009). Finally, case vignettes from different mental health practice are used to examine key aspects of the concept of mentalization, such as marked mirroring and the concept of the alien self, in relation to music therapy.


Mini biography of presenter: Dr. Gitta Strehlow has worked since fourteen years with adults in a psychiatric clinic and with sexually abused children, part-time lecturer for Music Therapy in Hamburg and in Switzerland.

Disclosure: No significant relationships.
SIGNIFICANCE OF HAWAIIAN CULTURE IN MUSIC THERAPY IN HAWAII

K. Kajiwara
N/a, Sounding Joy Music Therapy, Inc., Honolulu/UNITED STATES OF AMERICA

Abstract: This presentation focuses on how Hawaiian culture influences the mainstream music therapy practices which stem out of Western culture and philosophy. It explains how significantly Hawaiian music aids its own people in music therapy, which often plays a key role in the lives of Native and local Hawaiian people.

Description: Hawaii is a place where diverse ethnic groups co-habit. Along with the large Asian population, there are many multi-mixed racial populations are present. However, the indigenous population, the Native Hawaiian, is ever declining and is one of the minorities in the society. The poverty and the crime are serious concerns among the Native Hawaiian communities, and the suicide rate among teens of Hawaiian descent is extremely high, compared to the national average. The State of Hawaii has been tackling those issues for past decades, searching for culturally appropriate media to intervene those situations. Most recently, Sounding Joy Music Therapy, Inc. (SJMT), the only non-profit organization to promote music therapy in Hawaii, has collaborated with Hawaii Tourism Authority (HTA), specifically targeting to provide Native and local Hawaiian populations with music therapy. Hawaii largely depends on tourism to generate its revenue. In 2012, HTA has awarded grants to SJMT to facilitate tourism through an exchange program, in which the visitors observe SJMT's music therapy program for Hawaiian communities. HTA estimates how important it is for Hawaiian music to be also showcased in this particular way to attract people to Hawaii, contributing to tourism. Through this collaboration, SJMT's music therapists have learned and developed the culturally sensitive approaches in music therapy, using Hawaiian music, especially when implementing music therapy services in Hawaiian communities. In Hawaiian culture, music and ohana (family) are a core value of their life. Most families sing and play ukulele as inclined in their blood. Hawaiian people are very musically oriented as traditionally evidenced by Hula dance and chanting. Incorporating Hawaiian music and ohana, this culturally appropriate music therapy has been successfully received by the Hawaiian communities and helping the clients to re-discover their own strength and indispensable cultural value and identity, which resulted in self-empowerment and positive changes.


Mini biography of presenter: Born in Japan, received Master’s degrees in Music Education (Germany) and Music Therapy (U.S.). In 2002, established Sounding Joy Music Therapy, the only NPO in Hawaii to promote music therapy.

Disclosure: No significant relationships.
TOWARDS A CULTURE OF HYBRIDITY IN MUSIC THERAPY?

B. Stige¹, L. Bunt²
¹Music Therapy/music, Grieg Academy, University of Bergen, Bergen/NORWAY, ²Music Therapy, Allied Health Professions, University of the West of England, Bristol/UNITED KINGDOM

Abstract: An emphasis on the uniqueness of music therapy as a discipline or the worry about an over-reliance on borrowing from existing disciplines can be contested by the dialogical features within the notion of ‘hybridity’. The implications of rethinking our responses will be explored here in terms of cultural theory.

Description: As music therapy develops as both discipline and profession there are some questions that recur, such as: how can practitioners, researchers, and patients/participants collaborate or even understand each other; how can music therapists work cross-professionally in order to develop and promote music as a health resource in society; and, not least, how do we best relate to the fact that music therapy is not one thing, but a colourful bouquet of different practices and perspectives? Traditional responses to these questions include requests for practice-based evidence, interdisciplinary work and eclectic or integrative thinking. If we think of our roles and professional identities as participation in cultural practices, it might be fruitful to think of the collaborative challenges hinted at above in terms of ‘hybridity’, that is, the creative, dialogical, and reflexive mixing of cultural forms. In postcolonial cultural theory, the notion of ‘hybridity’ has been made prominent by authors such as the Indian literary theorist Homi Bhabha (1994/2004). In this tradition, ‘hybridity’ challenges established power hierarchies and also highlights the creative and innovative potentials in cultural mixing. If we transfer these ideas to music therapy, issues of identity could then be conceptualised as ‘continuously evolving from active use of mixed influences’ (Bunt and Stige, in press). Sociologist Richard Sennett has drawn parallels between how groups of musicians use a dialogical approach in playing together and how differences of opinion are respected and negotiated (Sennett, 2013). An example of on-going research in the field of music therapy and adult cancer care (for example see Daykin, McClean and Bunt, 2007) will illustrate how teams of professionals from different disciplines can work effectively and collaboratively towards commonly shared goals, whilst maintaining the ‘voices’ of the patients and the nature of the music as central features.


Mini biography of presenter:

Disclosure: No significant relationships.
HEALTHY AND UNHEALTHY USES OF MUSIC BY TEENAGERS

K.S. Mcferran¹, C. Gold², S. Saarikallio³
¹National Music Therapy Research Unit, The University of Melbourne, Parkville/AUSTRALIA, ²Gamut, Uni Health, Uni Research, Bergen/NORWAY, ³Music, University of Jyvaskyla, Jyvaskyla/FINLAND

Abstract: Investigating how effectively teenagers use music to promote wellbeing requires a mixed methods approach. First, interviews were used to identify unhealthy patterns of behavior in depressed adolescents. Then, these concepts informed a questionnaire that was used to identify at-risk adolescents who participated in a controlled study. Results will be shared.

Description: Music psychology studies confirm that there is a relationship between teenagers, music and mental health. However the nature of this relationship is not well understood and investigators have typically confirmed their own expectations by adopting research designs that suit their beliefs (McFerran, Garrido, & Saarikallio, in-press). When asked, young people almost invariably describe their relationship with music as positive and health orientated, but correlational studies reveal a different picture. In this study, we began by asking young people to describe any times when they felt worse after engaging with music, inspired by a previous survey study that revealed listening did sometimes increase stress and sadness often for adolescents at-risk of depression (McFerran, Garrido, O'Grady, & Sawyer, 2012). Although initially reluctant in interviews, it became clear that many young people could recall times when music was not effective in making them ‘feel better’, and this was more commonly reported by those with mental health problems. The results of a grounded theory analysis of the interviews revealed patterns of behavior that could be linked to rumination and isolation as well as enhancing social connectedness and improving mood. These concepts were used in the design of a questionnaire, which was piloted with a cohort of Australian teenagers. Factor analysis confirmed that questions identified both risky and protective ways of engaging with music, each with mood and social behavior dimensions. This scale was then used to identify the most at-risk students in a group of Australian schools and these students were allocated either to 8 sessions of weekly music therapy groups or they were given iTunes vouchers and encouraged to listen to music that made them feel better. The results from this investigation will be presented by the inter-disciplinary team and we will describe key findings from each stage of the study.


Mini biography of presenter: A/Professor Katrina Skewes McFerran is Head of Music Therapy and Co-Directr of the National Music Therapy Research Unit at the University of Melbourne in Australia.

Disclosure: No significant relationships.
P054

EXPLORING MUSIC THERAPISTS' PERCEPTIONS OF SPIRITUALITY: AN INTERNATIONAL SURVEY

G. Tsiris
Research, NORDOFF ROBBINS MUSIC THERAPY, LONDON/UNITED KINGDOM

Abstract: This survey explores music therapists' (n=358) perceptions of spirituality. Their perceptions are studied in relation to different aspects of their personal and professional life, including their cultural and religious background, as well as their music therapy training and working experience. Dilemmas and suggestions for actions are identified.

Description: Despite various philosophical explorations regarding spirituality and its role within different music therapy approaches and traditions, only a small number of empirical studies (e.g. Elwafi, 2011; Magill, 2007; Marom, 2004; Potvin, 2013) has been conducted in the field. This study is the first international survey to explore music therapists’ perceptions of spirituality in relation to different aspects of their personal and professional life, including their cultural and religious background, as well as their music therapy training and working experience. An online survey questionnaire was distributed to professional and student music therapists across the world. Thematic analysis and descriptive statistics were used to analyse the collected data.

Research participants (n=358) represent 29 different countries and form a diverse sample not only in terms of cultural and religious background, but also in terms of music therapy training and professional experiences. The findings provide an insight into music therapists’ perceptions of spirituality, as well as into how spirituality is (or is not) integrated in their training, practice, and professional life. Also, dilemmas that music therapists face, as well as their suggestions for future actions regarding spirituality are explored. The findings contribute to the growing evidence regarding spirituality in music therapy; a subject area that is considered as controversial and ‘taboo’ by many professionals. In addition, reflections on the study’s methodological angle inform the development of future research studies.


Mini biography of presenter: Giorgos Tsiris is a research assistant at Nordoff Robbins and a music therapist at St Christopher's hospice. He conducts his doctorate at Nordoff Robbins and is the editor of Approaches.

Disclosure: No significant relationships.
HOME-BASED PREFERRED MUSIC LISTENING FOR OLDER CHINESE MIGRANTS IN AUSTRALIA

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Home Care Package, Chinese Community Social Services Centre Inc., Melbourne/AUSTRALIA

Abstract: The Home-based Preferred Music Listening Program is an evidence-based project with longitudinal study about mood state of Chinese-speaking frail people who experience language and cultural barriers in Australia. It employs music intervention in their regular home care service. It also studies family carers’ stress and Aged Care Workers’ job satisfaction.

Description: 2011 Census shows that 36% of older Australians were born overseas and Chinese older population is the most fast-growing group (ABS, 2012). Older adults from CALD backgrounds face various common challenges in Australia (Radermacher et al., 2009). Stress from these challenges may result in bigger communication barriers and affect CALD older people’s mood state (Multicultural Aged Care, 2005). CALD older adults have difficulty in accessing the music of their own culture in Australia, particularly their preferred music. They have missed their music since their migration. Preferred music listening is significant to link their past happy and unforgettable moments. This 2-year project employs the music therapy in community aged care. It pilots using music intervention to improve service users’ mood state of the Home Care Package of Chinese Community Social Services Centre in Melbourne. These older people have demonstrated loneliness, isolation, depression and anxiety due to language and cultural barriers. Listening to preferred music is facilitated by Aged Care Workers during regular personal and home care services in accordance with their individual care plan. Quantitative and qualitative research methods are adopted to examine the change of mood status of older people; and the level of family carers’ stress and Aged Care Workers’ job satisfaction. The paper will report findings of the mood status of these older Chinese before and after music intervention and if their improved mood status can reduce family carers’ stress and increase Aged Care Workers’ job satisfaction. It pioneers a new strategy in home care package service and serves as an exemplary way in transferring music therapy skills to direct aged care staff. It is Australia’s first study about the music profile of overseas-born older Chinese who came from over 90 countries/cities. This paper will present the greatly varied music preferences of the aged Chinese community in Australia.


Mini biography of presenter: Dr Caroline Yuen, PhD in Social Work, has 20-years’ experience in community aged care and initiated several projects of music intervention with Chinese older people living with Dementia in Australia.

Disclosure: No significant relationships.
P056

ONE DECADE OF THE "HEIDELBERG MODEL OF MUSIC THERAPY" IN OTOLOGY

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Abstract: The use of music therapy in otology has emerged to a main field of research and expertise at the German Center of Music Therapy Research (Deutsches Zentrum für Musiktherapieforschung DZM e.V.) Heidelberg. For the most prominent evidence based treatment options, research history and implementation into practice will be presented.

Description: During the last decade, the German Center of Music Therapy Research (Deutsches Zentrum für Musiktherapieforschung DZM e.V.) Heidelberg has concentrated on the investigation of music therapeutic approaches for otologic diseases. Starting point is the known connection between musical experience and cortical plasticity. In order to perceive music, auditory processing is essential. Auditory processing abilities greatly affect musical comprehension but, contrariwise, these abilities can also be shaped by musical training. In terms of therapy, when auditory functions are impaired or compromised, musical stimuli can restore and improve hearing capacities by influencing the auditory processing. The DZM assumes the obligation to bridge the gap between research and practice according to the notion of evidence based practice. As a matter of principle, all treatment options are manualized, short in duration (max. 10 sessions) and consist of different modules but nevertheless can be adapted to the individual patients’ needs. Therapeutic techniques consist of different kinds of music therapy with a focus on vocal interventions in the active music therapy and on listening comprehension as well as psychophysiological regulation in the receptive part. Several novel treatment approaches have been evaluated in research projects and clinical trials so far. Scientific evaluation included a variety of outcome measures: individual feedback by the patients (questionnaires, interviews), psychological and musical testing but also objective examinations such as electrophysiological measurements or brain imaging procedures were used. As a result of the positive research outcome, specialized outpatient departments have been founded as spin-offs offering scientifically proven treatments to patients in standard care. The development, the scientific foundation and the practical implementation of the most prominent therapy programs “Neuro-Music Therapy in Tinnitus” and “Hearing despite Deafness – Music Therapy for Cochlear Implant Users” will be presented. Furthermore, options for advanced training courses for music therapists offered by the DZM will be announced.


Mini biography of presenter: Miriam Grapp: Head of the Tinnitus Outpatient Department at the DZM e.V. PhD student at the University Heidelberg (ENT-department; Prof. Dr. Plinkert)

Disclosure: No significant relationships.
MINDFULNESS-BASED MUSIC THERAPY FOR WOMEN WITH BREAST CANCER

T.L. Lesiuk
Music Therapy, University of Miami, Miami, FL/UNITED STATES OF AMERICA

Abstract: Mindfulness-based music therapy (MBMT) will be defined, described, and demonstrated. A four-week MBMT program for women with breast cancer will be outlined. Selected activities will be presented, including focused music listening and simple instrument playing exercises accompanied by practice of four mindfulness attitudes. MBMT homework assignments will also be described.

Description: Mindfulness-based music therapy will be defined, described and demonstrated. An evidence-based approach will be provided addressing the following problem. Cancer treatments such as chemotherapy and radiation are thought to damage normal cognitive functioning of women with breast cancer (Staat & Segatore, 2005, Potrata et al., 2010). Mindfulness techniques have been shown to improve attention and working memory of adults (Chan & Woolacott, 2007; Jha, 2007, 2010; Tang et al., 2007; Wenk-Sormaz, 2005). No studies to date have used mindfulness-based music therapy (MBMT) techniques to address illness states, and more specifically, to address the attention deficits found in women who have received cancer treatments. Briefly, a four-week MBMT intervention will be outlined. Selected activities will be presented such as focused music listening and simple instrument playing exercises accompanied by practice of four mindfulness attitudes. For example, MBMT sessions will have participants focus on sound/music experiences in which they practice mindfulness reflections (e.g., Patients listen to different instrument sounds - and reflect on questions such as ...what did you hear?, what sounds were you aware of as you listened?, etc.). Homework assignments are also outlined, including researcher-designed compact discs. Effectiveness of the mindfulness-based music therapy intervention may be explained by theories of sustained attention and improved self-regulation (Bishop, 2004; Gardiner, 2005). The techniques have implications for breast cancer care and for future music therapy advocacy.


Mini biography of presenter: Teresa Lesiuk, PhD, MT-BC, is Associate Professor and Director of Music Therapy at the University of Miami. She has designed a Mindfulness-based Music Therapy program for women with breast cancer.

Disclosure: No significant relationships.
P058

STORYCOMPOSING PROMOTING CHILDREN'S VOICE

H. Hakomäki
Säveltarinoinoita Tmi, Säveltarinoinoita, Helsinki/FINLAND

Abstract: Hakomäki is linking the discussion of studies of child perspective to music therapy research. In her PhD study she has considered children as knowledge producers to be consulted with, listened to and even considered as co-researchers. The used songwriting method in the therapy process and the research project is Storycomposing.

Description: Children's perspective is not yet a widely recognized paradigm in the music therapy research. My recently (May 2013) completed PhD study contributes to this discussion. In this experiment I also made a decision to invite a 14 year-old ex-client to investigate his former music therapy as a co-researcher. Both the therapy process and the research project utilized the Storycomposing method which is a songwriting method developed by listening to and consulting with children. The research data of this study consisted of 30 storycompositions made in the therapy, the discussions around them between the researcher and the child co-researcher and five new compositions which were created in the research meetings. The data was analyzed by the Narrative Processes Coding System and by narrative analysis. Both researchers formed their own researcher questions, which were “How much, and in what way, have I changed during and after the therapy process?” (the co-researcher) and “How does Storycomposing function as a child’s music psychotherapy method?” (the researcher). Both music and speech formed the research narratives of this study. It showed how the Storycomposing method creates and maintains a field where a therapeutic couple can re-narrate the client’s life story in a process of meaning reconstruction. This process deals with transforming historical truth into narrative truth, moving mental processing forwards, and mentalising experiences. Together these represent the evolution of a life story through meaning reconstruction. In addition, when this method was used to ‘tell the client story’, it provided detailed means to describe how this happens with this specific songwriting method. This study showed that a child makes a suitable co-researcher for investigating children’s experiences. It was also obvious that these follow-up meetings strengthened his perception of recovery from a traumatic loss, and improved his sense of well-being.


Mini biography of presenter: Hanna Hakomäki is working with children and adolescents with psychiatric problems. She is a trainer and supervisor. She completed her PhD study at the University of Jyväskylä, Finland May 2013.

Disclosure: No significant relationships.
P059

BEING A PLAYER: ARTICULATING COLLABORATIVE PROCESS IN MUSIC PROJECTS WITH MARGINALISED YOUTH

L.E. Bolger
Music Therapy, University of Melbourne, Parkville/AUSTRALIA

Abstract: This doctoral investigation explored how music therapists collaborate with communities supporting marginalised adolescents. Results of this participatory project show that music therapy can promote positive growth when partnership is emphasised. This paper provides accessible new language for collaborative practice and discusses future implications for music therapists working with marginalised youth.

Description: Participatory approaches are increasingly emphasised in music therapy, advocating collaboration for empowerment and social change. Community Music Therapy (CoMT) theory advocates strongly for participatory approaches promote community health and wellbeing (Stige et al., 2010; Stige & Aaro, 2012), and a growing number of single case studies offer contextual examples of participatory CoMT practice (see reference list for examples). However, while collaboration is recognised to underpin participatory practice, currently lacking in the literature is a practical understanding of collaborative process in CoMT beyond single case examples. This paper describes an action research project conducted to practically understand and articulate the process and meaning of collaboration with communities supporting marginalised adolescents. Three separate communities engaged in participatory music projects with a music therapist, collaborating to plan, develop and implement these music projects in repeating cycles of action and reflection. Comparative analysis of this research process generated a construct of collaborative process comprised of three interpersonal dialogues, emphasising partnership through mutual responsibility and shared power. Learnings identified positive growth potential in participatory music projects, but found this potential to be contingent on alignment between particular individual and contextual factors and chosen music project structure. Additionally, this study highlighted an unrecognised need for participant buy-in to collaboration, and parameters of this necessary investment in the process. Based on these learnings I present a new understanding of collaboration in music therapy as a positive growth practice. I explore implications for future CoMT practice and challenge music therapists to evolve our understanding of collaboration beyond a descriptor for any or all cooperative interaction. I question collaboration for collaboration’s sake, asking: What conditions are needed for collaboration to be meaningful for participants involved? How can we foster these conditions in music therapy practice? And what does sharing power mean and look like in fixed-term community-based music projects?

Mini biography of presenter: While completing her PhD at Melbourne University, Lucy pursues her interest in the principles of collaboration and sustainability in music therapy through her research and practice in several community settings.

Disclosure: No significant relationships.
LISTENING - TO WHAT? SPIRITUAL PRACTICE IN THE LIFE OF THE THERAPIST

E. Richards
Anglia Ruskin University, Cambridge/UNITED KONGDOM

Abstract: This is an examination of recent thinking on the nature and impact of the spiritual life of the therapist within the therapeutic process. From the particular perspective of Zen practice. I will consider the conscious, unconscious, and cultural implications for the therapeutic encounter of the therapist’s personal spiritual engagement.

Description: There has been growing interest in the last two decades in the place and nature of ‘spirituality’ in therapeutic practice. That is reflected in the increasing amount of research, publications and conferences dedicated to it.

In the Western psychoanalytic tradition, spiritual practice and/or religious belief have often been regarded as things potentially to be pathologised and at least to be questioned. Some of that has its roots in (rather selective) readings of Freud, but in general therapy trainings in both the arts therapies and in more verbally based traditions have paid relatively little attention to the place of spirituality in the therapeutic encounter and how it is to be understood and addressed. More recently, however, these questions have come more openly into clinical and theoretical discussion and some care has been taken to distinguish between understandings of ‘spirituality’ and of ‘religion’. Mature spiritual practice is beginning more readily to be recognized as a potentially healthy dimension of object relations. Recent writing has tended to focus on two areas in particular: firstly, something about the nature of some therapeutic encounters, particularly in relation to the non-verbal exchanges that may take place through improvised or other music, which are experienced as ‘transcendent’, and secondly through consideration of how best to address spiritual matters raised by patients, and how to frame our understanding and response to patients’ spiritual experiences and beliefs. In this paper however, I choose to attend to the spiritual life and practice of the therapist. Drawing upon experience of the practice of Zen as a central example, I will explore the place, both conscious and unconscious, of the therapist’s personal spiritual practice within her clinical self and I will consider in particular the conscious and unconscious associations that may be raised in therapists who engage in a spiritual practice which has its origins (as does Zen for most therapists in the West) in a culture other than their own.

References

Mini biography of presenter: Eleanor Richards is Senior Lecturer in Music Therapy at Anglia Ruskin University, Cambridge, and a psychoanalytic psychotherapist in private practice. She is researching the relationship of Zen and clinical practice.
P061

THE BIO-PSYCHO-SOCIO-SPIRITUAL DIMENSION IN MUSIC THERAPY

D. Schapira
Direction, Programa ADIM, Buenos Aires/ARGENTINA

Abstract: Beyond the traditional conception of man, the daily task of the music therapist, in both clinical settings and in the primary prevention of health, makes it necessary to consider the spiritual dimension in order to work efficiently. This paper will focus on the impact of spirituality on Music Therapy assistance.

Description: This paper will be an overview of the different ways in which the various forms of human spirituality influence the relationship of the music therapist with its clients, either when it is performed in areas for the promotion and protection of health, or in the various clinical fields. It is clear that within the professional community dominates the conception of man as a bio-psycho-social unit, which managed to leave behind the separation between body and mind, and between individual and society. But the everyday exercise of music therapy shows that this consideration needs to be broadened. That is why from the Plurimodal Approach (Music Therapy Approach of wide application in Latin America and some European countries) we consider the human being as a bio-psycho-socio-spiritual complex, since it is this latter dimension, the spiritual, which strongly contributes to determine the way of being in the world of the people with whom we work, their way of being in the music, and shapes their expressive-receptive modes. The paper focuses both on the spirituality of the users and of the music therapist, and on ethical issues that come into play from this perspective. Vignettes showing the way in which consideration of the spiritual dimension of people affects not only the establishment of diagnoses, but also the design of therapeutic strategies, will be provided during the exhibition.


Mini biography of presenter: Music Therapist. Dr. in Social Psychology. Director of ADIM Program. Director of MT program. Uruguay. Professor of MT programs (UBA and USal). Argentina Chair of CLAM's Ethics Committee

Disclosure: No significant relationships.
MEDICAL THEORIES AND SCIENTIFIC PARADIGMS: NEW GUIDELINES FOR RESEARCH IN MUSIC THERAPY?

W. Mastnak
Music Therapy, Shanghai Conservatory of Music, Shanghai/CHINA

Abstract: Music therapeutic research refers mainly to evidence based investigations, physiological correlates, and biochemical analyses. This corresponds to paradigms of Western medicine but does not reveal essential music therapeutic mechanisms. Integrating medical systems and modern physics leads to a thesis about vital energy and qualitative transitions with explanatory potential for MT.

Description: Music therapeutic schools, theories, and methods are most often based on non-musical psychological paradigms, case studies, clinical observations and phenomenological reflections. As other disciplines (e.g. cardiology) often criticise these outcomes do not reach up to scientific standards. Music therapeutic research in a more distinct sense follows mainly three paths: a) quantitative empirical research & evidence based standards (e.g. statistical comparison with non-musical clinical methods), b) investigations referring to physiological correlates (e.g. fMRI), c) microbiological investigations (e.g. influence of music on neurochemical processes in mice). As these investigations reveal coincidences researchers tend to postulate causal connections. As there are no results explaining the deeper mechanisms of musical influence on the psychosomatic system the classical Popper-Eccles-problem becomes relevant: Where is the transition between matter and mind? It seems that classical western medical paradigms obstruct a solution of this question: biochemistry and classical mechanics (the major scientific basics of western medicine) do not correspond with the genuine nature of the human mind (even not in neuropsychology). Medical theories of various other cultures, namely Traditional Chinese Medicine, however, refer to totally other characterising paradigms: vital energy, balance & dynamic homeostasis, universal harmony and oscillation, transition and modularity. According to modern physical theories the paper suggests to think psycho-physiological aspects of medicine and music therapy on a somehow "subatomic" level. One main idea of the paper refers to the supposed error to assume a direct transposition from matter to mind and vice versa. It is suggested to think physiology, pathology, and therapeutic processes on different phenomenological levels: behaviour, neuronal, biochemical, elementary particles, sub-material energies. The most fundamental level seems to equal the Chinese Qi. The principle of qualitative transitions from an essential, neither matter nor mind like entity, becomes crucial. Music therapeutic processes seem to tally with this hypothesis.

References:

Mini biography of presenter: Professor at Munich Conservatory of Music and Shanghai Conservatory of Music (music therapy / music education). Scientific focus: neuropsychology, cross-cultural music therapy, methodology, MT in psychiatry, cardiology, genetic disorders.

Disclosure: No significant relationships.
P063

UNDERSTANDING SUPPORT MUSICALLY AND RELATIONALLY IN CANCER GROUPS: INITIAL FINDINGS AND REFLECTIONS

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²Carol G. Simon Cancer Center, Morristown Medical Center, Morristown, New Jersey/UNITED STATES OF AMERICA

Abstract: This session will present initial findings and reflections upon a pilot study, conducted at a cancer center of a major medical institution, investigating the relational components of a music-centered cancer survivorship support group, as these manifested specifically through music within the context of the group.

Description: This session will present initial findings and reflections upon a pilot study, conducted at a cancer center of a major medical institution, investigating the relational components of a music-centered cancer survivorship support group, as these manifested specifically through music within the context of the group. The procedure consisted of a one-hour group, meeting on a weekly basis, held at the cancer center, facilitated by a music therapist. The research protocol included videotaping for qualitative data collection and analysis (identification of emergent themes). Each session consisted of the following, general structure (with specific form and content varying from session to session, according to the clinical judgment of the facilitator concerning the needs and interests of the group): 1. Verbal greeting/“check in.” 2. Identification of current, salient issue(s) indicating need for support by one or more group members. 3. Musical expression of support/empathy by group, based upon issues, as identified in step #2, and chosen according to the clinical judgment of the facilitator. 4. Verbal summary and closure, including a debriefing phase, wherein participants could reflect and report upon the ways they experienced support relationally, via the music, within the session. Group sessions were designed to provide experiences of interpersonal support, mobilization of supportive resources (via music), and insight into coping mechanisms relevant to their medical conditions. The research study on this group was intended to broaden society’s understanding about how the manifestations and roles of relationship via music, in the process of support group work, may enhance and/or improve the manner in which creative arts are employed in and as therapy in the area of oncology. Please note: Data analysis phase is currently still in progress, but initial review of materials indicates numerous, noteworthy forms of musical-relational support among the group participants.


Mini biography of presenter: Brian Abrams, Ph.D., MT-BC, LPC, LCAT, AMT, FAMI is Associate Professor of Music and Coordinator of Music Therapy at the John J. Cali School of Music, Montclair State University.
Disclosure: No significant relationships.
P065

MUSIC GROUPS, MUSICAL ESTHETICS AND MUSIC THERAPY IN MENTAL HEALTH

R. Siqueira-Silva
Centro De Estudos Sociais, University of Coimbra, Coimbra/PORTUGAL

Abstract: Music groups within the field of mental health challenge the boundaries of current practices in music therapy. This research explores the experience of these groups and the controversies they generated and examines differences and commonalities between the practices of musicians and of music therapists concerning musical aesthetics and social inclusion.

Description: This paper reports on doctoral research – Music Groups in Mental Health: Connecting Musical Esthetics and Practices in Music Therapy -, based on long-term observation and participation, in the daily life of users of mental health services, both as a professional and as a researcher. Acknowledging and describing other modes of acting within or at the borders of music therapy and the expansion of current visions of how to act in this field highlighted the specificity of its practices and the widening of their scope. Music groups, as one such experience, were problematized as to their impacts on the media, the generation of income and musical esthetics, at the intersection with social inclusion-exclusion. A visiting doctoral studentship at the University of Coimbra (Center for Social Studies) allowed a first contact with the Portuguese model of mental health, and a dialogue of the researcher with Portuguese and Brazilian groups was triggered. Methodologically, the research process, with a strong ethnographic bent, was guided all along by Actor-Network Theory. We identified differences and commonalities between the practices of musicians and of music therapists concerning musical esthetics and social inclusion. We observed, described and interviewed in order to problematize ongoing controversies. Our questions were: how do these music groups relate to other group dispositifs in music therapy? How do they deal with the social inclusion of mental health service users and with the income generated by CDs and shows? What are the effects of the visibility of the groups in the media (television, press and others)? What are these music groups for? What do they (and their traces) add to mental health and music therapy? What can we learn from these experiments? We expect to encourage further, productive problematizations. What is laid out here are echoes from the field, from research and from controversies.

**Mini biography of presenter:** Post-doctoral fellow (CES/University of Coimbra). She holds research grant from CAPES Foundation. PhD in Psychology. MA in Psychology. Specialist in Music Therapy (*lato sensu*). BA in Psychology.

**Disclosure:** No significant relationships.
P066

A PATIENT/STAFF CHOIR IN A FORENSIC UNIT

J. Robertson
Occupational Therapy And Arts Therapies, Queen Margaret University, MUSSELBURGH/UNITED KINGDOM

Abstract: ‘Do You Hear The People Sing?’ A research project investigating the responses from patients and staff in a medium secure forensic unit following their participation in a series of choral experiences.

Description: Music therapy is well-established in this particular unit and referrals are made on a regular basis. Yet a dilemma would appear to exist; while this unit is considered to be a clinic, recent developments in music therapy suggest the need for a less clinical and more community-oriented approach to be adopted (Pavlicevic and Ansdell 2004). This presentation will consider the health benefits that may be perceived by patients within a medium secure forensic setting when singing in a choir alongside members of staff. The study will also explore how relationships between staff and patients might be enhanced through participation in choir rehearsals. Within a broad framework of Community Music Therapy, the project seeks to encourage participants to take ownership of the choir in terms of repertoire and the format of rehearsals within a six-month period. The role of the researcher as music therapist is to sensitively administer this negotiation and to musically support the subsequent choices and decisions. While an inevitable amount of leadership is required, the intention of the researcher is to coordinate rather than conduct in what might be termed a conventional manner. The study has been granted ethical approval from Queen Margaret University and NHS Lothian. A qualitative approach is followed and the design of the study comprises three distinct yet complementary methods: Participatory Action Research (PAR), focus group discussion and a written sentence completion test. By adopting the stance of a participant observer or “data-gathering instrument” (Ansdell and Pavlicevic 2001, p. 136), the researcher has the opportunity to engage first-hand with the participants; requiring the researcher not only to watch but to work with the patients and staff in this setting. The presentation will feature selected audio extracts from rehearsals.


Mini biography of presenter: James Robertson works as a music therapist in a forensic psychiatry unit. He was the Programme Leader of the MSc Music Therapy (Nordoff Robbins) at Queen Margaret University from 2005-2013.

Disclosure: No significant relationships.
P067

ON SECRETS IN MUSICING

N. Yehuda
Music, Bar Ilan University, Ramt gan/ISRAEL

Abstract: Oftentimes, immigrants live secret life, either because they feel forbidden to live their native customs, or else, they themselves, for different reasons, choose to practice them in secret. My presentation will focus on the concept of secrecy in music and its relevance to immigrants’ secret life management

Description: The concept of secret is of great significance: some secrets pertain to the metaphysical yearnings to uncover Life’s mysteries, whereas others are of a personal nature. Many thinkers have written about the secrets of the universe, and their impact on humanity. Recognizing that the immanent reality is not a totality and that symbolic thinking is cardinal to mankind – has motivated deep thought and enrichment. Conversely, facing mysterious realities and realizing that existence-related questions will remain unanswered – can bring Man to feelings of helplessness and angst. The urge to solve mysteries versus the understanding that their existence in man's life is of great value, has found expression in philosophy and the arts. "The Unanswered Question", by Ives, is an example of the “musicing” of this conflict. Likewise, personal secrets are subject to conflict, tempting the owner to reveal them and at the same time troubling him with fears of theirs consequences (Margolis, 1974). Music resolves conflicts and secrets in special ways: it hides and it unveils but most importantly it leaves the listener with a feeling of "we know more than we can tell" as Polany (1967) stated, thereby coining “Tacit knowledge” - knowledge which cannot be transmitted in writing or verbalizing. Music enables both the expression and the obscuring of certain emotional states, all the while maintaining the dynamics of the secret. In certain emotional conditions, such as experienced by some immigrants, this unique dynamic allows the person to persevere while extreme conflicts, normally hard to reconcile, are held at bay. Examples to illustrate this point will follow.


Mini biography of presenter: Music therapist, was the head of music therapy program at Levinsky College, runs a private clinic for children and adults, teaches and supervises at Bar Ilan University and Levinsky college.

Disclosure: No significant relationships.
P068

MUSIC THERAPISTS’ VIEWS ON “NEGATIVE” AND “POSITIVE” EMOTIONS AS PREDICTING MEANINGFUL THERAPY

E. Bodner¹, E. Assa Polansky²
¹Department Of Music; The Interdisciplinary Dept. Of Social Sciences, Bar-Ilan University, Ramat-Gan/ISRAEL, ²Music, Bar Ilan University, Ramat Gan/ISRAEL

Abstract: The attitudes of three therapeutic professions (Music Therapy, Clinical Psychology and Medical Clowning) regarding the contribution of "negative" and "positive" emotions to meaningful therapy were examined. While Music Therapists and Clinical Psychologists rated sadness as the most cardinal emotion, Medical Clowns evaluated happiness as the most significant emotion for therapy.

Description: In three studies we examined the attitudes of three professions (Music Therapy, Clinical Psychology and Medical Clowning) regarding the impact of "negative" and "positive" emotions that evolve during therapeutic sessions, on the outcome of the therapeutic process. According to our knowledge, such an investigation has not been done. We expected that Music Therapists and Clinical Psychologists who use theories which focus therapists on relieving negative emotions, will attribute more importance to "negative" emotions, while Medical Clowns who use more positive psychology principles, will attribute more importance to positive emotions. In the first study, 22 Music Therapy students were asked to recall a meaningful therapeutic session, describe the emotions that were part of this session, and rate the respective contribution of these emotions to the therapeutic process. The prevalence of negative emotions almost doubled the positive emotions. In the second study, 21 music therapists (fresh and senior) were asked to listen to three short musical improvisations, each one expressing different emotion (sadness, anger, happiness). The participants were told that each of the three improvisations was played by a different young female patient during a therapy session. After identifying the expressed emotions participants were asked to rate the chances that the patient would have a meaningful therapy. Sadness was reported as significantly more contributing to a meaningful therapy compared with happiness among the fresh therapists and a similar tendency occurred in the group of the senior therapists. In the third study, 43 Clinical Psychologists, 22 Music Therapists and 28 Medical Clowns underwent a similar procedure. In general, Medical Clowns evaluated happiness as the most significant emotion for therapy, while Music Therapists and Clinical Psychologists rated sadness as being the most cardinal. Basing on these findings, we suggest supervisors to become attentive to this focus on the "non-bright side" of emotions in life.


Mini biography of presenter: Dr. Bodner is a clinical and medical psychologist, and senior lecturer at Bar-Ilan University. His research and clinical interests include psychology of music and emotions, gerontology, and suicide.

Disclosure: No significant relationships.
P069

DEVELOPING COMMUNICATION, SOCIALIZACION, CREATIVITY AND MUSICAL SKILLS IN CHILDREN WITH ASD

C. Zamani
Music Therapy, Private Practice, Buenos Aires/ARGENTINA

Abstract: A qualitative longitudinal study of a child with ASD during neurocognitive and behavioral music therapy will be presented. Emphasis is placed on use of interactive rhythmic-musical activities designed to promote development of communicative, social, and musical skills. Results address improvements in the child’s increased verbal language, creativity and musical abilities.

Description: This presentation will focus on the description of Music Therapy based upon neurocognitive and behavioral clinical practice in early intervention of children with autism spectrum disorders (ASD). It will discuss current trends of treatment intervention and neurocognitive approaches in the application of educational and therapeutic MT treatment programs for children with ASD. A case study of a young child with ASD during 4 years of music therapy comprehensive individualized treatment approach will be presented. Children diagnosed with ASD present atypical social behaviors, difficulties in engaging in emotional exchange, idiosyncratic use of verbal language, affected melody and rhythm of speech, limited imaginative and symbolic play skills, thus resulting in lack of expressive and creative spontaneous participation during their learning experience. The purpose of this longitudinal case study is to compare six indicators that were taken as referential aspects in order to analyze improvements in the child’s communicative and social skills during four stages in MT program. Music therapy involving paraverbal techniques (Grob) uses dual dependent rhythmic musical activities. These MT activities involve the specific use of the components of music, simple melodic line, organized rhythmic pattern and synchronized tempo, reflective song material and joint singing, musical free improvisation, interactive play and a wide variety of multisensory musical instruments. Results showed that during the MT treatment program, the child increased his communicative intent, decreased echolalia, gradually acquired appropriate verbal language skills, developed coherent speech and increased dialogic interactions. He also showed significant improvements on the melodic and rhythmic enunciation aspects of his speech, manifesting his emotional state and reflecting more adequate expressive social abilities. Ending the MT treatment a new unexpected indicator was found: the child demonstrated spontaneous creativity during musical tasks, therefore allowing him to start piano lessons as part of his participation in regular school program. Audiovisual material will be presented.


Mini biography of presenter: Cristina Zamani is a clinical music therapist and a special education professor. For over 25 years, she has developed programs for children with autism spectrum disorders and their families.

Disclosure: No significant relationships.
MUSIC THERAPY AND BRAIN RESEARCH; WHERE ARE WE HEADING?

J. Fachner
Department Of Music And Performing Arts, Anglia Ruskin University, Cambridge/UNITED KINGDOM

Abstract: MT gained interest as an applied area of neuroscientific research\(^1\). MTs are attracted from brain research, as some principles applied in therapy seem to be confirmed in neuroscientific research\(^2\). This paper aims to review brain research - methods applied in or affine to MT\(^3\).

Description: Will brain imaging help to foster internal or external validity of music therapy? Music therapists may want to contextualise brain activity during important moments in music therapy sessions. However, technical limitations of brain imaging may restrict naturalistic settings of sessions. Further, analysis methods prefer to identify target areas in order to reduce complexity and signal to noise ratio. This paper aims to review and systematize current brain research and its methods applied in or related to music therapy. We may categorize: 1) Accompanying in situ studies 2) Empirical comparison studies and 3) Approximations. There are a few accompanying in situ studies on brain functions during music therapy sessions or healing settings. These studies are interested in immediate change during or after interventions in order to identify an immediate but recurring action of MT on the brain processes. Empirical comparison studies may aim to describe changes in comparison groups. Brain imaging may serve as a bio- marker in order to identify general changes in brain processes and relate them to the intervention. Within the category of 'Approximations' basic brain research procedures are utilised on selected musical features and results are discussed in relation to a suggested music therapy action mechanism. This paper is about fusion and synthesis in which we will share how and why we do our research. We look to reflect on advantages and limitations that are relevant when considering a research agenda in the future of music, music therapy and the brain.


Mini biography of presenter: Jörg Fachner, Professor of Music Health and the Brain at Anglia Ruslin University in Cambridge, UK; Co-editor of Music and Altered States (2006) and Music Therapy and Addictions (2010).

Disclosure: No significant relationships.
RE-FRAMING EXPERIENCES IN GULU’S SOCIO-CULTURAL CONTEXT: A COMT POINT OF VIEW

A. Navarro Wagner
None, Ana Navarro Wagner, Sant Adria del Besos/SPAIN

Abstract: This study re-frames the experiences of four European music therapists with local disadvantaged children in Gulu (Northern Uganda) from a Community Music Therapy point of view. CoMT offers certain qualities that help to rethink conventional boundaries in their contexts and to widen the cultural sensitivity of the music therapists.

Description: This study achieves a situated framework in Gulu's sociocultural post-war context from the experiences of four European music therapists and through a CoMT approach. CoMT is a relatively new field in contemporary music therapy that focuses on socio-cultural sensitivity and reflects on the role of culture and context in establishing situated practices. The study uses a qualitative methodology and a flexible design in order to answer the following problem formulation: What qualities of CoMT can contribute to re-frame the experiences of four European music therapists when participating in a music therapy program with local disadvantaged children in Gulu's socio-cultural post-war context? Through a phenomenological and hermeneutic analysis of the researcher’s field notes and of the interviews to three music therapists, a series of CoMT qualities are used to re-frame common patterns of their experiences. A grounded theory method is used to move gradually from a descriptive level of the experience to a theoretical one. In order to do this, the final categories drawn out of the music therapist's pattern experience are re-framed using the literature approach (CoMT, Anthropology and Critical Psychology). The researcher's worldview role is contemplated in the phenomenology of study and reflexivity is considered a relevant concern. This paper presentation acknowledges the need of phenomenological and ethnographic research in music therapy in order to create situated frameworks. These frameworks are created by reflecting about conventional boundaries and by stretching them out, so as to frame the context where practices take place. Context and its local knowledge are -therefore- considered important in the creation of a discourse that validates a practice. Finally, an Action Research process -where reflective and active approaches blend in a common path- is suggested as an optimal future path for Gulu's context.

Préliminary abstract overview per April 2014


Mini biography of presenter: Ana Navarro Wagner was born in Illinois (U.S.A.) and grew up in different Spanish cities. She currently lives in Barcelona and combines music education and music therapy in multicultural backgrounds.

Disclosure: No significant relationships.
IDENTIFYING AND QUANTIFYING MUSIC THERAPY SERVICES WITHIN A FORENSIC PSYCHIATRIC SETTING

A. Crimmins
School Of Music, Illinois State University, Normal, IL/UNITED STATES OF AMERICA

Abstract: The purpose of this study was to identify and quantify the type of music therapy interventions utilized in a forensic psychiatric facility that treats aggressive and criminal behavior. By first identifying the magnitude of music therapy services within this facility, future exploration regarding the efficacy of the services is possible.

Description: The purpose of this study/paper was to identify and quantify the type of music therapy interventions utilized in a state forensic psychiatric facility that treats aggressive and criminal behavior at maximum, medium and minimum security levels. Objectives were to determine: 1) the number of music therapy sessions, 2) the time length of music therapy sessions, 3) the type of music therapy interventions utilized, and 4) the number of patients receiving music therapy services per group. Six music therapists employed at this facility entered music therapy group data electronically for a total or four months. A total of 182 music therapy group sessions were recorded. The frequency of group sessions were July (n=76), August (n=40), September (n=37) and October (n=29). There were fewer treatment sessions indicated for maximum security residents than what was reported for medium and minimum security level residents. The average group time per session was 39.95 minutes and an average of seven residents attend music therapy sessions. The most frequently indicated music intervention was Music Combo (n=41) accounting for 21% of the total recorded intervention types. The next most predominant intervention types were Music Assisted Relaxation (n=21) representing 11.5% of the total groups and Musical Styles Exploration using recorded music (n=21) also 11.5% of the total indicated interventions. The majority of groups utilized live music intervention (n=106) and the remainder of the groups used recorded music (n=76) as the main music intervention. Active music making techniques were used in 35% of the groups (n=63) and in 65% of the groups (n=119) music was used for the purposes of listening or prompting a discussion. By first identifying the magnitude of music therapy services with in this facility, future exploration regarding the efficacy of the services is possible.


Mini biography of presenter: Dr. Crimmins is Assistant Professor of music therapy at Illinois State University in the United States. She has previously worked as a music therapist in forensic and acute psychiatry.

Disclosure: No significant relationships.
P073

THE HOME THAT WAS MINE

C. Wiess1, D. Amir2
1Music Therapy, David Yellin College, Jerusalem/ISRAEL, 2Music, Bar-Ilan University, Ramat-Gan/ISRAEL

Abstract: This lecture presents a case study research which focuses on short-term group music therapy with 6 teenage girls who lived in the Gaza District Israelis settlements, who were uprooted in 2005. Research purpose was to examine the meaning and significance of music therapy group for the participants.

Description: During the uprooting from Gush Katif, people’s lives were damaged: families lost their homes, communities were falling apart and schools closed. The music therapy group was formed two years after the Disengagement, and included six teenage girls, aged 12-14. The therapeutic process consisted of 12 weekly meetings, each lasting an hour and a half. The research questions were: How characteristics associated with trauma showed up in the musical and verbal expression of the girls in therapy? How coping with the trauma found expression in the musical and verbal processes? What changes the teenage girls experienced in the group process and in what areas? What behaviors indicated the need to fulfill specific needs of study participants? What effects a structured working approach had in comparison with an unstructured approach in the group therapy and which approach better suited working with the particular population? This case-study research was analyzed by qualitative and quantitative methods. Research tools included interviews with the participants before and after the music therapy group, video filming during each session, questionnaires concerning participants’ mood before and after each session, and researcher’s diary.

The findings consist of three main categories: post trauma, loss and coping. Post-trauma was characterized by (1) intrusive thoughts concerning traumatic and uprooting events that participants experienced. (2) Avoiding activities that reminded the participants of the uprooting and the adjacent period. (3) Excessive arousal characterized by physiological arousal, mental alertness, and restlessness. Loss was characterized by feelings of bereavement, longing, anger and pain. Coping included physical release, expressing feelings, faith and hope. The group was a source of strength and support. The study’s findings indicate an improvement in the girls’ mood by the end of the therapeutic process. Group cohesiveness also increased during the course of treatment and became stronger by the end of the process.

References:

Mini biography of presenter: Prof. Dorit Amir, D.A., CMT, head of music therapy program, Bar Ilan University. Ph.d Chava Wiess, Music Therapist and Group Coordinator. Head of music therapy program, David Yellin College.

Disclosure: No significant relationships.
P074

MUSIC THERAPY AND RITUAL PRACTICE - NEW LINKS BETWEEN PSYCHOANALYSIS AND MUSIC THERAPY

S.F. Leikert
Research, Deutsche Gesellschaft für Psychoanalyse und Musik, Saarbrücken/Germany

Abstract: Psychoanalysis today investigates the structure and the effect of music. Music, other than language, employs the mechanisms of rhythmisation and seduction. Theses mechanisms provide a process of synchronisation between the body-self and the flow of aesthetically organised perceptions. These mechanisms are also found in early mother-infant-dialogue and in ritual praxis.

Description: Psychoanalysis has long disregarded music and its potential for the healing process. Today a growing number of psychoanalysts in specific groups and organisations, such as the German Society for Psychoanalysis and Music (wwwpsychoanalyse-und-musik.de), dedicate their theoretical work to the process provided by music in order to learn more about the conscious and unconscious aspects of psychic functioning. One aspect is the psychology of rituals. Rituals, found in any cultural context, are closely related to music at least in two ways. Firstly the ritual uses the impact of music to pursue its aims. Secondly Music and Rituals show similarities in the basic mechanisms they employ to create their specific effects. Can psychoanalysis today explain the deep transformation in the psychic functioning caused both by music and ritual? Psychoanalysis has long been dominated by language theory. Freud pointed out that the language of dreams is, in its structure, determined by displacement and condensation. Lacan showed, that these are the mechanisms of language: metaphor and metonymie. Music, however, employs different mechanisms, which I call rhythmisation and seduction. Theses mechanisms provide a process of synchronisation between the body-self and the flow of the esthetically organised perceptions. This process leads to a deep change in psychic organisation from the ordinary language-dominated state of mind to a psychic organisation in which the perception of the outer (esthetic) object is temporally coordinated with the inner, bodily (kinetic) perception. I call this way of organising experience the kinesesthetic semantics. In music and rituals it leads to intense and touching experiences, being at the bottom of identifications and change processes. Psychoanalysis investigates, how the very same mechanisms are in function in the early mother-infant-dialogue as well as in the elaborated rituals and musical artworks. This defines the architecture of individual and group processes of bonding.


Disclosure: No significant relationships.
P075

PARENT COUNSELING IN MUSIC THERAPY (PCiMT) FOR PARENTS OF CHILDREN WITH ASD

T. Gottfried
Music Therapy, Ben-Gurion University, Kfar-Saba/ISRAEL

Abstract: Parent Counseling in Music Therapy (PCiMT) for parents of children with Autism is a clinical approach, in which the music therapist conducts both the individual MT sessions for the child as well as the counseling sessions for the parents. This practice is now being tested in my PhD research.

Description: Early parent-child relationship, represented commonly by reciprocal musical-wise interaction (Stern, 1985), is interrupted by organic impairments, sourced at the core of the Autism Spectrum Disorder (ASD). Parenting a child with ASD involves great challenges and often causes stress (Dempsey et al. 2009; Vidyasagar & Koshy, 2010). The role of music therapy in the treatment of children with ASD has a long history, and is an evidence-based field (Geretsegger et al. 2012; Gold, Wigram & Elefant, 2006; Holck, 2004); In recent years, this field has expanded beyond the setting of the music therapy room, and new studies describe the involvement of families in the treatment process of the child (Jonsdottir, 2009; Oldfield, 2011; Thompson, 2012), in order to meet these challenges and support both the child and the parents. This presentation will describe a clinical practice of Counseling in Music Therapy (PCiMT) for Parents of children with ASD, which is now being tested in my PhD research. In this way of work, the music therapist conducts both the treatment sessions for the child as well as the counseling sessions for the parents, aiming to bridge between insights from therapy room to the everyday life of the family. Coming from the health promotion approach (Bartholomew et al. 2006; Eng & Parker, 2002) and the idea of collaboration, as defined in Randy Rolvsjord's book (2010), the PCiMT expands the borders of conservatory setting, and sets to provide a safe place for parents to reflect on their daily challenges with their child. This practice aims to both equip the parents with a deeper understanding of their child's needs, and also how to implement MT-like techniques while interacting with their child. This presentation includes clinical examples and videos excerpts from MT sessions and counseling sessions.

Mini biography of presenter: Tali Gottfried is an Israeli Registered Music Therapist, a PhD candidate at Aalborg University, Denmark. She is the owner of the Private Practice for Music Therapy for children and youth.

Disclosure: No significant relationships.
BOUNDARIES OF COGNITIVE NEUROSCIENCE AND ALTERNATIVE RESEARCH METHODOLOGIES IN MUSIC THERAPY

A.M. Hunt
Department Of Music Education And Therapy, Temple University Boyer College, Philadelphia, PA/UNITED STATES OF AMERICA

Abstract: Cognitive neuroscience research can provide valuable evidence of brain responses to music therapy interventions. However, its methodological requirements do not usually account for personally and socially-constructed meanings in music. The presenter will discuss the boundaries of traditional neuroscience for music therapy, and present alternatives which address individual perspectives and contexts.

Description: Music therapists are becoming increasingly interested in cognitive neuroscience, however the methodological rigors usually employed in such research require operationalizing music and removing it from the context in which it is usually experienced (Fachner & Stegemann, 2013). Methodologies using techniques such as Event Related Potentials or block designs use repeated, brief presentations of music segments to gather multiple instances of brain response to these "stimuli." Deconstructing music in this way merely addresses music perception, and ignores the holistic experience of music, which unfolds over time and is embedded in personal and situational context (Fachner, 2002). Furthermore, because music therapy by definition includes the interaction of client and therapist (Bruscia, 1998), research methods which isolate the research subject from this interaction neglect an important component in the clinical dynamic of music therapy. Given emerging research into the effects of early relationships on brain development and behavior (Schore, 2012), it is clear that individuals' brains have unique patterns of interacting with the world as well as perceiving and responding to the world. These patterns may not only be influenced by primary relationships, but also by the dominant culture. While cognitive neuroscience can identify some global responses to music as stimuli, the high degree of variability across individuals continues to be a serious confounding factor. In response to this problem, new research methods are exploring ways to account for individual experience in conjunction with brain responses (Varela, 1996) as well as how musical interaction correlates with brain activity (Lindenberger et al., 2009). Therefore, this presentation will discuss alternative viewpoints on researching and interpreting the behavior of the human brain in relation to music therapy contexts. The presenter will delineate the boundaries of research methods employed in the neurosciences and discuss new methods which have the potential to meaningfully elucidate individual neurological responses.


Mini biography of presenter: Andrea Hunt is Assistant Professor at Temple University. She has primarily worked with adults recovering from mental illness and addictions, and her interests include neurophenomenology, multicultural competence, and music-based assessment.

Disclosure: No significant relationships.
P077

EFFECTS OF MUSIC THERAPY ON THE PATIENTS WITH ADVANCED STAGE CANCER

F. Aydemir, O. Tanriverdi; Muğla/TR

Abstract: This study aimed to investigate firstly the effects of passive music therapy on the pain and anxiety experienced by the cancer patients with metastasis, determined together with the musicologist and the oncologist. Secondly the impact of the instrument selection, traditional or western on the therapy were investigated.

Description: A total of 15 patients with primary cancer, metastasized to at least one organ were included in the study. The study was carried out in two groups using Anatolian melodies performed with local instruments in one and with western instruments in the other. The musical therapy lasted one hour-long used in the therapy contains no lyrics, and the same volunteers listened the same melodies.

In addition to the widely used medical metrics in the collection of study data, other measurements developed by the researchers were also employed for data collection. Ethnographic data was collected during a large part of the study (a total of 4 times at every 15 minutes) with face-to-face in-depth interviews with patients and observations. We found that patients with regular habit of listening to music in their daily life were found to be more adapted to focus on the music, and participated in the music both physical and emotional sense, potentially suggestive of the increased benefit from the therapeutic effect of the music. The assessment revealed statistically significant decrease in the degree of anxiety and pain scores compared to those prior to music therapy. Similarly, time elapsed until the next dose of pain management drug was observed to be prolonged significantly. The effect of music therapy to decrease pain and anxiety levels was determined to be independent of other study variables. A potential positive link between the degree of support of music for the treatment of cancer and patient's socio-cultural background and personal experience was surmised. We are holding the opinion that integration of ethno-musicology into psycho-oncology is important for individualisation of music therapy for each patient. We believe that further studies have to be carried out to investigate the ethnical effects of music therapy in larger groups.


Mini biography of presenter: Fatma Nil Aydemir. EDUCATION: Uludag University Faculty of Education Music Dept. Undergraduate Degree(2002), 9Eylül University Faculty of Fine Arts Musicology Dept. MA Degree(2014) PROFESSIONAL APPOINTMENT: Violin Teacher İn FineArt School.

Disclosure: No significant relationships.
FIVE TYPES OF DISCOURSE IN MUSIC THERAPY

D. Psaltopoulou¹, P. Vaiouli²
¹Music Education, Aristotelian University, Thessaloniki/GREECE, ², , Bloomington/UNITED STATES OF AMERICA

Abstract: The topic is analyzed based on Lacanian psychoanalytic thoughts about the four kinds of discourse concerning neurosis. The discourse of the hysteric, of the master, of the university, as well as of the analyst are illustrated through excerpts from case studies of music therapy clinical work and supervision.

Description: The topic is analyzed based on Lacanian psychoanalytic thoughts about the four kinds of discourse concerning neurosis. The discourse of the hysteric, of the master, of the university, as well as of the analyst are illustrated through excerpts from case studies of music therapy clinical work and supervision. Music has taken its name from ancient Greek muses, goddesses of beauty and truth, and it is born from Medusa’s cry. When the music therapist listens and responds appropriately to the phonic/aphonic cry of the human being in an interactive music therapy lingual relationship a fifth kind of discourse emerges for psychosis and/or autism, and it is called the FA-phonie (FA-voice). The aphonie cry stands for a cry with or without any sound, which is not addressed to anyone. It resembles the lalling period of the infant and the autistic/psychotic cry. The phonic cry, whether with sound or not, is the cry which is addressed to the others and it inherits the quality of a call seeking a response from the other. The music therapist listens and responds to the aphonie cry aiming to lead the client to a phonic one so that the client will be engaged to a form of dialogue. In the course of the music therapy process the aim is to reach the phonic Voice and to the FA-phonie. The phonic cry when mirrored by the music therapist can lead the client to the phonic Voice, which is closer to the inner truth of the individual. Voice with capital V stands for the inner healthy reality of the client.


Mini biography of presenter: Dr. Dora Psaltopoulou-Kamini is lecturer at Aristotle University of Thessaloniki (A.U.Th-GR). Her clinical work includes neurosis, psychosis, and autism. She directs a master's level Music Therapy training program.

Disclosure: No significant relationships.
TREATING TRAUMA BEHIND BARS.

C. Macfarlane
Vaktherapie, PI Vught, Vught/NETHERLANDS

Abstract: The author will present the theoretical and neurological foundations of a short term, trauma focused music therapy intervention in a penitentiary psychiatric center in the Netherlands and discuss how and why she developed this music therapy intervention.

Description: As music therapist within a penitentiary psychiatric center, the author was confronted with the need to develop a short term, trauma focused music therapy intervention in response to the growing population of traumatized patients who, for various reasons, are not able to benefit from EMDR. Based on a comprehensive literature review and new insights from the world of music neuroscience (Koelsch, 2010) and neurological music therapy (Thaut, 2005), the author has developed a music therapy intervention designed to alleviate crippling effects of PTSD as seen in her workplace. Using case histories she will illustrate the population and her reasons for developing a short term, trauma focused music therapy intervention.


Mini biography of presenter: After her bachelor’s in music therapy in the Netherlands, Clare received her master's from UoP in Stockton, California. She has a vast clinical experience in forensic mental health care.

Disclosure: No significant relationships.
P080

THE ETHNOCULTURAL AND PSYCHODYNAMIC MEANING OF MUSIC FOR TRAUMATIZED REFUGEES

S. Alanne
Music Education, University of the Arts Helsinki, Sibelius Academy, HELSINKI/FINLAND

Abstract: Musical work with refugees can serve socially liberating, securing and empowering objectives. To ensure these goals, music therapists, educators, and musicologists must understand the potentially altered meanings of ethnocultural music for traumatized refugees. Re-traumatization can be avoided through a psychological understanding of trauma and its influence on musical experience.

Description: Recently, there has been growing interest among music therapists, music educators, and musicologists to work with refugees (Orth, 2005; Alanne, 2010; Storsve, Westby & Ruud, 2010). There is great potential in such work for the promotion of well-being and community spirit, building networks and cultural dialogue between different cultures and ethnicities through music. In this paper, suitable music therapy methods for refugees suffering post-traumatic stress syndrome (PTSD) will be reviewed in light of clinical experiences and research on psychodynamic music psychotherapy (Alanne, 2010). The use of folk music in this regard will be examined, with consideration for the experiences of torture survivors and other victims of oppressive musical manipulation and deception (Moreno, 1999; Reyes, 1999; Cloonan & Johnsson, 2002; Cusick, 2006). This approach aims at avoiding accidentally re-traumatizing refugees with culturally centered or oriented music practices, by critically re-evaluating these practices’ assessments, methods, and goals. Comprehensive information on the psychoanalytic and psychological effects of traumas will be provided. The dynamics of music and sound as potential good objects on recovery and well-being will be analyzed, as will be the potential for a split position when music reverberates with a trauma and is experienced accordingly as a persecuting bad object by traumatized refugees (Lehtonen, 1986, Cusick, 2008; Alanne, 2010). Questions related to the aesthetics of ethnocultural and Western music, and their associated pros and cons, will be raised and discussed, from the perspective of both the therapist and the clients, both of which may in turn represent various musical subcultures (Reyes, 1999; Hebert, 2010).

Mini biography of presenter: Dr Alanne is the responsible trainer of the Music Psychotherapist Training at the University of Oulu, Extension School and Medical Faculty arranged in Helsinki by the University of Helsinki, Palmenia.

Disclosure: No significant relationships.
MULTICULTURAL MUSIC CENTER- YOUTH CREATES

S. Blank
Music Therapy, levinsky collage, givataim/ISRAEL

Abstract: Middle Eastern pop music, Rap in Amharic, Russian metal, Turkish music, progressive rock, and Israeli Reggae meet in a music youth center where a unique therapeutic model creates a place in which each one can fulfill and express himself equally and authentically as an individual and as part of a group.

Description: Since Rock n' Roll, through Hip-Hop, Rap and the ability to create music on pc's; music has become popular all over the world not only as a passive source of interest, but also as a tool for active expression.
Using the power of contemporary music as a means for expression, the young are given the opportunity to promote social and musical initiatives in a supportive framework which emphasizes on the professional and emotional side of music and serves as a tool in connecting the youth to the community. This working method works in three levels: individual, group, and community. Individual: The teaching method emphasizes on the abilities and needs of every boy and girl, and finds the inner exploration of the music in every individual; Group: in this frame, different musical and cultural worlds meet and form a combined creation in musical ensembles by the young musicians; Community: the youth produce, promote and contribute to social activity in the community, and thus strengthen their social skills of communication, respect, tolerance, and sense of belonging.
The outcome of this process is providing the youth with tools which will enable them to take an active part in running and managing the music center and participating in projects, performances and events. This actively reunites the youth with the community and opens the opportunity for creating a new culture and influencing it.
The psychological and philosophical contexts of this working model will be illustrated in The presentation with a video clip, music, and an album which were produced by the young musicians in the music center.

References:

Mini biography of presenter: sharon blank, Music therapist, working for many years with youth at-risk. Based a systematic method currently supports and promotes hundreds of youngsters in Israeli neighborhoods by music.

Disclosure: this Model works in several community centers and schools in Israel through a non-profit Organization "makor".
P082

MICROANALYSIS RESEARCH FOR AUTISTIC CHILDREN

Z. Vlachová¹, G. Collavoli²
¹Department Of Education, Faculty of Education, Masaryk University Brno, Brno/CZECH REPUBLIC,
²Irc - Istituto Di Riabilitazione Di Calambrone, Fondazione Stella Maris - Calambrone (Pisa),
Calambrone - Pisa/ITALY

Abstract: Rhythmic and melodic elements of improvisation compared with reactions of non-verbal clients. Evaluation methods and their use in practice. An introduction of general principles based on the description of one microanalytical method. Examples from practice will be described and discussed.

Description: The room is ready, the instruments are tuned up. The music therapist starts the session with the patient. The net has been cast, but we do not know whether and when the fish will get into it. Within the boundaries of the musical sea he suggests rhythms, explores sonorities, arranges improvisations, getting out what is inside himself just to give it to someone else as a gift. But what is he looking for? An answer, a dialogue, some kind of pattern to share? Silence. Wait. Sound. Imitation. Dialogue. Musical elements. A video camera records everything is happening in the room in order to examine the microelements of the session (T.Wigram). Sometimes what we are looking for is not what the patient is offering us. In the microanalysis of the musical events we can detect rhythmic/harmonic microelements and melodic fragments which allows us to lay the foundations for the communicative process with the patient. Being able to observe and to detect these microelements is important if we want to sail with confidence within the musical conduct of the patient. Using microanalysis for clients with poor or none ability to reflect seems to be important as it is suitable to substitute the reflections. (T. Wosh, T. Wigram). The focuses of the paper are:

- How can we deal with detailed analysis of improvisation in MT intervention without becoming overwhelmed by the mass of data?
- Where is the borderline between exploration of important details and irrelevant perfectionism?

We need to use the results and the evidence as a basis for the clinical practise, still we should stay close to our field with -shall we say- a sort of hermeneutic approach, in a depth interpretative perspective. Not only paying the duties to the science. (compare E. Ruud)


Mini biography of presenter: Social educator and music therapist focusing mainly on children with autism. Actually studying in a doctoral program at Masaryk University Brno, Czech Republic.

Disclosure: No significant relationships.
MUSIC THERAPY WITH CHILDREN WITH ATTACHMENT DISORDERS AND THEIR CAREGIVERS

K. Tuomi
Music Therapy, Palvelukeskus Luovat Tuulet, Hämeenlinna/FINLAND

Abstract: The aim of the paper is to examine the possibilities of music therapy when treating children with attachment disorders. Basic concepts of attachment theory and overview of literature will be linked to clinical music therapy. Special questions of music therapy and the role of music and verbal communication are considered.

Description: The aim of the paper is to examine the possibilities of music therapy when treating children with attachment disorders. The basic concepts of attachment theory written about by John Bowlby and his colleagues are briefly introduced. A short overview of research and other literature relating to music therapy and attachment issues will be presented after which the theory will be linked to clinical music therapy. There are some special questions which should be considered when attachment issues are the focus of music therapy: Arrivals and departures from therapy sessions, feelings of security, awareness of shame and emotion regulation. In addition, the role of music and verbal discussion in sessions will be examined and whether or not music is enough when treating attachment disorders. These aspects will be evaluated and different perspectives introduced and discussed. The presentation will be illustrated with video excerpts from the presenter’s PhD study data.


Mini biography of presenter: Kirsi Tuomi works with children and their carers suffering from attachment and other psychiatric problems. She is doing her PhD at the University of Jyväskylä and is the President of FSMT.

Disclosure: No significant relationships.
P084

AN OVERVIEW OF CONTEMPORARY MUSIC THERAPY ORIENTATIONS

K.S. Aigen
Music Therapy, New York University, New York City/UNITED STATES OF AMERICA

Abstract: Since the year 2000 there has been a proliferation of music therapy orientations that are fundamentally different from the clinical models that emerged during the 1960s and 1970s. This presentation will cover the history of theory in music therapy analyzing the trends, differences, and similarities among a large variety of contemporary frameworks.

Description: The development and application of theory has been part of music therapy since the inception of the modern discipline in the mid-1940s. It is possible to distinguish three stages of development in relation to music therapy theory. In the first stage, theories imported from psychology tended to predominate. In the second stage of development, during the years 1965-1981, five music therapy models were developed: Nordoff-Robbins Music Therapy, Behavioral Music Therapy, Analytical Music Therapy, Guided Imagery and Music, and Benenzon Music Therapy. These approaches represented fully-developed models that included clinical practices, methods of training, and a supportive conceptual framework. In the third stage of development—emerging primarily during the first decade of the 21st century—theory developments have come primarily in the form of basic orientations rather than through the type of clinical models that characterized the second stage. The various orientations emerging during stage three are the focus of the proposed presentation: Field of Play (Kenny), Bio-Medical Music Therapy (Taylor), Neurological Music Therapy (Thaut), Culture-Centered Music Therapy (Stige), Aesthetic Music Therapy (Lee), Community Music Therapy (Pavlicevic and Ansdell), Complexity-Based Music Therapy (Crowe), Music-Centered Music Therapy (Aigen), Analogy-Based Music Therapy (Smeijsters), Dialogical Music Therapy (Garred), Feminist Music Therapy (Hadley), Resource-Oriented Music Therapy (Rolvsjord), Humanities-Oriented Music Therapy (Ruud). These contemporary frameworks are designated as orientations because they are tendencies of thought. They offer a mode of experiencing, describing, and explaining the value of existing music therapy practices. Comprising values, concepts, and overt philosophical foundations, they cannot be described solely as theories, although they do contain theoretical constructs. The proposed presentation will provide an overview of the history of theory in music therapy with a primary focus on analyzing the trends, differences, and similarities among the contemporary orientations.


Mini biography of presenter: Dr. Kenneth Aigen is an associate professor in the music therapy program at New York University. He is a past chairman of the scientific committee for the world congress of music therapy (1999) and is currently president of the International Trust for Nordoff-Robbins Music Therapy. He has authored publications on Nordoff-Robbins music therapy, qualitative research, and music-centered music therapy.

Disclosure: No significant relationships.
MUSIC AND RESILIENCE: INTRODUCING MUSIC THERAPY IN THE REFUGEE CAMPS OF LEBANON

D. Parker¹, L. Younes²
¹Music Therapy Coordinator, Associazione Prima Materia, Montespertoli/ITALY, ²Mental Health Programme Coordinator, NISCVT 'Beit Atfal Assumoud', Beirut/LEBANON

Abstract: The paper presents an overview of a project of international cooperation, active since 2012, for the development of music therapy within established mental health clinics providing services for the refugee population of Lebanon, contextualising the challenges of training, clinical practice, supervision, evaluation and follow-up within this very particular socio-cultural situation.

Description: "Music and Resilience" develops the resources of music and music therapy within a biopsychosocial framework of thinking (Osborne 2012), as a means of supporting, protecting and caring for the youngest of the 3 generations living in the extreme conditions of the refugee camps of Lebanon. The paper will present a historical and social introduction, leading to an analysis of the consequences on the incidence of psychosocial pathologies amongst children and adolescents, within a generalized context of deprivation, trauma and 'basic fault' (Balint 1979). The music therapy project has been developed within an articulated Mental Health programme run by the Palestinian NGO National Institution for Social Care and Vocational Training "Beit Atfal Assumoud" ("The House of Resilient Children"). Supported by a strong international partnership, the Italian partner Associazione Prima Materia has provided initial training and ongoing supervision for members of the NISCVT mental health teams in psychodynamic improvisational music therapy techniques, using the "Sound Organization" model (Parker 2012), which will be illustrated. Subsequent clinical work has targeted children with a wide variety of diagnosed disorders selected by the mental health teams, with tracking of results through evaluations and case studies. These will be presented. The analysis of these results has led to a further articulation of the project during its second year: to develop preventive group music therapy for children at risk for psychosocial disorders. Case examples and evaluations from this specific method will also be presented. In conclusion, the presentation will offer an analysis of the problems, challenges, failures and achievements of this project, considering cultural, social and structural aspects, in order to evaluate it as a pilot experience.


Mini biography of presenter: Deborah Parker is clinical music therapist in a Community Music Project in Tuscany, Italy and coordinator and trainer for the international cooperation project “Music and Resilience” in Lebanon.

Disclosure: No significant relationships.
MUSIC THERAPY FOR SURVIVORS OF THE GREAT EAST JAPAN EARTHQUAKE AND TSUNAMI

K. Chida¹, K. Okazaki-Sakaue²
¹President, Tohoku Music Therapy Project, Morioka/JAPAN, ²Advisor, Tohoku Music Therapy Project, Morioka/JAPAN

Abstract: This presentation focuses on how music therapy has been helping the survivors after the Great East Japan Earthquake and Tsunami. The presenters who make regular visits to the affected areas will discuss the clinical significance and roles of group music therapy and also about the care for the clinicians.

Description: The Great East Japan Earthquake happened at 2:46 pm on Friday, March 11th 2011. It was of a 9.0 magnitude which was the most powerful earthquake ever measured in Japan. More than 27,000 are dead and still missing. Three prefectures in the Tohoku (North-eastern) region of Japan, Miyagi, Iwate, and Fukushima, have been most seriously devastated. Many people have lost their homes; some towns and villages have been completely swept away and ruined, to which quite a few residents cannot return due to fear of aftershocks, tsunami and radioactive contamination. Therefore, these survivors reside in the temporary housing supplied by the government. And they have been suffering from these changes of environment, unpredictable fear and anxiety for their future life, loss of family members and friends, etc. Weekly visit of music therapy to the affected areas was started right after the earthquake and the regular group session takes place in the common room of their temporary housing. Sing-along, instrumental, movement activities with music and discussion have been clinically implemented according to the needs of the clients. Their needs and clinical output has been changing due to their phases and levels of trauma and grief process. The presenters have established “Tohoku Music Therapy Project” in order to support local music therapists both financially and psychologically, so that clinicians who are also the survivors of the earthquake can be taken care of. Especially, opportunities to learn more about the professional knowledge and techniques for trauma intervention after the natural disaster are very important for them. And these clinical work and support for the clinicians need to continue in a longer span. The presentation will illustrate clinical significance and roles of the music therapy for the earthquake survivors as well as for the music therapists over the three years of therapeutic course.


Mini biography of presenter: Kana is a music therapist trained in London and New York, and a Chair of International Committee of JMTA. Also serves as a committee member of Accreditation and Certification Commission, WFMT

Disclosure: No significant relationships.
P088

DEVELOPMENT OF EFFECTIVE ASSESSMENT OF THE AUTISM BY THE PIANO PERFORMANCE INSTRUCTION

K. Sasaki, F. Noro
Disability Sciences, University of Tsukuba, Tsukuba, Ibaraki/JAPAN

Abstract: The present study examined the relationship between assessment items assumed to be preparatory skills necessary for piano performance and acquisition of piano performance skills. Furthermore, methods of assessing piano performance instructions for autistic children were developed.

Description: It has been reported that autistic people have high musical ability (Heaton, 2009). However, there are few studies on effective piano performance instruction methods suitable for autistic children. The present study examined the relationship between assessment items assumed to be preparatory skills necessary for piano performance and acquisition of piano performance skills. Furthermore, methods of assessing piano performance instructions for autistic children were developed. The following items were focused as assessment items: motor coordination (rope skipping), hand elaborateness (origami; the art of folding paper into various figures), pitch discrimination (called note name), rhythmic synchronization (drum performance), and motion imitation (Action Songs). Piano performance was analyzed using pitch and rhythm (Sasaki, 2008), and the process of acquiring skills was identified by the transition of each positive reaction. The results indicated that children that were superior in motor coordination, rhythmic synchronization, and motion imitation were superior in the process of acquiring rhythm. Based on the above results, the effectiveness of the items indicated above in assessment was suggested.


Mini biography of presenter: I am a psychologist and a music therapist also. I go to university to get doctorates and work, majoring in Disability-Sciences and studying a music ability of the autism.

Disclosure: No significant relationships.
THE PATIENT IS THE RELATIONSHIP: MUSIC THERAPY WITH DEPRESSED MOTHERS AND BABIES.

K. Gold
Thumbswood Mother-baby Unit, Hertfordshire Partnership University Foundation NHS Trust, Welwyn Garden City/UNITED KINGDOM

Abstract: The communicative relationship between depressed mothers and their babies is atypical. This paper describes music therapy on a specialist NHS in-patient perinatal psychiatry unit, where subjective measures suggest that enriched communication occurs, and objective measures are under construction. Video extracts will be shown and psychoanalytic and attachment-based theoretical perspectives discussed.

Description: Depressed mothers and their babies relate to each other in atypical ways. (Murray & Cooper, 1997; Marwick & Murray, 2009) They display fewer than average attachment behaviours, eg gaze, touch and play, and use inexpressive vocalisation, eg reduced rhythmic energy and narrow pitch range. This paper describes an intervention in these ‘musical symptoms’ of post-natal depression, within a broader context (drawn from parent-infant psychotherapy) of scaffolding the mother-baby relationship, while bringing the couple’s feelings into mind. Introduced as a 6-month experiment, mother-baby music therapy is now an established treatment in a specialist NHS in-patient perinatal psychiatry unit. Weekly 45-minute sessions are run in a small side-room, for a mix of groups and individual mother-baby pairs. (Fathers and siblings may also attend). Supported by the music therapist, mothers sing to and with their babies, using familiar and improvised songs, finger and action rhymes. Tambour, guitar and baby-friendly instruments are played. There is some talking. Subjectively, music therapy appears to impact positively on the mother-baby relationship. Mothers and babies have been observed responding to each other with less anxiety and more intimacy. Mothers too ill to speak, sensitively supported by ward staff, can sing nursery songs to their babies. Some can think about their babies’ feelings, and whether these are different from their own. In questionnaires, 100% of mothers said they ‘felt closer’ to their babies after music therapy. 90% felt ‘more confident’ with their babies. 100% said they would sing to their babies again. Attempts to find reliable objective outcome measures through video analysis of sessions, in collaboration with psychologists at Reading University, will be described, and video extracts shown. There will also be discussion of theoretical approaches, including from psychoanalysis and attachment theory, to thinking about what may be happening in mother-baby music therapy and why.


Mini biography of presenter: UK music therapist Karen Gold works with babies, children, adolescents and parents. She has published on music therapy with children, and people with dementia. She is training in psychoanalytic psychotherapy.

Disclosure: No significant relationships.
P090

BRIDGES OF MUSIC – ORCHESTRAL WORK WITH PEOPLE LIVING WITH SEVERE DISABILITIES

L. Tiszai
Special Education, Szent Erzsébet Otthon, Ipolytölgyes/HUNGARY

Abstract: People living with multiple disabilities usually live in the periphery of the society. The author introduces an orchestra consisting of multiply disabled adults. The method, which can help for the personal development and the social inclusion as well based on the special characteristics of the Hungarian folk music.

Description: People living with multiple disabilities usually live in the periphery of the society. This closed life worsens the disadvantages coming from the biological damage and could cause secondary - behavioral and psychiatric - problems. The music is a basic medium to make relationship with them. The orchestra Nádizumzum, consisting of multiply disabled adults, and presents in detail the custom built music instruments based on the special characteristics of the Hungarian folk music and the method used by the orchestra. The example demonstrates the possibilities of accompaniment of a melody by the fundamental tone and a fifth (a typical phenomenon in Hungarian folk music) within the practice of an orchestra of multiply disabled musicians. The criteria of becoming a member of the orchestra are an interest in music and the joy over making an instrument sound. Instead of teaching new movements in order to make the instruments work, the instruments themselves or the way of managing them are transformed in order to suit the already existing movement patterns of the musicians, thus giving a meaning to the movements often repeated in a stereotype way. Various ways of the transformation of instruments are described, and finally the personal development of the musicians is handled - the steps made forward due to music making in community: the reinforcement of mutual relationships, the shaping of the awareness of one’s own task. During concerts they experience appreciation, success, and their self-esteem grows. The concerts and performances of the orchestra carry a message for the whole society: the positive personal encounter can be a beginning of bigger changes.


Mini biography of presenter: She is a special education and music teacher. She works in the borderline of music teaching and therapy with children and adults with disabilities since 1996.
Disclosure: My interests are: How music and concerts helps the social inclusion?
A PENDULUM BETWEEN TRAUMA AND LIFE: GROUP MUSIC THERAPY WITH POST-TRAUMATIZED SOLDIERS

M. Bensimon¹, D. Amit², Y. Wolf²
¹Criminology, Bar Ilan University, Ramat Gan/ISRAEL, ²/ISRAEL

Abstract: This study examined a group music therapy process with post-traumatized Israeli soldiers who participated in a series of 90-minute weekly sessions. A mixed method analysis of musical and verbal contents of the treatment revealed a process which is termed Music Therapy Pendulation Model. Practical implications for music therapy are suggested.

Description: Because of its political and security situation, Israel has become a field laboratory for the study of terrorist threat and its consequences. As an example, between September 2000 and January 2006 Israeli society was exposed to over 13,000 terrorist attacks, including suicide bombings and shootings. During this period, approximately 0.1% of the population was injured or killed. Therefore, the Israeli population serves as an example of a society that has been exposed to continuous acts of terror. Over the past twenty years, clinicians have described different methods of group music therapy (GMT) with patients suffering from Post-Traumatic Stress Disorder (PTSD). Nevertheless, there is a limited scope of empirical research in this field. The aim of the current study (Bensimon, Amir, & Wolf, 2012) was to analyze therapeutic processes that occurred during GMT with young men suffering from PTSD induced by combat or terror attacks. Moreover, the research examined tendencies and trends during the therapeutic process in order to obtain new perspectives. Eight post-traumatized soldiers participated in a series of 16 weekly sessions of GMT. Data were gathered by filming the sessions with digital cameras and by means of open-ended in-depth interviews. A mixed method analysis of musical and verbal contents revealed two waves of group engagement in trauma and non-trauma matters. As a whole, this process decreased reflections of traumatic emotions and increased expressions of non-traumatic feelings. Moreover, the GMT increased sense of openness, togetherness, belonging, sharing, closeness, connectedness and intimacy, as well as achieving a non-intimidating access to traumatic memories, facilitating an outlet for rage and regaining a sense of self-control. The presenter suggests a new model termed Music Therapy Pendulation which is based on Levine’s (1997) “pendulation” therapy. Practical implications for music therapy are suggested. Several video clips which were included in this study will be presented during the lecture.


Mini biography of presenter: Dr. Moshe Bensimon is a Music Therapist and researcher. His fields of research include group music therapy with post-traumatized patients, music in prisons, and the functions of collective singing.

Disclosure: No significant relationships.
P092

THINKING MUSIC THERAPY PRACTICE OF THE GREAT EAST JAPAN EARTHQUAKE 2011.

N. Saji
Life Communication, Suzuka Junior College, Suzuka, /JAPAN

Abstract: A month after the Great East Japan Earthquake occurred on March 11th, 2011, I began with my colleagues to perform music therapy sessions at a hospital, shelters and temporary housings in the devastated areas once a month. This study is based on these sessions which are still proceeding.

Description: The purpose of this study is to report how we communicated and found the effective ways to perform sessions with victims of the Great East Japan Earthquake, particularly with those who suffer from mental stress, and to consider how music therapy practice could support peoples’ mental health care at the early stage after the devastated earthquake occurred. Clients were victims of the earthquake and many of them had traumatic experiences but could not express what they went through and kept within themselves. During sessions, some clients talked about their experiences, then, they cried and seemed to be relieved and smiled. These reactions often happened after singing old Japanese songs or playing instruments together with other clients. This study clarified that music therapy sessions have offered a safe and relaxed space and allowed them express their painful experiences. The sufferers are now trying to live in with hope and courage. Our music therapists will continue to practice music therapy sessions for them.

References:

Mini biography of presenter: Nobuko Saji, PhD. is a Japanese music therapist and musicologist. She is a professor of Suzuka Junior College and a chair of Tokai branch of Japanese Music Therapy Association.

Disclosure: No significant relationships.
CULTURE-CENTRED MUSIC THERAPY: MEETING IN THE MIDDLE

T.M. Silveira  
(private), Tanya Marie Silveira, Sydney/AUSTRALIA

Abstract: Engaging children with high needs in music therapy can be challenging. When a child with high needs adds cultural difference to their condition, a different way of working with the child is often required. This paper will discuss the significance of utilizing cultural background with children participating in music therapy.

Description: Engaging children with high needs in music therapy can be challenging. When a child with high needs adds cultural difference to their condition, a different way of working with the child is often required. This paper will identify and explain the significance of utilizing cultural background with children participating in music therapy and specifically how it assists in developing and establishing the therapeutic relationship. In January 2013, a pilot program in Music Therapy was initiated in Mumbai, India. As part of this program, receiving funding from Australia, India and Singapore, a volunteer from Australia (the writer) embarked on setting up music therapy in this culturally diverse environment. This pilot program offered music therapy to underprivileged children undergoing treatment for cancer. The initial stage of engaging with the children was complex. Cultural differences, the language barrier and the fact that music therapy was an unknown intervention in this area all added to this complexity. A way through was needed with the children and staff so an effective music therapy program could be established. On observing the children and staff it became clear how important music was in their everyday life. An understanding of Indian culture was paramount to the success of this initiative. This observation greatly assisted with the initial stages of developing rapport and relationship with both the children and staff. On returning to Australia, the writer commenced a student placement in a school for children with special needs. Once again faced with cultural diversity and challenging interactions, a specific way of engaging and communicating had to be utilized. The use of culturally significant music and specific language was added to sessions to give the child/children opportunity to engage with familiar sounds. This approach will be discussed and explored in further detail in this paper.


Mini biography of presenter: Tanya Marie Silveira's passion for Music Therapy places significance on its importance across the world, leading to her assistance in the development of a Music Therapy program in Mumbai, India.

Disclosure: No significant relationships.
P094

MT SERVICES FOR STUDENTS WHO ARE CULTURALLY AND LINGUISTICALLY DIVERSE WITH DISABILITIES

A.G. Furman
Music/special Education, Minneapolis Public Schools, Edina/UNITED STATES OF AMERICA

Abstract: An increasing number of students receiving MT services are from culturally and linguistically diverse (CLD) backgrounds. A review of the information available about students with specific disabilities who also qualify, as CLD will be provided. Clinical experiences working with students and families from Hmong and Somali cultures will be included.

Description: The urban school-age population is becoming increasingly diverse and it is important to be knowledgeable of students’ needs. A significant number of Minneapolis Public School students with and without special needs are from culturally and linguistically diverse (CLD) backgrounds. Chamberlain, 2005 reports that the needs of CLD students goes beyond English-as-a-second-language programs. CLD students are acquiring a new language, a new culture, a new way of thinking, and a new way of behaving and communicating. There is concern that students are over represented in special education due to difficulty in assessing student skills and abilities. The 2006 IDEA regulations made changes to address problems with identification and over representation by race and ethnicity of students as children with disabilities. Much of the research focuses on high-incidence disabilities, with an emphasis on learning disabilities (LD) because that accounts for over half of the population with disabilities in the United States. However, there is little research on children from CLD backgrounds with moderate and severe disabilities. In looking for evidence-based practice with CLD students with disabilities such as Down syndrome, Williams syndrome, and ASD, the information available is limited. In these cases the disability often becomes the major focus with cultural, linguistic or other aspects ignored (Harry, 2002). This session provides information from music therapy work with students in self-contained classrooms with moderate and severe disabilities in addition to family cultures of Hmong, Somali and Spanish. Much of the instruction for students with severe disabilities is focused on stimulation and working with toys, a Western approach and a very foreign concept to many families, especially grandparent caregivers. Information on cultural differences around literacy at home, which impacts the acquisition of reading and language skills of students, will be provided. Guidelines for utilizing an interpreter during meetings with families will be included.


Mini biography of presenter: AMY FURMAN is a music therapist with the Minneapolis Public Schools. Her clinical interests include ASD, CLD students, and inclusion in the music classroom. Amy is President Elect of AMTA.
Disclosure: No significant relationships.
THE IMPACT OF MUSIC THERAPY ON A CHILD’S ABILITY TO RELATE INTERPERSONALLY

J.F. Mahoney
Music Therapy, State University of New York at New Paltz, New Paltz, NY/UNITED STATES OF AMERICA

Abstract: This case describes a course of Creative Music Therapy with a boy who is visually impaired, delayed in speech and overall developmental. Through his participation in music therapy, Carlos has made significant progress in his ability to communicate and relate to others.

Description: Carlos was born on October 7, 1999 after 23 weeks of gestation, weighing 23 ounces. Carlos’ parents are from Mexico and Ecuador. Spanish is exclusively spoken at home, while English is exclusively spoken at school. In addition to various developmental delays, Carlos is visually impaired (Retinopathy of Prematurity, Retinal Detachments). Developmentally, he lifted his head at 1 year and said his first word at 2 years of age. Recently, at the age of 7, he began to combine words, but he still is not toilet trained. Carlos’ IEP states that he possesses few communication skills, other than the ability to cry when he is upset and to smile when he is happy. Carlos requires individual assistance to participate in most daily activities. His parents express concern about Carlos’ motor skills, physical coordination, attention span, and his behavior in general. They are specifically concerned about his inability to play or otherwise interact with other children. Carlos does not take regular medication.

Carlos received occupational therapy and physical therapy at his pre-school in Manhattan, which specializes in work with visually impaired children. As a participant in group music therapy at school, Carlos typically spent most of the sessions banging rapidly on the floor with alternating hands as he spun his body around in circles in a corner of the room when permitted to do so. Despite its perseverative quality, the music therapy team at the school saw an opportunity to reframe his rhythmic capability into interactive musical activity, and Carlos was referred for individual music therapy at the Nordoff Robbins Center at New York University where we began our work together in September, 2003.


Mini biography of presenter: Dr. Mahoney, Director of Music Therapy at SUNY New Paltz, studied at Hartt and Manhattan Schools of Music, NYU, and Temple University. He is NRMT and AMT certified.

Disclosure: No significant relationships.
P096

"THE ESSENCE CANNOT BE FOUND IN THE NOTES." TONE-PSYCHOLOGY IN MUSIC THERAPY.

K. Hörmann
- - , Münster/GERMANY

Abstract: With help of sounding movement traces and according to Gustav Mahler’s conception that largely coincides with non-European music-philosophical practice, tone-psychology is examining the discrepancy between ostensible and cryptical influences on the individual experience. “The aesthetic backgrounds, the genuine artistic”, often determine the not mastered discrepancy between reality and cognitive construction.

Description: „The essence of music cannot be found in the notes” (G. Mahler) applies to European and non-European music therapy alike. In practice, it takes the artistic moment. “At the core of music therapy this aesthetic medium is working which is in almost magical way so fused with the essence of man” (Mastnak “Non-European music therapy” www.hogrefe.de/mtk). " Tone-psychology reveals conflicted centripetal and centrifugal psychodynamics and regulates movement traces of the obvious behaviour with those of the internal construct. It allows to reconstruct divergent influences of transcendence and the ideas constituting the life of a Faustian (“Two souls, alas, in my chest ...”) in complex psychodynamic events concerning cognition, control, communication and binding to structure aesthetically thus detecting a harmonious solution in the sense of music as a representation of order. Founded in 1992, the working group "operationalized psychodynamic diagnostics (OPD)" has expanded the ICD and DSM including a psychodynamic diagnostics system, but neglected the subtle aspects of communication (cf. eg P. Geissler (ed.) (2012 ). Voice and suggestion - The ‘musical dimension' and its suggestive power in psychotherapeutic work” as well as the International Association of Transactional analysis concerning "sound and tone" (2013). Affiliation (x-axis) and independence (y-axis) have to be completed with proceeding, represented by music as time-art (z-axis). This is the parish of tone-psychology. Tone-psychology cannot be equated with “Tonpsychologie” founded by Carl Stumpf (1883, 1890). While this is to be understood as a theory of sound perception, tone-psychology relates to events that resonate in communications and are often described as sound or tone. With music as sounding moved patterns, even subtle emotional movement traces can be distinguished and used for therapeutic benefits.

References:

Mini biography of presenter: Full Professor for music and dance therapy, Dr. Dr., habilitation. President of Music Therapy g.e.V.; director of Music therapy training www.musiktherapie-info.de. Editor of Journal "music, dance and art therapy" (www.hogrefe.de/mtk).

Disclosure: No significant relationships.
MUSIC THERAPY WITH UNACCOMPANIED REFUGEE MINORS

M.H. Roaldsnes
Ph. D Program, music Therapy, Norwegian Academy of Music, Oslo/NORWAY

Abstract: This paper will present preliminary results and reflections from a case study in a Ph. d project in progress. The case is four youths with a background as unaccompanied refugee minors who have been participating in a music therapy group.

Description: What can participation in a music therapy group offer to youths who have a background as unaccompanied refugee minors? This research question arises from a case study in a Ph.d project in progress. This paper will present results and reflections from this case study in a music therapy group with unaccompanied refugee minors living in Oslo. These youths have arrived to Norway as refugees without their parents or other relatives or caregivers. The research is focusing on the youths experiences from participating in the music therapy group, and aims to submit what they are emphasizing in the interviews. In addition to interviews the methodical approach in the research is participatory observation and participatory action research. The research project has gathered the youths for music sessions in a music therapy group for ten months in two hours sessions once a week. The group has been working with different kinds of music, instruments and vocal, according to the participants interests and preferences. Collaboration between the music therapist and the youths participating in the music therapy group has been a guideline in all decision makings in the group. Some of the themes that have emerged from the material and will be discussed in the presentation are integration, expressions of emotions and cultural background, mastery, and a growing self-esteem and feelings of well-being. Results and reflections from the case study will be discussed in a theoretical perspective with Resource-Oriented Music Therapy, Community Music Therapy and Multicultural Therapy and Competence.


Mini biography of presenter: Roaldsnes is a music therapist and has been working in special education and with refugees. She is now a Ph.d- student at The Norwegian Academy of Music.

Disclosure: No significant relationships.
MUSIC THERAPY FOR WOMEN SURVIVORS OF VIOLENCE: A DIVERSITY OF VOICES

S. Curtis
Creative Arts Therapies, Concordia University, Montreal/CANADA

Abstract: Violence against women is recognised by the WHO as a serious healthcare issue internationally. Preliminary results are provided of a 5-year research project evaluating music therapy efficacy with abused women. Results will be helpful: documenting ways MT can assist, providing evidence-based support for securing resources for and ensuring best-practices services.

Description: Violence against women is recognised by the World Health Organization as one of the most pressing healthcare issues internationally, with Intimate Male Partner Violence (IMPV) identified as one of the most common forms of this violence. As a result, music therapists – no matter in what context they work - can expect to see women survivors of IMPV within their practice. Although women's experiences are unique and diverse, the health impact for all is complex, involving immediate and long-term physical and psychosocial dimensions and requiring innovative approaches to best meet their needs. An emergent practice documents music therapy as being particularly effective in assisting women survivors recover from the harm of this violence. This documentation, however, has been limited to date: The majority has been anecdotal, clinical rather than research, restricted to small participant numbers, with no standard/specific intervention protocol, and with researchers serving in the dual roles of therapist and researcher. As well, only recently has the music therapy discourse included an examination of the role of gender. This presentation provides preliminary results of a 5-year research project designed to address this need. The main objective of this project is to evaluate the effectiveness of a specified, replicable music therapy intervention protocol which addresses gender with women survivors of violence and which is provided by trained, credentialed music therapists at local women's shelters over a 3-year period to ensure sufficient numbers. Data analysis of treatment outcomes is by means of methodological triangulation, making use of quantitative measures (standardized self-esteem tests) and qualitative measures (thematic analysis of participant interviews and original songwriting compositions). Preliminary and long-term research results will be helpful: documenting in what ways music therapy can assist women in recovering from abuse; providing evidence-based support for securing resources for and ensuring provision of best-practices services for abused women.


**Mini biography of presenter:** Sandi Curtis, PhD, MT-BC, MTA is Professor & Graduate Music Therapy Program Director at Concordia University. Dr. Curtis specializes in work with survivors of violence and in palliative care.

**Disclosure:** No significant relationships.
P099

INTERCULTURAL MUSIC THERAPY RESEARCH AND PRACTICE AT SCHOOLS

E. Pfeifer
Catholic University of Applied Sciences Freiburg, Freiburg/GERMANY

Abstract: Including an introductory presentation, the participants are invited to discuss the outcomes of an intercultural music therapy pilot study held at a school in Austria. Furthermore the attendees are politely asked to bring in their own experience and ideas concerning intercultural music therapy research and practice at schools.

Description: To begin with, the emphasis of this presentation is mainly set on the results and contents generated through an intercultural music therapy pilot study in Austria. This very pilot study is using theoretical, practical and scientific knowledge in order to focus the possibilities and competences of music therapy approaches at today’s schools and everyday school life as affected by migration and interculturality. What is more, the preventive, integrative and supportive aspects of music therapy in this field shall also be discussed. Using qualitative and quantitative methods the task is to explore the children’s ideas and possibilities of implementing and using bodily and multimodal expressions for the purpose of bridging foreignness. Another question concentrates on eventual positive effects of such music therapy approaches referring to the development of the self concept and identity. Constantly, the mentioned assumptions are derived from practical experience gained through a music therapy project that took place in a class with first-graders at a primary school in Austria. Furthermore, additional cross-references relating to relevant contents (status of intercultural music therapy research and practice, music therapy at schools) are invoked. Last but not least, there are current intentions to create an international study carrying the ideas of the pilot project into a larger research setting. In other words, universities in Austria, Germany and Switzerland try to create a comparative study focalising the potentials and effects of intercultural music therapy on migration/integration, prevention, emotional regulation, social competence, language acquisition etc. at schools. Questions and intentions concerning how such studies and surveys may be generated or intercultural music therapy could be brought to schools shall be part of the discussion within this session as well as participants are invited to bring in their own experience referring to intercultural music therapy research and practice in this field.


Mini biography of presenter: Dr. Eric Pfeifer, M.A., BEd is Professor at the Catholic University of Applied Sciences Freiburg in Germany, music therapist, music educationalist, researcher, musician, prizewinning composer.

Disclosure: No significant relationships.
P100

EFFECTS OF KODÁLY-BASED MUSIC EXPERIENCES ON SOCIAL COMMUNICATION FOR AUTISTIC CHILDREN

N. Chiengchana
Deaf Studies, Ratchasuda College, Mahidol University, Nakhon Pathom/THAILAND

Abstract: Kodály approach is one of widely used methods in music education and music therapy based on singing activities that could facilitate children’s social and communication development. Thus, this study was to investigate the effectiveness of Kodály-based music experiences on social communication responses of children with autism spectrum disorders.

Description: The purpose of this study was to examine the social communication responses of individuals with autism spectrum disorders (ASD) during Kodály-based music experiences. The A-B-C-B and qualitative single-case designs were employed to investigate the effectiveness of Kodály-based music experiences on social communication responses of three children, ranging from 7.8 to 11.5 years of age, with autism who had diagnosed social communication problems. The experimental sessions consisted of baseline condition (A), group intervention (B), and individual intervention session (C). The treatment was based on three key elements of the Kodály method that consists of: (1) the emphasis on singing; (2) the use of folk music; and (3) the use of Solfège learning (Lathom, 1974; Szőnyi, 1973). The SCERTS assessment process (SAP) was used to measure social communication responses. The findings were presented using visual inspection and narrative case study. Results revealed that during baseline sessions, participants rarely engaged in social communication with others. Their behaviors were stable during the first three sessions. In the course of the music intervention, they responded positively to the intervention. Frequencies of social communication behaviors increased continuously from the first group intervention sessions until the second group intervention sessions. The results indicated that Kodály-based music experiences positively enhanced social communication responses of the children in this study.


Mini biography of presenter: Dr. Natee Chiengchana is a faculty member of Deaf Studies Department, Ratchasuda College, Mahidol University. His specialization areas include teaching music to children with autism, hearing loss, and ADHD.

Disclosure: No significant relationships.
P101

USING THE PACIFIER ACTIVATED LULLABY® WITH INFANTS DIAGNOSED WITH NEONATAL ABSTINENCE SYNDROME.

E. Hamm1, D. Walworth2
1Music Therapy, The Florida State University, Huntsville/UNITED STATES OF AMERICA, 2Music Therapy, University of Louisville, Louisville/UNITED STATES OF AMERICA

Abstract: The purpose of this paper is examine past research, discuss current research, and describe the clinical use of the PAL® for infants experiencing withdrawal attributed to Neonatal Abstinence Syndrome.

Description: The clinical need for additional interventions during the withdrawal period for NAS infants is widespread. Many music therapists at hospitals around the country are providing intervention services for NAS infants with the goal of decreasing infant agitation and increasing comfort. Without published data to refine a clinical protocol for use with NAS babies, it is up to each music therapist to determine the best treatment method to use. The success of the PAL® for feeding skills with premature infants may indicate clinical benefits for use with NAS infants, who also experience difficulties gaining weight and uncoordinated sucking patterns (Sarkar and Donn, 2006). Investigations are currently underway for infants diagnosed with Neonatal Abstinence Syndrome using the PAL®. Agitated NAS infants typically calm when held, but in times when nurses and volunteers are not available to hold them, infants cry in their crib without the ability to self-soothe. The PAL® provides an infant the ability to remain in their crib and decrease agitation without being held. Clinically, positive results have been observed for NAS infants using the PAL® including increased time spent in calm states, evidence of learning to pace sucking to keep the PAL® playing continuous music without interruptions, and promoting sleeping behaviors for infants in cribs without needing to be held. According to NICU nurses of NAS infants who have received the PAL®, infants were less fussy and slept longer after PAL® sessions. The PAL® is a cost-effective and easy to use treatment for a population that presents many challenges to healthcare professionals.


Mini biography of presenter: Ellyn Hamm, MM, MT-BC – is a fellow of the National Institute for Infant and Child Music Therapy. The past four years she has been assisting in research in NICUs.

Disclosure: No significant relationships.
P102

LESSONS LEARNED FROM THE FIRST FIVE YEARS OF PROFESSION-BUILDING IN SINGAPORE

M. Kwan
Music Therapy, Association for Music Therapy, Singapore, Singapore/SINGAPORE

Abstract: From banding together to form a professional association, to navigating the challenges of networking and dispelling myths, what might professionals expect upon returning to launch services in their home country? Come share the Singapore story and glean learning points from our journey towards developing the profession of music therapy.

Description: The Association for Music Therapy, Singapore was formed in September 2007, forty-four years after the first music therapist returned from completing her training in the United States (1, 2). Since then, there has been a core local membership of twelve to fifteen working professionals and three to five students within the registry. Returning music therapists are challenged to be multilingual as there are three dominant racial groups: Chinese, Malay, Indian. Ranked as the third highest GDP in the world, Singapore also attracts a vibrant range of people from around the world (3). This poses challenges to frame a sound and practicable multicultural and holistic context to address needs within a therapeutic framework. Within the healthcare and educational sectors, there had been a myriad of stereotypes, misconceptions, and myths. This has led to a mountainous task to educate and inform varied audiences from lay persons to key governmental personnel, and to bring their expectations in line with the evidence-base. This presentation will highlight three of the major challenges from the previous five years, from formal organization to professional development. Next, three of the key learning points will be discussed in line with the vision to root music therapy as a professional and healthcare discipline. Our experience as pioneers may be fresh, but far from unique, as the arms of music therapy increasingly reach across and around the world to underserved or developing regions, or places recovering from disasters. There are two unique points to the Singapore experience and these will be discussed in relation to the global perspective.


Mini biography of presenter: Melanie completed her Masters in Music Therapy at Temple University (2007). She is completing her second term as the President of the Association for Music Therapy, Singapore.

Disclosure: No significant relationships.
WCMT: WHOLE-COMMUNITY MUSIC THERAPY
A PRODUCT-ORIENTED APPROACH

M. Druks\textsuperscript{1}, E. Roginsky\textsuperscript{2}
\textsuperscript{1}Music, Levinsky College, Tel-Aviv/ISRAEL, \textsuperscript{2}Music, Levinsky College, Zichron Yaacov/ISRAEL

Abstract: This paper presents a model of community music therapy. It deals with a creative-artistic project in which a whole community is involved. The community investigates its essential contents, needs, emotions and values. These are organized and presented as a musical product which carries a shared message to the general public.

Description: WCMT evolved from the community music therapy approach (Stige et al., 2010). As so, it stems from a deep trust in the therapeutic power of musicking, in socio-cultural rituals and in musical creativity. This model is designed for large communities, which at a certain point realize a common need in nourishment and empowerment. WCMT extends the scope of therapeutic intervention as it approaches entire large communities, geographically scattered and less coordinated then the therapeutic or rehabilitative communities reported before in community music therapy literature. Our model utilizes song writing and performance as the two main intervention practices. Both techniques give the words and voice to vulnerable and excluded populations. Personal and group empowerment is gained. WCMT’s main features:

- **Creative project**: the creative process and the musical product are central characteristics of the therapeutic process, carrying it clearly and rhythmically from beginning to end. Essentially, an artistic project is held, in which music is created, produced and performed, harnessing in the entire community in various ways.
- **Communicative musicality** (Malloch & Trevarthen, 2009): The model relies on music’s' significant communicative attributes. It enhances different levels of communication: personal, inter - personal, communal and public.
- **Collaboration**: The model enables holding and containing a large community through the collaboration of three circles of support:
  - **Organizational circle**: Representatives of the community and the therapists initiate the project, proved support and supervision.
  - **Circle of therapists**: Includes music therapists working with the community.
  - **Circle of participants**: Members of the community representing the multifaceted voices of the community. These features, in our experience, provide the adapted dynamics and therapeutic setting required to such large, extensive groups of people. The model will be presented, and demonstrated through a musical case study.


Mini biography of presenter: Miriam Druks - Music therapist and supervisor. Head of the Music Therapy training program in Levinsky College, Tel-Aviv. PhD researcher at Bar-Ilan University. Specializing in aging and Holocaust survivors.

Disclosure: No significant relationships.
MUSIC THERAPY’S ‘RIPPLE EFFECT’: A PRACTICE-LED STUDY IN DEMENTIA CARE HOMES

S. Wood¹, M. Pavlicevic², G. Tsiris³
¹, Nordoff Robbins Music Therapy, LONDON/UNITED KINGDOM, ²Research, Nordoff Robbins Music Therapy, LONDON/UNITED KINGDOM, ³Research, NORDOFF ROBBINS MUSIC THERAPY, LONDON/UNITED KINGDOM

Abstract: This practitioner-led study considers how music therapists work with the socio-musical resources of residents and care staff in dementia care settings, as part of music therapy’s ‘ripple effect’; and suggests an extended brief for music therapists’ roles, to include generating and maintaining musical wellbeing throughout residential care settings.

Description: While music therapy has become well established in dementia care settings, praxes discourses remain idiosyncratic; reflecting music therapists’ diverse and contextually responsive stances in these settings (McDermott, Crellin, Ridder, & Orrell, 2012; Powell, 2006). Focus group discussions and detailed iterative study of music therapy work by six experienced practitioners (who form the Nordoff Robbins Music Therapy Practitioner-Research Dementia Forum) clarified the contextual immediacy and socio-musical complexities of music therapy in dementia care homes. A number of music therapy strategies that tapped existing musical resources within residents and care staff and resulted in transforming care homes into musical communities were identified. These were considered alongside dementia care home needs, suggesting music therapy impacts not only on the individual residents, but also on care staff and close family members; changing the atmosphere and feelings of wellbeing in the care home beyond the immediacy of the session; and enriching care staff–resident relationships. Music therapy’s ‘ripple effect’ (Pavlicevic & Ansdell, 2004), with resonances from micro (person-to-person musicking), to meso (musicking beyond session time) and macro level (beyond the care home), implies that all who are part of the dementia care ecology need opportunities for flourishing, shared participation, and for expanded self-identities. The discursive framework emerging from this study contributes to the development of music therapy practice-based evidence in dementia care. On such basis, funders might consider an extended brief for music therapists’ roles, to include generating and maintaining musical wellbeing throughout residential care settings.


Mini biography of presenter: Mercédès Pavlicevic, PhD, (Research Director, music therapist) Giorgos Tsiris (Research Assistant, music therapist, PhD student) and Stuart Wood (Head Music Therapist, PhD student) represent Nordoff Robbins Music Therapy, UK.

Disclosure: No significant relationships.
P105

HOW EFFECTIVE IS MUSIC THERAPY IN TREATMENT OF DEMENTIA PATIENTS WITH BPSD?

A. Poepel, K. Cattapan, R. Sutter
Psychiatrische Klinik, Sanatorium Kilchberg, Kilchberg/SWITZERLAND

Abstract: This systematic literature review shows that published data concerning the use of music therapy in the treatment of dementia with regard to treatment of behavioural and psychological symptoms (BPSD) in case of dementia show a high level of evidence and can be highly recommended.

Description: Rationale: Music therapy is often used as a resource-oriented method in the treatment of dementia, particularly in medium to severe cases. There is no comprehensive study with regard to whether “behavioural and psychological symptoms of dementia” (BPSD) can be specifically altered by music therapy, and if so, in what way. Methods: All available publications (20) with diverse levels of evidence from the period of January 2000 – July 2010 were sighted and evaluated through systematic research. Results: Music therapy has positive effects on a high level of evidence in patients with dementia, especially with regard to the treatment of affective symptoms, hyperactivity, psychotic symptoms and apathy. Discussion: The level of evidence of existing data supports changing the “mandatory” recommendation policy of the Cochrane Reviews for the use of music therapy in the treatment of dementia (Vink et al. 2009) with regard to treatment of BPSD in case of dementia to an “obligatory” recommendation.

Mini biography of presenter: Annkathrin Poepel is Music-Therapist, full trained Neurologist and Psychiatrist. Besides that she is leader of the musictherapy department at Sanatorium Kilchberg and lecturer at the Zurich Music Therapy Master program.

Disclosure: No significant relationships.
P106

MUSIC'S RELEVANCE FOR 138 AUSTRALIAN CANCER PATIENTS AND CAREGIVERS: MUSIC THERAPY & IMPLICATIONS

C. O'Callaghan
Caritas Christi Hospice, St Vincent’s Hospital, Melbourne/AUSTRALIA

Abstract: A five-study project examined music’s relevance for 138 Australian patients and caregivers, 13-months-to-104-years-old, affected by cancer. The constructivist approach included grounded theory methods. Participant group findings are presented and compared.

Description: OBJECTIVE: Although historically music has ameliorated loss, cancer patients’ and caregivers’ music-related experiences have received limited attention. Regional inquiries will advance culturally sensitive music-based care, including music therapy, in oncology and hospice settings. A five-study project examined music’s relevance for Australian cancer patients and caregivers affected by cancer, i.e., their music usages and views about its helpfulness. Participant group findings are compared. METHODS: A constructivist approach with each study involving grounded theory informed methods. Participants were patients and caregivers connected with three cancer settings and a hospice. Sampling involved convenience and theoretical strategies. Data included semi-structured questionnaires, semi-structured interviews, and behavioral observations. Thematic analyses were inductive, cyclic, and comparative. Qualitative inter-rater reliability was applied before comparisons across all findings. RESULTS: 138 participants, 14-months-to-104-years-old, comprised: 26 paediatric patients and 28 parents; 12 adolescent and young adult patients; 52 adult patients; 12 informal caregivers, and 8 bereaved caregivers. Although music occasionally remained incidental, most adapted usage to alleviate cancer’s effects. Participants often drew from musical lives and occasionally explored unfamiliar music to: maintain pre-illness identities; endure treatment; encourage survival; and improve life quality and/or caregiving. Familiar lyrics maybe reinterpreted to support coping. Many ascribed human or physical properties to music when describing transformative effects. Younger patients’ social, music-based interactions especially promoted resilience and "normality". Occasional participants avoided or lost musical attachments. Families, friends, and music therapists could help participants "reclaim" music. Preloss music involvement with patients can help the bereaved. CONCLUSION: Music therapists may improve cancer patients’ and caregivers’ lives through offering music therapy, musical instruments (especially for younger patients), and loans of preferred, recorded music; and through encouraging health carers to inquire about patients’ and caregivers’ musical lives, recognising that altered music usage could signify vulnerability. Music-based care needs sensitive delivery in hospitals because it may distress bystanders.


Mini biography of presenter: Clare O’Callaghan Phd. Music therapist, Caritas Christi Hospice, St Vincent’s Hospital; Coordinator, Interdisciplinary Education Program, Calvary Health Care Bethlehem; Associate Professor (Honorary). Since 1985, worked/researched in Australian oncology and palliation.

Disclosure: No significant relationships.
THE CHIOS’ MOIROLOI FROM A MUSIC THERAPY PERSPECTIVE

D.G. Akoyunoglou - Christou
School Of Music, Ionion University, Greece, Chios/GREECE

Abstract: The therapeutic value of the moiroloi (‘lament’) in Chios, Greece, was examined through semi-structured interviews with female lamenters. The moiroloi is a semi-improvised narrative song with weeping elements. Musical and narrative elements from the moiroloi provided the basis for a music therapy intervention with a bereaved 7-year old girl.

Description: Historically, part of the death ritual in Greece incorporated the singing of funeral lament (moiroloi). The singing of the funeral lamens, a long-standing oral tradition, along with other rituals associated with death enabled the living to continue a “conversation” with the dead (Danforth, 1982). Today, only in a few Greek villages, older women mourners continue to sing funeral lamens on certain occasions (Alexiou, 2002). The typical moiroloi is a narrative song, telling the story of the deceased and communicating with the deceased, in a semi-structured, semi-improvised manner with weeping elements in the singing. The lyrics are, for the most part, improvised on the spot, during the funeral, usually in a 15-syllables verse, and the melodies are repetitive melodic lines mainly based on a three-tone to a pentatonic scale. The present research is limited to the Chios’ island lament whose therapeutic value was examined through informal one-to-one interviews with seven experienced female lamenters (age range: 50-92 years) from four Chios villages (Kardamyla, Mesta, Pityos and Pyrgi). The interviews were recorded and analyzed following the descriptive phenomenological analysis. Benefits identified by the women lamenters were “letting your sorrow out” and feeling “relieved,” providing help and support to the grieving family of the deceased, and simultaneously “weeping and lamenting for your own loved ones who are gone.” Using the musical, narrative and story-telling improvisational elements of the Chios’ moiroloi, a music therapy intervention was formed and applied with a 7-year old bereaved girl who presented some health issues following the death of her father. Through music improvisations and song-writing based on the moiroloi, the bereaved girl has been exploring and expressing her feelings of anger, pain, fear, sadness and grief. Her autoimmune skin disorder has begun to recede. The detailed results of this case study (work-in-progress) will be discussed.


**Mini biography of presenter:** Received Bachelor's & Master's of Music in Music Therapy from MSU, USA. Is currently a PhD Candidate at the Ionian University in Corfu, School of Music. Lives in Chios, Greece.

**Disclosure:** No significant relationships.
MUSIC THERAPY IN THE CONTEXT OF INTERPROFESSIONAL CARE: CONNECTIONS AND CONVERSATIONS.

A.E. Short¹, A.L. Heiderscheit²
¹Australian Institute Of Health Innovation, University of New South Wales, Sydney/AUSTRALIA,
²Center For Spirituality And Healing, University of Minnesota Center for Spirituality and Healing, Minneapolis/UNITED STATES OF AMERICA

Abstract: Across the healthcare continuum, clinicians are increasingly expected to engage in interprofessional care. This may range from a simple acknowledgement of other professions through to intense collaborative interaction. This presentation uses case examples to explore the role of music therapy within this context, providing a model to guide this interaction.

Description: Across the healthcare continuum, clinicians are increasingly expected to engage in interprofessional care. This approach may be evident as a simple acknowledgement of other professions, through to intense collaborative interaction over a particular client or issue. According to the WHO, interprofessional collaborative practice requires respect, trust, shared decision making and partnerships. Previously identified competencies include interprofessional communication, patient/client/family/community centred care, role clarification, team functioning, collaborative leadership and interprofessional conflict resolution. This presentation reviews relevant literature, research studies and clinical examples in the context of music therapy practice. It explores enablers and barriers, such as workforce issues related to the employment/deployment of music therapy services and the typically multidimensional nature of music therapy practice. It also acknowledges historical factors in the development of the music therapy profession. Based on this exploration, a model is presented to assist music therapists in interprofessional engagement. This includes both how we present ourselves to others and how we understand, listen to and engage with others. Interprofessional collaborative practice, especially improved teamwork and communication, ultimately leads to improved client/consumer outcomes.

References:

Mini biography of presenter: Dr Alison Short, (PhD, MA, BMus, GCULT, AMusA, RMT, MT-BC, RGIMT, FAMI) is an internationally accredited music therapist and medical researcher currently at the University of New South Wales, Australia.

Disclosure: No significant relationships.
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A PHENOMENOLOGICAL STUDY OF INTERPERSONAL RELATIONSHIPS WITH ADULTS WITH PROFOUND MULTIPLE DISABILITIES

J. Lee
Music Therapy, The University of Melbourne, Parkville/AUSTRALIA

Abstract: This phenomenological research explores five music therapists’ experiences of interpersonal relationships with adults, who have profound intellectual and multiple disabilities, based on in-depth interviews and video-analyses. The results identified the importance of contexts, emotional attachments, and professional boundaries on the quality of relationships. Details of findings will be further discussed.

Description: The field of music therapy has established a rich history of supporting people with disabilities since early 1960’s. Despite this history, individuals with profound intellectual and multiple disabilities (PIMD) have received less attention than individuals with mild/moderate intellectual disabilities. Only two research studies reported increased participation (Oldfield, 1995) and improved non-verbal communication skills (Lee & McFerran, 2012). Three qualitative studies (Agrotou, 1994, 2000; Watson, 2007) described the processes of music therapy with adults with PIMD. In a phenomenological and intersubjective theoretical framework, the current study investigates five music therapists’ lived experiences of interpersonal relationships with adults who have PIMD. The aim of the study was to understand the meanings and essence of these experiences. Five pairs of music therapists and their adult clients with PIMD in Australia, who had been working together for more than a year, participated in the study. Single music therapy sessions of each pair were video recorded, and the music therapists were interviewed. The phenomenological microanalysis, developed by McFerran and Grocke (2007) based on Giorgi (1979, 2009) and Moustakas (1994)’s descriptive approaches, was used to analyze the data. The results of the interviews showed the importance of contexts, such as settings and supports from family and support workers on the quality of relationships. Emotional bonds and attachments to the clients were identified, and the music therapists described their unique roles in supporting psychosocial needs of adults with PIMD. The professional boundaries in therapeutic relationships were raised as an important issue to be further investigated. In video-analysis, the music therapists chose particular parts that were meaningful for them in the sessions. These clips were descriptively analyzed and compared with the interview results. The findings of the current study provide new knowledge and insights to music therapists and anyone who is working with this population.


Mini biography of presenter: Ju-Young Lee is a registered music therapist in Australia, and a PhD candidate at the University of Melbourne. She has worked with adults with disabilities, and children with life-threatening illnesses.

Disclosure: No significant relationships.
THE SOUNDS OF ANXIETY: A PATH TO THE PULSE OF COMMUNITY

R. Zarate
Graduate School Of Social Sciences, Lesley University, Cambridge/UNITED STATES OF AMERICA

Abstract: Anxiety is a unique individual set of experiences that can be a minor and brief experience for some; for others it can be a life long debilitating struggle. Music psychotherapy, vocal psychotherapy improvisation methods were used to explore effectiveness on anxiety symptoms with people in the community experiencing anxiety daily.

Description: Anxiety represents a dynamic force based on the concepts of self, fear, helplessness, adequacy, and value. According to the World Health Organization (2004), anxiety has become a serious international threat to global health, productivity, and sensibility. This presentation will discuss an investigation of the effectiveness of music, vocal psychotherapy improvisation on anxiety categories, statistically significant results and short-term model. Social Architecture of Anxiety This paper approaches the topic of anxiety from a cultural and social perspective. It examines the presence of certain manifested social constructs of anxiety; “risk consciousness,” (Wilkinson, 2001), “Collective anxiety and its relationship to social hostility” (Stein, 2004), and “individual anxiety themes as operational anxiety devices” (Beck, Emery, and Greenberg (1985, 2005). Current Music Therapy Practice and Anxiety Capturing the subjective perspective of simultaneous vivid-abstract dichotomy of those who experience anxiety beyond normal range is important in informing current and future practice.

Mini biography of presenter: Assistant Professor and Program Coordinator, Music Therapy Lesley University, Cambridge, USA. BMus (hons) Goldsmiths College, University of London, MA Music Therapy, New York University, Ph.D., Lesley University, MT-BC, LCAT, AVPT

Disclosure: No significant relationships.
MAKING THE CONNECTION: RESEARCHING COMMUNITY MUSIC THERAPY EVALUATION

S. Wood
Music Services, Nordoff Robbins, London/UNITED KINGDOM

Abstract: This paper presents findings from my doctoral research concerning evaluation of Community Music Therapy. It frames Community Music Therapy as an ecological approach, which creates problems in relation to professional evaluation. These problems translate into challenges for researchers encountering the many discourses that co-create practice.

Description: This paper uses music therapy extracts, literature and original research to discuss problems associated with Community Music Therapy evaluation. Drawing on the author's professional experiences as a practitioner and researcher, it argues that Community Music Therapy creates unique challenges for professional evaluation and research. Using Interpretative Phenomenological Analysis and Thematic Discourse Analysis, the paper presents doctoral research from within the setting of a UK care home company. The research is an ethnographic case study exploring the discourses that generate information about the value of Community Music Therapy in care home sites. The findings of the case study will suggest that Community Music Therapy generates multiple types of value within the research setting. Evaluation of Community Music Therapy involves a process of translation of those types of value, via a wide range of contrasting cultural, social and professional discourses. The range of discourse co-creates knowledge about Community Music Therapy in a fluid network of interaction within the organisation. This network is maintained by a range of information processes. The paper will argue that the challenge of researching Community Music Therapy evaluation in this context is to make connections between disparate and diverse elements. This challenge might be illustrative of other approaches to researching music therapy, and might illuminate how problems are encountered in translating music therapy experience into professional discourse.


Mini biography of presenter: Stuart Wood is a doctoral student at Nordoff Robbins, London, UK. He is Head Music Therapist for the Barchester Nordoff Robbins Initiative, providing and supporting music therapy in care homes.

Disclosure: No significant relationships.
CONSTRUCTING A MUSICAL AUTOBIOGRAPHY FOR ELDERLY PEOPLE

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Abstract: This presentation is about a model we developed in which we guide elderly people to construct their musical autobiography. We will describe how we work in stages with the elderly person to achieve the musical autobiography, and provide preliminary findings of a study we are conducting to evaluate the model.

Description: As the future horizon shortens, elderly people tend to look back at their lives. Research has shown that such reminiscing can have a positive effect on health and well-being factors. We believe that music has unique abilities to construct an organized lifespan autobiography. In this presentation we will describe a model in which we guide elderly people to construct their musical autobiography. Notably, this model is based on Amir's (2012) model of the musical presentation. This model consists of several stages: In the first stage the music therapist makes inquiries with the client as to songs, musical genres, singers, or bands, associated with meaningful life events and life periods. In the second stage, the music therapist finds the pieces and presents them to the client. During the second encounter with the client, s/he is encouraged to share memories, stories, and feelings evoked by these pieces. In the third stage, the two edit the songs the client has chosen and the client is encouraged to add narrated explanations, stories and associations between the songs. The musical autobiography is finalized when the two are satisfied with the end result. Then, the client receives the musical autobiography burned on a CD and is encouraged to listen to it. In the fourth and last stage, the music therapist guides the client as to possible witness audiences s/he would like to present the musical autobiography (e.g., family members, close friends, neighbors). This stage validates the narrated musical autobiography for the client.

After presenting this musical autobiography model we will describe the participatory action research study we conducted to evaluate and improve it. Finally, the model will be discussed in light of other musical and non-musical therapies provided to elderly people and its advantages and disadvantages will be pointed out.


Mini biography of presenter: Nomi Levy, MA is a music therapist. She works in a special care center with children with emotional problems, and with elderly people with Demensia in Tel-Aviv Sourasky medical center.

Disclosure: No significant relationships.
STANDARDIZATION OF THE MT ASSESSMENT FOR AWARENESS IN DISORDERS OF CONSCIOUSNESS (MATADOC)

W. Magee¹, R. Siegert², S. Taylor², B. Daveson³, G. Lenton-Smith⁴
¹Music Therapy, Temple University, Philadelphia/UNITED STATES OF AMERICA, ²School Of Public Health And Psychosocial Studies, AUT University, Auckland/NEW ZEALAND, ³, Cecily Saunders Institute, /UNITED KINGDOM, ⁴, Ealing Music Therapy, /UNITED KINGDOM

Abstract: We present the results of a standardization study of the Music Therapy Assessment Tool for Awareness in Disorders of Consciousness (MATADOC), a measure that can contribute to interdisciplinary assessment of awareness in adults with DOC. We discuss the findings with reference to the assessment tool’s psychometric and clinimetric properties.

Description: Assessment and diagnosis of people with disorders of consciousness (DOC) following profound brain injury remains a complex task with few standardized tools available for multi-professional teams (Seel et al., 2010). Music is a useful tool to assist with diagnosis of this population (Magee, 2007). We present the results of a standardization study of the Music Therapy Assessment Tool for Awareness in Disorders of Consciousness (MATADOC), a measure that contributes to interdisciplinary assessment of awareness. A prospective study with 21 adults with DOC used repeated measures to test reliability and validity for the Essential Categories Principal Subscale independently (5 items), and then the entire MATADOC (14 items). The Principal Subscale was found to have good inter-rater and test-retest reliability using evidence-based criteria for DOC measures (Seel et al., 2010). The Principal Subscale was also found to have satisfactory internal consistency and was found to measure a related construct: ‘awareness’. The MATADOC subscale therefore has utility as a diagnostic measure of awareness for people with DOC. Analysis for the entire MATADOC showed all items achieved adequate reliability except two items. We discuss these findings in light of the MATADOC having clinical relevance for treatment planning; the psychometric properties of the tool need to be balanced with its clinimetric properties. Diagnostic outcomes were compared between MATADOC and a standardized tool widely used for assessing awareness in DOC. We found 100% agreement between outcomes produced by MATADOC and the reference standard. These findings suggest excellent external validity with a standardized tool. The MATADOC is a reliable and valid tool for assessing awareness in patients with DOC when used by professionals trained in its use. It has good utility as a tool for evaluating clinical responses in DOC populations and provides greater sensitivity for assessing auditory responses than other interdisciplinary standardized tools currently available.


Mini biography of presenter: Wendy Magee PhD is Associate Professor of Music Therapy at Temple University, Philadelphia. She has been a researcher and clinician in neuro-rehabilitation with speciality in DOC for over 20 years.

Disclosure: No significant relationships.
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VIOLIN AND MIND: AN UNUSUAL MUSIC THERAPY PROJECT WITH PERSONS WITH ALZHEIMER’S

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Alzheimer Day Center, Centro Alzheimer Fondazione Roma, Roma/ITALY

Abstract: The study was conducted at an Alzheimer day centre to determine whether music therapy with violin helps people with dementia to acquire new set of skills. Objectives: to verify the transition from unconscious ability to specific capacity, to observe, from a clinical point of view, any improvement in motor coordination.

Description: Our study: Why the violin? Normally violin is excluded from the setting in Music Therapy for the difficulty associated with this instrument, for the image that has built up and been passed on over centuries. (virtuoso, diabolical). We use violin because is an instrument form our present day culture, contructed artigianally from natural material. It can be played in a group. vibrates help close to the body, supported by the shoulder, between the head and the heart. It has a sound very close to the human voice. It allows an enormous range of quality: rhythmic, melodic, timbre and harmony.

The study was conducted with 16 persons with probable Alzheimer’s Disease, divided in four groups. They participated in 16 meetings, 1 hour twice a week, led by a music therapist and a professional musician. Two observers recorded the patients’ responses to the exercises on a grid built ad hoc. Before the start and at the end of the study an information sheet was created for each patient with various clinical assessment tests (MMSE, GDS, Tinetti, PPT). The sessions were divided into two phases: a passive listening and a practical phase of playing the violin using the bow, leading to musical exercises of increasing difficulty. We observed: improvement in verbal expressiveness, musical response and the integration of gestures and postures. Statistical significance was seen in the PPT and in certain musical tests. The music therapy sessions were filmed and a video was created. The musical experience was of great significance in terms of the participants’ motivation, improvement of mood, reinforcement of sense of identity. The use of a manageable instrument like a violin, held close to the body, fostered a strong emotional attachment, soliciting autobiographical memories.

References: Raglio A., et al: Efficacy of music therapy treatment based on cycles of sessions: Arandomised controlled trial, a Sospio Foundation, Cremona, Italy b Interdem Group (Psycho-Social Interventions in Dementia), EU c Alzheimer’s Evaluation Unit, Ancelle della Carità Hospital, Cremona, Italy d Geriatric Research Group, Brescia, Italy e Department of Psychology and Education Technologies Research Centre, Catholic University, Milan, Italy f Department of Neurosciences, Tor Vergata University, Rome, Italy Ragni S., et al, Music for body and Mind. 9th EMTC, Oslo 2013 Ragni S., Risi J., ’L’altro violino’, International symposium PME04 “Psychology and Music Education, Padova Ragni S. Musictherapy with demencia: a resource for reactivation”, “6th European Music Therapy Congress” at the University of Jyväskylä, Finland, 2004

Mini biography of presenter: Head psychologist and music therapist at Alzheimer Day Center .

Teaching experiences:UNIVERSITY OF ROME, ROMA TRE : Lecturer in Music Therapy in graduate course: Art-Therapy. Editor for the magazine Nuoveartiterapia

Disclosure: No significant relationships.
CULTURAL SENSITIVITY IN MEDICAL MUSIC THERAPY: ESTABLISHING PRACTICE GUIDELINES FROM THE RESEARCH

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¹School Of Music, University of Kentucky, Lexington, KY/UNITED STATES OF AMERICA, ²Arts In Healthcare/music Therapy, University of Kentucky, Lexington, KY/UNITED STATES OF AMERICA, ³Otology, Mejiro University, Saitama/JAPAN

Abstract: Cultural sensitivity is increasingly important in healthcare, but providing culturally sensitive care can be a complex process to navigate. This presentation will introduce basic guidelines for culturally sensitive medical music therapy practice based on current literature and new data collected by the presenters. Topics will include race, gender, nationality, religion, etc.

Description: Patient-centered, culturally sensitive services have been linked with (a) patient trust, (b) patient satisfaction with provider care, and (c) patient adherence to treatment variables (Tucker et al., 2011). Music therapists often play an important role in providing patient-centered care, and music has been identified as an environmental factor indicative of culturally sensitive care (Tucker et al., 2003). The American Music Therapy Association has identified the ability to work with culturally diverse populations a professional competency required of all music therapists in the United States (American Music Therapy Association, 2008). Limited guidance on cultural diversity and music therapy practice is available in the music therapy literature. For example, Gonzalez (2011) points to the need for self-awareness and understanding of one's own culture. Wheeler and Baker (2010) address the need for music therapists to understand other cultures. Yinger and Standley (2011) highlight the connection between "empathic, culturally sensitive care" (p.150) and patient satisfaction. Others highlight specific aspects of culturally diverse care including (a) awareness of culture of origin (Rilinger, 2011), (b) religion (Froman, 2009), and (c) LGBTQ issues (Whitehead-Pleaux et al., 2012). Still others highlight student training related to multicultural issues (Yong, 2009). To date however, there has not been a comprehensive investigation of culturally sensitive care within medical music therapy. This presentation will synthesize data from the music therapy literature along with additional information from the presenters' own research on culturally sensitive care in medical music therapy. Based on the data gathered, the presenters propose the creation of culturally sensitive guidelines for medical music therapy practice and present some possible topics for inclusion. Diversity within music therapy practice itself will be addressed, and the presenters will also discuss ways to approach student training on cultural diversity and culturally sensitive practice.


Mini biography of presenter: Lori Gooding is Director of Music Therapy at the University of Kentucky. Her interests include music therapy-based psychosocial care and research. She currently serves as President-Elect of the SER-AMTA.

Disclosure: No significant relationships.
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‘AT THE END OF THE WORLD, I AM!’ PAR CHOIR PERFORMANCES

C. Elefant1, R. Stadler2
1Music Therapy, University of Haifa, Kfar Saba/ISRAEL, 2, /ISRAEL

Abstract: ‘At the End of the World, I Am!’, Community Music Therapy musical written by choir members, marginalized groups in the local community; collaboration between MT researcher, practitioner & members of 2 choirs who disagreed about mutual performances. Through Participatory Action Research negotiations, dialogues & respect, the performances ended with collaborative musical.

Description: The musical ‘At the End of the World, I Am!’, Community Music Therapy musical was written by choir members. The musical was a result of Participatory Action Research (PAR) which took place 3 years earlier as collaboration between a music therapy researcher, practitioner and members of two choirs in Israel (Renanim and Idud). The members are considered marginalized groups in the local community, who wished to make a social change through performances. The choirs had disagreements about mutual performances and made many changes throughout the years from separating to re-connecting. The changes were possible trough PAR in which negotiations, dialogues, evaluation, reflections and mutual respect took place. This year’s musical ‘At the end of the world, I am’, talks about Orit, one of Renanim choir member’s life story and her coping with it, but in a way, tells every choir member’s story. Through her story, both choirs reconnected and found a mutual and strong voice. The researcher re-visited and interviewed the two choirs as a result of this year’s collaborative performances. The presentation will discuss themes that were significant during the PAR and those developed from this year’s follow up interview such as: Participatory Action informed research as a method for making change of marginalized groups (Stige, 2005), the choirs’ voice (Elefant, 2010), empowerment (Rolvsjord, 2004), musical performance (Stige, Ansdell, Elefant & Pavlicevic, 2010), the role of music therapist in community music therapy (Elefant, 2010) as well as the new voices of resolution and connectedness between two diverse groups. The presentation will show video samples to illuminate the differences between the performances and the changes these brought about in the community.


Mini biography of presenter: Dr. Cochavit Elefant, Head of the Music Therapy graduate program, University of Haifa, Israel; Practice, research & publications: Autism, Developmental disabilities & CoMT; Associate Editor for the Nordic Journal of Music Therapy.

Disclosure: No significant relationships.
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MUSIC THERAPY IN MOVEMENT REHABILITATION. THE COLLABORATION BETWEEN MUSIC THERAPISTS AND PHYSIOTHERAPISTS.

A. Bukowska
Department Of Clinical Rehabilitation, University of Physical Education, Kraków/POLAND

Abstract: Many people experience a variety of movement disorders that cause difficulties completing daily life activities. In order to improve their life quality they seek help considering different therapy methods. This situation creates a space for cooperation between music therapists and physiotherapists and allows them to build the optimal treatment plan.

Description: The goal of this paper is to demonstrate the reasons and the ways in which music therapy and physiotherapy communicate and influence each other in the field of the clinical movement rehabilitation. The first part of this paper will focus on the theories about motor control, motor learning, rhythmic auditory cueing and musical stimulation that are essential to the application of music to movement rehabilitation. These theories provide the foundation for collaboration between music therapists and physiotherapists regarding the understanding of therapeutic approach and the unification of professional language. Ever since music therapy has emerged as a significant area within the health system, music therapists became an important part of a health professionals’ team. The International Classification of Functioning, Disability and Health (ICF) will be discussed at that point as a tool that facilitates the communication between the members of that team. The ICF was established by the World Health Organization in 2001 as a classification of health and health-related domains. Using ICF, health professionals are able to talk about patient’s dysfunctions on the levels of body functions and structures and on the levels of activity and participation, including environmental factors. The second part of the paper will consist of practical information about assessing and building the ICF-based treatment for patients with a variety of movement dysfunctions. Furthermore, a number of clinical examples of the combined music therapy and physiotherapy interventions will be analysed. The arguments in the presentation are founded upon evidence-based medicine and the clinical experience of the author.


Mini biography of presenter: Physiotherapist and music therapist. She graduated from Medical College of Jagiellonian University in Krakow and Academy of Music in Wroclaw. PhD candidate at the University of Physical Education in Krakow.

Disclosure: No significant relationships.
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AMBIGUOUS LOSS: A CASE STUDY OF AN ADOLESCENT WITH NIEMEN-PICK TYPE C

S. Choi
Music Therapy, Hi-Family Music Therapy Clinic, Seoul/KOREA

Abstract: This is a case study of an adolescent girl with Niemen-pick Type C, dealing with the physical and emotional issues caused by her progressive deterioration. The role of clinical improvisation based on Nordoff-Robbins approach in this course of therapy will be discussed further with video excerpts in presentation.

Description: This paper describes the role of present-oriented active music making in the music therapy process of a 17-year-old girl with neuro-degenerative disorder, Niemann Pick Type C, which causes progressive deterioration of the nervous system. Since this metabolic disorder leads to a series of neurological problems including seizures, she sometimes lost her consciousness and strength to move. Her physical limitations and condition prevented her from participating. Not only her, but also the therapist affected by them. A psychologist Boss Pauline (2000) says that perceiving one as gone when he or she is actually physically present, can make those interacting with that person feel helpless and thus more prone to anxiety. When she was silent and had her eyes half-closed, the therapist did not know if she was thinking to respond or just tired spacing out. In the confusion, creativity and new ways of being that have some purpose and a chance of growth was required. The therapist had to face her deterioration and evaluate her pervasive physical conditions and limitations in even every single minute to relate with her. The only way to work with her seemed to improvise with her living here and now. Ambiguity in improvisation allowed the therapist to explore more of her emotions with her client in music, and be more creative in reaching out to her client. The client’s musical intelligence and willingness in musicking-clinical improvisation empowered her to break through barriers which were manifested in her physical deterioration. Even though she has been physically deteriorating, she has gradually developed in music. The detailed process, characteristics of music and therapeutic intervention in this course of therapy will be discussed further with video excerpts in presentation.


Mini biography of presenter: Silvina Choi, MT-BC, NRMT, is a Music therapist at Hi-Family Music Therapy Clinic in Korea. Contact: musicingsc@yahoo.com

Disclosure: No significant relationships.
HUMANIST MUSIC THERAPY IN GENERALIZED ANXIETY DISORDER

V.A. Terán Camarena¹, E.O. Flores Gutiérrez²
¹Instituto Mexicano De Musicoterapia Humanista, Instituto Mexicano de Musicoterapia Humanista, México, D.F./MEXICO, ²Sub-direction of Clinical Research, Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz, México D.F./MEXICO

Abstract: Anxiety disorders are a serious public health problem. This study proposes a new therapeutic alternative: Humanist Music Therapy (which was presented in 1999 at the IX WCMT), to establish a first approach in psychiatric interventions. At the end of treatment there was a significant decrease in anxiety levels.

Description: The objective of this study is present the results of a pilot study of patients with Generalized Anxiety Disorder (GAD) who were under clinical control and pharmacological treatment, with whom Humanist Music Therapy (HMT) was use with some techniques of cognitive restructuring to manage the symptomatology of this disorder following a structured experimental protocol. The study group consisted of seven patients with GAD, with no co-morbidities, characterized by DSM IV criteria and channeled by psychiatrists at Mexico’s National Institute of Psychiatry Ramón de la Fuente Muñiz. A pretest-posttest design using the Beck Anxiety Inventory (BAI) was elaborated for this group of patients. Researchers programmed 12 structured sessions based on the methodological curve of the Humanist Music Therapy model (figure 1) with receptive and active music therapy techniques. Scores on the BAI were analyzed and subjected to a two-tailed statistical Student’s T test for related groups. Results showed a significant reduction in global scores after the intervention (figure 2). Results confirm that the application of Humanist Music Therapy helped reduce the symptomatology of GAD and could be used as a clinical alternative or in conjunction with pharmacological treatment for these patients. Additional studies are required to evaluate the application in different states of this disorder.
Figure 1.- Shows the 7-step sequence of the methodology of HMT. This sequence is procured by the humanist musical therapist in both individual and group studies in order to lead the patient through a process that is adjusted to their experience and discover the key moments that will allow them to express it.
**References:**
mental disorders across centres. In:


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"MUSIC AS A VEHICLE FOR STRENGTHENING CULTURAL IDENTITY IN THE HOSPITAL SCHOOL"

K.S. Biegun¹, N. Alperovich²
¹Facultad De Psicología, Universidad de Buenos Aires, Buenos Aires/ARGENTINA, ²Facultad De Psicología, Universidad de Buenos Aires, /ARGENTINA

Abstract: In the Pediatric Hospital School of Buenos Aires, they are many inpatients coming from others cities and neighboring countries. Through music, we work on the dynamics reconstruction process of the child's identity, which is threatened by the double situation of rootlessness inherent to the hospitalization and to the migration.

Description: A significant percentage of patients in the Public Pediatric Hospital Pedro de Elizalde (Buenos Aires City) are from neighboring countries -mainly Paraguay, Bolivia and Perú- and from various places of the country. The nature of the children's condition in hospital is complex. It involves so physical suffering and illness, as submission to dominant medical model. This condition is immersed in social exclusion processes involving isolation and cultural uprooting. The Hospital School, since its official formulation, raises the need to adapt their practice based on the articulation of two fields: health and education. In this way, the institution challenges the educational act in their capacity for social transformation. But in the pediatric hospital where our practice is based no device is armed for understanding the culture of the "other." The gaze is directed to the inclusion of the other in the school culture "dominant", dismissing in many cases the language and culture of origin. We work with the child and the present acompanist relation who suffers identical displacement. Our purpose is to investigate in which ways the music therapy in the hospital school field allows the reconstruction and strengthening the patient's fragmented identity. Through music, music teacher and music therapist builds a device with the aim of strengthening the patient’s sociocultural belonging.

We try to exemplify the issue through the work with a child and his mother, where it were developed subjects of belonging, uprooting and origin culture legitimation.

References:

Mini biography of presenter: Karin Biegun is a Music Therapist, Licenciate in Literature and Music Educator. She is currently Assistant Professor of Anthropology of Music, and is working at Pediatric Hospital in Buenos Aires.

Disclosure: No significant relationships.
THE MUSIC BASED ASSESSMENT OF INDIVIDUALIZED COGNITIVE AND MOTOR FUNCTIONING (MBA-ICMF)

D. Kerem
The Graduate School Of Creative Arts Therapies, Haifa University, Haifa/ISRAEL

Abstract: The MBA-ICMF can be utilized for children/adolescents from diverse cultural backgrounds. It is: independent of verbal abilities; doesn't require any musical background; takes about one hour to administer; differentiates well between children/adolescents with learning disabilities and those with normal learning functioning; can provide valuable input for educators developing individualized plans.

Description: Adolescents from diverse cultural backgrounds (e.g., Ethiopians, Russians, Bedouins, Druze, Arabs) come to study every year in a youth village in Israel. These adolescents often have limited capacity in Hebrew. They may have difficulties with their mother tongue, or may simply be reluctant to engage in verbal interactions. Sometimes their personal files lack sufficient background information for the educational staff to establish an adequate profile of the student, making it is extremely difficult to plan appropriate work. Part of my job as a music therapist in that village was to provide a readily accessible and efficient assessment of the students' cognitive and motor functioning. This was accomplished with the MBA-ICMF. The assessment includes various areas such as gross and fine motor skills, sensory skills, and cognitive and academic skills. Contrary to other neuropsychological tests, the MBA-ICMF involves playing musical instruments and is unique in that it is independent of the subject's verbal abilities. It is inexpensive and does not require any specific musical background. In about one hour, one can assess a subject's capabilities in a non-threatening and enjoyable environment. Many years of clinical experience using the MBA-ICMF have shown that it differentiates well between children and adolescents with learning disabilities and those with normal learning functioning as determined by the educational staff. The results of the MBA-ICMF have contributed significantly to the individualized plans which educators and therapists have developed for the students. Video clips of different tasks performed by a client with learning disability and a normal learning client will be presented, as well as the implications of the findings. The MBA-ICMF awaits further rigorous quantitative validation and establishment of norms; however, the empirical findings to date strongly suggest that the MBA-ICMF promises to be a powerful assessment tool.


Mini biography of presenter: Dikla Kerem, PhD, is a lecturer in the music therapy Master's program at Haifa University, Israel; Serves as invited lecturer in Russia; Has an extensive clinical experience with different populations.

Disclosure: No significant relationships.
MUSIC THERAPY AND DRAMA THERAPY – POSSIBLE COLLABORATION.

L. Konieczna-Nowak
Music Therapy, The Karol Szymanowski Academy of Music in Katowice, Katowice/POLAND

Abstract: Music therapist and drama therapist worked together with adolescents with social maladjustment. This cooperation led to interesting observations on practice. Both perspectives, together with video examples and comments of students and clients involved in the process will be discussed.

Description: Theory and practice of all expressive therapies share some basic concepts. Chosen techniques and media are common for its sub-disciplines (drawing is used in some music therapy models, music might be important part of drama therapy project or inspiration for visual arts based therapy). Interestingly, it seems that the potential of collaboration of art therapists (understood broadly, as professionals applying expressive therapies) is not fully recognized and considered neither in clinical practice nor in research. The process of experimental short term therapy with teenage girls with emotional and behavioral challenges led together by music and drama therapist will be the focus of this paper. This collaboration occurred to be inspiring for both sides, and had promising clinical outcomes for the clients. Observations done during this process together with video examples and comments will be included. Dialogue between cultures of music therapy and drama therapy worlds allowed for revealing possible considerations for future practice and possible research fields. It also showed the value of cooperation and need for better communication between disciplines.


Mini biography of presenter: Ludwika Konieczna-Nowak, PhD, is a head of Music Therapy Department at the Academy of Music in Katowice; her clinical work is mostly with adolescents with EBD.

Disclosure: No significant relationships.
ONE VOICE REPRESENTS MANY: GROUP SONG WRITING WITH WOMEN WITH BREAST CANCER

S. Thompson
F. W. Whittle Unit, Southern Palliative Care Service, Hobart, Tasmania/AUSTRALIA

Abstract: This paper will describe how group song writing with women across the breast cancer trajectory can enhance their wellbeing, foster meaning, reduce feelings of isolation, offer strategies for coping and enable many voices to be heard as one. Case vignettes will be used to illustrate its significance and potential.

Description: Background: The effects of a breast cancer diagnosis can be devastating with the fear of death and the unknown being all pervasive. Psychosocial interventions have become an integral part of treatment in order to address this distress. Traditionally, the culture of cancer therapy groups are structured according to stages, because it is felt that the needs of the participants are similar. However, this paper will describe how group music therapy and more specifically group song writing with women across the breast cancer trajectory can enhance their wellbeing, foster meaning and enable many voices to be heard as one. Case vignettes will be used to illustrate its significance and potential.

Methods: This study which was designed to support the psychological well being of women across the breast cancer trajectory, involved four, six week music therapy programs. The sessions were held weekly and lasted for one hour. Data will be presented on eighteen participants who completed the program. Session data from the songwriting processes includes musical interactions, patient conversations, observable behaviour and qualitative interviews.

Results: Data on eighteen participants will be presented. Qualitative data analysis indicates the following emergent themes: isolation, the impact of cancer on identity, the impact of cancer on relationships, the effects of treatment, living and coping with uncertainty, life after treatment, travelling different but similar paths, and hope.

Conclusion: Results indicate that group songwriting for women with breast cancer addresses and reduces feelings of isolation, it offers psychological and peer support, and strategies for coping. The results also illustrate how women living with breast cancer find hope and meaning through participating in group music therapy with others who also have breast cancer irrespective of where they may be on the breast cancer trajectory.

References:

Mini biography of presenter: Stephanie Thompson is a qualified Music Therapist and Psychotherapist. Stephanie has a PhD from the University of Melbourne.

Disclosure: No significant relationships.
A MUSIC THERAPY MODEL WITH ADULTS WITH LEARNING DISABILITIES WHO SELF HARM.

H. Hind
Learning Disability Partnership, Princess Of Wales Hospital, Cambridgeshire and Peterborough Foundation Trust, Cambridge/UNITED KINGDOM

Abstract: It is acknowledged that people with learning disabilities and personality disorders present particular challenges to care home staff and multi-disciplinary health teams. Traumatic and abusive histories interrupt healthy psychological development, leading to maladaptive strategies for coping with unmanageable emotional distress, such as acts of violence, criminality and self harm.

Description: This paper will describe my current PhD research which evaluates a model of individual music therapy for the patient and a separate, monthly staff support group, to run concurrently. The purpose of this approach is to seek to reduce incidences of self harm and promote improved relationships both within the staff team and between staff and patient. The staff team will receive a monthly group which offers the opportunity for both musical and verbal exchange whilst the patient will receive individual weekly music therapy. It is widely accepted that people with personality disorders engage in behaviours that have significant impact on staff teams, often resulting in conflicts and divisions, as well as risks to themselves and others. Many of these patients have histories of abuse and trauma. This can result in the development of complex, maladaptive strategies for managing overwhelming emotional states, including self-harm, violence, risk-taking and criminality. Dick, Gleeson, Johnstone and Weston (BJLD) 2010, draw some interesting conclusions about the relationship between staff perceptions about why such patients self harm and how this effects future predictability for further self injurious behaviour. This PhD research acknowledges the important role of the staff team as well as the need to address the emotional concerns and traumatic history of the patient through the music therapy clinical encounter. Early indications show that such a proposed model facilitates improved relationships between staff and patient, an increase in the staff’s understanding of the complex unconscious psychological processes that exist when supporting such patients, and, for the patient themself, a reduction in self-harming.


Mini biography of presenter: Hayley Hind is a Music Therapist at Cambridgeshire and Peterborough NHS Foundation Trust, working with adults with learning disabilities. She is also undertaking a PhD at Anglia Ruskin University, Cambridge.

Disclosure: No significant relationships.
REVEALING THE MUSICAL WORLD OF HASIDIC CHILDREN

N. Seri, A. Gilboa
Music Department, BAR-ILAN UNIVERSITY, RAMAT GAN/ISRAEL

Abstract: In this presentation we will describe our explorations and revelations of the musical world of Hasidic children. Growing contact with clients from this unique and isolated culture called for this inquiry. Results should be of great interest to music therapists with cultural curiosity, contributing to the quality of their clinical work.

Description: One of the most important things in culturally sensitive music therapy is that music therapists are attuned to the musical world of their clients. What happens, however, if the cultural environment of a client is isolated and if his or her music is not fully known? In such a case the music therapist is required to become an ethnomusicologist and to conduct broad inquiries into the musical culture in question. In this presentation we would like to describe such an inquiry which was conducted after we realized that we did not have enough knowledge about the musical culture of our Hasidic children clients and that no such knowledge was available in the professional literature. The Hasidic section in Israel is ultra religious and it invests enormous efforts in discouraging cultural diffusion with other cultures, especially if they are non-religious. It was, therefore, quite a challenge to receive information about the musical styles that a Hasidic child is exposed to. Through observations, interviews, and documents analysis we collected substantial information which could serve music therapists who work with this population. We will present different types of such music and will refer to the contexts and environments in which they are played to the children. Finally, we will discuss how this inquiry enhanced our cultural sensitivity and therefore our clinical capabilities.

References:

Mini biography of presenter: Nir Seri is a music therapist and a musician. He has extensive experience working with children from different cultural backgrounds.

Disclosure: No significant relationships.
NEURONAL MECHANISMS UNDERLYING PAIN MODULATION BY MUSICAL STIMULI

S. Metzner
Fb Sozial- Und Gesundheitswesen, Hochschule Magdeburg-Stendal, Magdeburg/GERMANY

Abstract: A cooperative research project of the University Medical Center Hamburg-Eppendorf and the University of Applied Sciences Magdeburg characterizes the effects of music therapy on pain perception by comparing the effects of two different therapeutical concepts on cortical activity recorded by MEG in combination with laser heat-pain.

Description: Music therapy has been clinically established for the treatment of chronic pain. However, little is known about the neuronal mechanisms, which underlie pain modulation by music. Therefore, in a cooperative research project of the University Medical Center Hamburg-Eppendorf and the University of Applied Sciences Magdeburg we tried to characterize the effects of music therapy on pain perception by comparing the effects of two different therapeutical concepts on cortical activity recorded by MEG in combination with laser heat-pain. Listening to preferred music within receptive music therapy yielded a significant reduction of pain ratings associated with a significant power reduction of delta-band activity in the cingulate gyrus, which suggests that participants displaced their focus of attention away from the pain stimulus. On the other hand listening to self-composed pain and healing music within the entrainment method (music imaginative pain treatment) exerted major effects on gamma-band activity of primary and secondary somatosensory cortices. Pain music in contrast to healing music increased pain ratings in parallel with an increase of gamma-band activity in somatosensory brain structures, which underpins the hypothesis that the switch between pain and healing music could be the effective factor in the entrainment method. In summary, it can be concluded that the personal intellectual and emotional content of music modulated the saliency of pain induced by modulation of oscillations in limbic and somatosensory areas in the gamma and delta band. In this paper the interpretation of outcomes of this study will be oriented towards music therapists. Limitations of the study and future research questions will also be outlined.


Mini biography of presenter: Prof. Dr. Susanne Metzner is head of the MA Methods of Music Therapy Research and Practice and the training programme Music-imaginative Painmanagement at the University of Applied Sciences, Magdeburg/Germany. (www.hs-magdeburg.de)

Disclosure: No significant relationships.
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CAN MUSIC THERAPY REDUCE MUSIC PERFORMANCE ANXIETY AND FACILITATE PEAK MUSICAL PERFORMANCE?

S. Cohen
Music Department, Bar-Ilan University, Jerusalem/ISRAEL

Abstract: Recent research provides evidence that the experiences of music performance anxiety (MPA) and peak musical performance are strongly negatively correlated and suggests that facilitating peak performance may provide a powerful tool for reducing MPA. This paper explores the use of music therapy in facilitating peak performance and reducing MPA.

Description: For many classical musicians, professionals, amateurs and students, music performance anxiety (MPA) is a debilitating phenomenon – turning music performance into an ordeal to be dreaded, suffered and often avoided. Despite the high prevalence of MPA, and evidence indicating that MPA tends to be persistent over time and only responds moderately to existing interventions, little help is given in developing music performance skills in most musical educational establishments. In contrast to the wealth of studies in the field of MPA, research into peak musical performance is still in its early stages. Although recent studies have found that peak musical performance experiences are strongly negatively correlated with MPA, the suggestion that learning skills for enhancing peak performance may provide a powerful way of reducing MPA has not yet been investigated. This paper will provide a brief overview of the current state of the research in the fields of MPA and peak musical performance. Presentation will be made of preliminary qualitative and quantitative studies investigating professional musicians’ experiences of peak musical performance, experiences of MPA, factors contributing towards these experiences and the relationships between these experiences. Particular attention will then be given to the role of music therapy (MT) in developing music performance skills, facilitating peak performance and treating MPA. This is an area that has been little explored. Discussion will be made of the strengths and problems of using ideas from the field of MT (including clinical improvisation) in helping classical musicians to develop performance skills and overcome MPA. A proposed MT group intervention will be described. The proposed intervention and the qualitative and quantitative studies are part of a PhD project investigating the use of MT interventions to develop music performance skills and treat MPA.


Mini biography of presenter: Susanna Cohen is a professional bassoonist and music therapist. She helps musicians to overcome music performance anxiety and perform optimally and is a PhD student at Bar-Ilan University, Israel.

Disclosure: No significant relationships.
MUSIC THERAPY FOR CHILDREN WITH ASTHMA IN SCHOOLS AND HOSPITALS

J. Lytle
N/a, None, N/A/UNITED STATES OF AMERICA

Abstract: Nearly 1 in 10 children are diagnosed with asthma, a chronic illness that is the leading cause for school absences and childhood hospitalizations in the U.S. Come learn practical applications for addressing the physical and psychosocial impact of asthma in group and 1:1 settings in schools and pediatric hospital units.

Description: This paper presentation will include: background information on asthma (i.e., prevalence, etiology, prognosis and treatment); discussion of case studies from music therapy school groups for children with asthma and individual music therapy sessions taken place in the pediatric unit of a hospital; presentation of a developmentally-informed understanding of the psychosocial impact of asthma on children and families; practical applications for using music therapy to address unmet needs for children with asthma and consideration of the logistics necessary to navigate when conducting asthma groups in schools. The presenter will draw on her experience leading music therapy groups for children with asthma from two different settings: (1) groups in an elementary school as part of Beth Israel Medical Center's Asthma Initiative Program, an outreach program; and (2) 1:1 sessions with pediatric patients in Beth Israel Medical Center. Upon attending this session, participants will be able to: identify the impact of asthma on children and their families; articulate the efficacy of music therapy programs in asthma care to school directors and hospital administrators; and implement music therapy strategies as part of treatment for children with asthma.


Mini biography of presenter: Julie resides in Texas but has lived in South America, the Middle East and Canada. She loves cross-cultural interactions and would love to meet you, so please introduce yourself!

Disclosure: No significant relationships.
INTEGRATING THE SCAPEGOAT: GROUP WORK IN A MAINSTREAM SECONDARY SCHOOL IN LONDON.

L. Annesley
Music Therapy, Oxleas NHS Foundation Trust, London/UNITED KINGDOM

Abstract: This presentation will describe work with a group of adolescent boys with ASD and or social communication difficulties in a mainstream secondary school. One member became identified as a scapegoat. Audio examples will illustrate the process by which he was able to become more integrated into the group.

Description: The scapegoat, originally part of ancient ritual, can have both social and psychological connotations. Drawing on this concept as described in analytic psychology (Perera 1986 *The Scapegoat Complex*. Toronto: Inner City Books) and in a more general context, this presentation will describe my work with a group of adolescent boys in a mainstream secondary school in which one member became identified by the other group members as ‘the problem’. Some members had a diagnosis of ASD and he became a convenient recipient for projections of both their autism and feelings of sibling rivalry. In one key moment, when he had left the room, someone else said “I'm autistic, but I'm not as autistic as him”. Careful work in consultation with the head of the DSP (designated special provision) around providing choices, and allowing music therapy to complement the behavioural approach being taken in class, helped to build up a sense of identity and autonomy for the scapegoated group member as well as addressing the needs of the group as a whole. I will examine my own potential identification with the scapegoat, and show through audio examples how music has been used as a medium for both splitting and integration. I will discuss the scapegoat’s part in identifying with others’ projections, but also how he has demonstrated resilience and made positive decisions with regard to his place in the group.


Mini biography of presenter: Luke Annesley has worked for Greenwich Music Therapy Service since qualifying from GSMD in 2008. He is also a lecturer in music therapy at City University and a freelance performer.

Disclosure: No significant relationships.
THE DEVELOPMENT OF EVIDENCE BASED MUSIC THERAPY WITH DISORDERS OF CONSCIOUSNESS

J. O’Kelly
Research, Royal Hospital for Neuro-disability, London/UNITED KINGDOM

Abstract: To address the lack of evidence, healthy, vegetative and minimally conscious state responses to music therapy and auditory stimuli were compared within neurophysiological and behavioural measures. Evidence for music therapy supporting arousal and selective attention in vegetative state patients will be reported, with the design of a new rehabilitation study.

Description: Disorders of consciousness (DOC) comprise a continuum of predominantly acquired conditions. Distinguishing between DOC categories of vegetative state (VS), with no indications of consciousness despite evidence of wakefulness, and minimally conscious state (MCS) where consciousness is limited, is a challenging process. Misdiagnosis rates remain high, with awareness often masked by perceptual or motor impairments. Music therapy holds the potential to elicit awareness responses despite impaired verbal or visual processing faculties, although empirical evidence is lacking (O’Kelly & Magee 2013 a, b). To address this issue, a multiple baseline within subjects study comparing EEG, heart rate variability, respiration and behavioural responses of 20 healthy controls with 12 patients diagnosed as VS and 9 as MCS was conducted (O’Kelly et al in press). Subjects were presented with music therapy (live preferred music & improvised music entrained to respiration), recordings of disliked music, white noise and silence. Neurophysiological and behavioural measures were recorded using a 50 channel XLTEK© video EEG system, with a piezoelectric respiratory belt, analysed using MATLAB and BrainVision Analyzer 2 software. Post hoc ANOVA tests indicated that preferred music produced the widest range of significant responses (p ≤ 0.05) across healthy controls, with widespread cortical activation observed in EEG measures, and significant increases in respiration rate unrelated to music tempo. Whilst physiological responses were heterogeneous across patient cohorts, behavioral data showed a significantly increased blink rate for preferred music across the VS cohort (p = 0.029). Significant post hoc EEG amplitude peaks for music therapy methods were found in frontal areas across patient cohorts (p = 0.05 - 0.0001). These selective responses call into question assumptions as to the ‘unresponsive’ nature of the vegetative state, indicating need for research to explore the rehabilitation potential of music therapy with DOC. Methods of an innovative new study addressing this issue will be presented.


Mini biography of presenter: Having just completed his PhD Mobility Fellowship with Aalborg University, Julian continues to investigate music therapy in the assessment and rehabilitation of those with disorders of consciousness using neurophysiological methods

Disclosure: No significant relationships.
HUMANISTIC MUSIC THERAPY IN THE CLINICAL SCOPE

J.L. Gil Carrasco
Boadilla Del Monte, Madrid/ES

Abstract: In the clinical scope, this combination offers a complementary vision of the human being that contributes to raising the individual's quality of life and self-esteem, as she/he feels recognized and is treated as a human being who suffers from an illness or malady, and not as a disease.

Description: According to the experience I have accrued through 10 years of work in different fields, including hospitals, with Pervasive Developmental Disorder (PDD) and Multiple Sclerosis, and in Penitentiaries, this type of facilitation, in which I combine Víctor Muñoz Pólit's model of Humanist Musicotherapy with the influence of others musicotherapy models (Nordoff-Robbins, Benenson), is equally well-perceived by all people, regardless of age and physical, psychological or social condition.

This form of facilitation is designed to help people feel better about themselves. It permits the expression of thoughts, emotions and moods with no judging or labelling, by accompanying the person so that she/he can find the best possible form, the one most satisfactory at that moment, to free all that which is trapped; to represent everything that cannot be expressed in words; to recount all that which if not uttered in that moment will be forgotten; to express everything and more from silence; such that shouts, insults, laughter and crying cleanse and mitigate pain; or perhaps simply by being there, accompanying, but with no prior expectations. This facilitation consists in “being there” for the other and is based on respect, acceptance and patience. Without question, it comes from love, from the Empathetic Self, from Broad Acceptance and Congruence. In all therapeutic situations it offers support so that the person feels accepted and understood, not so vulnerable or defenseless, while reducing the stress and dejection that their condition and/or the situation in which they find themselves can generate.

When combined with appropriate music, this approach allows the person to recognize, connect with, and freely express her/his emotions, needs and dreams, no matter what their nature, free of all “categorization”, thus strengthening their self-confidence.

Mini biography of presenter: Musicotherapist trained at the UAM, Madrid, and the Mexican Institute of Humanist Musicotherapy. Work experience with PDD and Multiple Sclerosis; coordinator, workshops on dissemination and training in Humanist Musicotherapy.
I WILL SURVIVE: MUSIC THERAPY AT A CHILDREN'S CANCER UNIT

B. Griessmeier
Pediatric Oncology, Frankfurt University Hospital, Frankfurt/GERMANY

Abstract: This paper describes the role of music therapy as part of a psychosocial care service for children and adolescents suffering from cancer, and their families.

Description: Since the early eighties of the last century psycho social care services for children and adolescents suffering from cancer have been introduced in all German paediatric oncology centres. In many of these hospitals music and/or art therapists are part of the interdisciplinary team, often financed by charity and on a part- time basis. Even if the need for psychosocial care for children with cancer (and their families) seems to be fairly obvious in the general public, it has been a long way to establish these services as an integrative part of the medical treatment; leading to a national guideline on Psychosocial Care in Paediatric Oncology in 2008. In this paper the author will reflect on the development of her 30 year’s work as a music therapist on a full – time basis as a member of the psycho-social care team at Frankfurt University Hospital, Germany. With the help of several case examples she will describe the different roles of music therapy in a multidisciplinary team, her personal development from a “pure” music therapist to a more general psycho-social caregiver and of course the role of music during this process. Even if music can be considered as a powerful means in many ways, it may also be not appropriate in some contexts and situations. The author will show how working with children and young people suffering from a life- threatening disease is a challenging, but also rewarding task for a music therapist working in the medical field – even if they will not survive and die despite all our efforts.


Mini biography of presenter: Music therapist (Heidelberg training course, Germany). Since 1986 member of the psycho-social care team of the children’s cancer department at Frankfurt University Hospital, Germany.

Disclosure: No significant relationships.
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MUSIC FOR AFFECT REGULATION:
MUSIC LISTENING IN RECEPITIVE MUSIC THERAPY

M.M. Laansma
Mood Disorders, PsyQ, Den Haag/NETHERLANDS

Abstract: Abstract: In this paper an experimental multiple case design (N=8) study will be presented on the effect of music listening to preferred music in receptive music therapy in the treatment of chronic depression with outpatients.

Description: Depression influences and causes problems in the recognition and experience of emotions. Music listening seems to be an effective way to recognize emotions and regulate mood. The purpose of this study presented in this paper, was to investigate which affect regulation strategies are used by depressive patients while listening to music in music therapy for regulating their mood. An exploratory study was performed with 8 outpatients with severe and chronic depression in an open part-time group in a psychotherapeutic hospital treatment. For 8 weeks in patients listened to music group music therapy 2 times selected by the music therapist and the other 6 times by the patients themselves. Subsequently, patients were asked about mood emotions and ways to regulate. Self-report questionnaires with a 5-point Likert scale were used to measure experienced emotions (Geneva Emotional Music Scale (GEMS-9) and regulation strategies. Underlying mechanisms like memories, associations and musical features were queried in the sessions. Results: Compared with the pre- and post-test without listening to music, recognition and experience of emotions enhanced in the sessions with listening to preferred music and patients experienced less negative emotions as sadness and tension and more positive emotions as power and vitality. During the period of the study the use of adaptive regulation strategies as distraction, venting, and active coping increased, a maladaptive strategy as worrying decreased. Conclusion: The music listening intervention was effective in terms of identifying and intensifying experienced emotions. Significant correlations between strategies and regulated emotions gave insight into the components of affect regulation strategies such as controlled emotions and underlying psychological mechanisms. Clinical relevance: This study provides diagnostic and practical information in terms of affect regulation and systematization of the intervention music listening in receptive music therapy in the treatment of chronic depression with outpatients.


Mini biography of presenter: Meertine MJ Laansma (MMT, BMusEd, RMTh, NMT), senior music therapist, psychiatry field, lecturer music therapy, musician, studied music-education, music therapy and piano.

Disclosure: No significant relationships.
MUSIC THERAPY PERSPECTIVES: BEYOND CLINICAL SETTING

T.S. Alvares
Musicology And Music Education, Federal University of Rio de Janeiro, Rio de Janeiro/BRAZIL

Abstract: This paper describes how music therapists articulate health, music education and performance contributing to movements that have the deinstitutionalization and social inclusion as goals. Music making allows interactions beyond clinical settings providing new opportunities for people with special needs or in social vulnerability. This paper describes projects developed in Brazil.

Description: Brazilian music therapists have contributed to change the lives of institutionalized individuals broadening their performance far beyond the clinical setting. They see themselves interacting with music education and performance of marginalized groups, thus contributing to the creation of a new culture and understanding of human diversity. This trend has not only contributed to the process of deinstitutionalization, but also to the growth of a social consciousness and responsibility toward a section of the population that used to be discarded to the isolation of treatment/rehabilitation institutions. This new consciousness is contributing to an effective social insertion. For Amarante (2012) the deinstitutionalization cannot be subsumed into simple measures of de-hospitalization, but includes the creation of concrete possibilities of socialization and subjectivity. We need to acquire a new culture regarding human diversity in which social insertion may occur as a result of understanding diversity as something inherent and not deviant to human nature. Music therapists’ training includes the development of musical as well as clinical skills that helps in filling the gap between treatment setting and the outside world by creating a new space for interaction. Music is essentially a social activity that contributes to the development of identity (Hargreaves; 2004). This allows the valorization and dialogue of human differences. When patients are able to communicate, through music, their suffering, the prejudices that they go through, their limitations and talents they become the protagonist of their own cure (2010;Venturini). This allows the building of a new identity that is not based in the opposition of normality versus pathology, but the acceptance of human diversity. The presentation will be illustrated with examples of projects and research developed at the Federal University of Rio de Janeiro.


Mini biography of presenter: Thelma Sydenstricker Alvares, music therapist, Ph.D., Associate Professor at Federal University of Rio de Janeiro; is publishing a book based on feminist qualitative research about GIM as a transpersonal therapy.

Disclosure: No significant relationships.
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ASSESSMENT PROTOCOL TO STUDY VISUAL QUALITY OF LIFE ON DEMYELINATING OPTIC NEURITIS.

C.V. Loureiro\(^1\), M.A.L. Peixoto\(^2\), L.E.C. Talim\(^3\)

\(^1\)Departamento De Instrumentos E Canto, Universidade Federal de Minas Gerais, Belo Horizonte/BRAZIL, \(^2\)Medicine, UFMG, /BRAZIL, \(^3\)Medical School, UFMG, /BRAZIL

Abstract: This study describes the methodology, assessment protocol and analysis of data collecting in a music therapy clinical trial investigation in the visual quality of life on demyelinating optic neuritis either as an isolated clinical syndrome or in the course of multiple sclerosis.

Description: Demyelinating optic neuritis (DON) results from an immune regulation disturbance that can occur either as an isolated condition or in association with multiple sclerosis. Visual quality of life (VQL) refers to subjective perception from patients of their own visual limitations on daily activities. Neuroimaging studies on neuroscience and music have shown strong evidence that sound and music as mediator stimuli can enhance specific visual abilities in cases of visual disorders secondary to neurological diseases. Research literature on music therapy (MT) involving DON could not be found on MEDLINE, LILACS, SciELO and Cochrane data banks. We decide to investigate the possibility of promoting changes on patients’ self-confidence and self-esteem that would contribute to the functional daily activities. A MT protocol to collect intervention-related data was developed. It contains 19 items assessing cognitive and perceptual factors including attention, memory and spatial executive functioning on specific visual-target exercises. Visual motor, visual spatial and visual field exercises were designed to replicate functions related to specific activities of daily life that involve sustained, selective, divided and alternated visual attention. Special composed music was used for auditory cueing exercises adequately configured to generate proper reaction time and attention to possible neglected or unattended vision physical and psychosocial functioning. I was used also a music selection based on patient’s musical preferences. The discography comprise songs that favored the attentional and memory training and motor rhythmicity as well as breaking or shifting rhythmic periodicity contained in the syncopated musical style of the Brazilian “chorinho” (crying), folk songs, Brazilian tango and compositions of the Brazilian group Uakti known for mixing influences of popular folk music, jazz, oriental and classical music. Significant improvement in the VFQ was showed in the following variables: general health (p <0.034), general vision (p <0.056), near activity (p <0.055) and mental health (p <0.041).

References:

Mini biography of presenter: MT PhD Cybelle Maria Veiga Loureiro
School of Music Federal University Minas Gerais, Brazil
Dep. INC/Music Therapy Programme Director Music Therapy World Federation of Music Therapy Regional Liaison for Latin America

Disclosure: No significant relationships.
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ROCK’S ROLE AS MUSIC THERAPEUTIC ARENA IN CORRECTIONAL SERVICES

L. Tuastad
Department Of Music, Grieg Academy, Bergen/NORWAY

Abstract: Can music therapy inside and outside prison be a freedom practice? Can a criminal’s past be a resource? Can music be an alternative revenge weapon? Such paradoxes are findings scrutinised in my recent PhD research. My presentation explores and discusses these findings and relates them through relevant literature.

Description: Since 2000 I have been working as a music therapist in Bergen Prison as well as being involved in “Music in Custody and Liberty”, a program that offers inmates and ex-inmates to participate in music activities. Working in the project for ten years, it became apparent to me that rock music and its culture appeals strongly to the participants. In the light of this, I have chosen to pursue some topics from the practice field in my PhD research by exploring the rock band as a music therapeutic arena in Correctional Services. I intend to find out how music therapy with this population is carried out, and how it is experienced by the people involved in the processes. The overall research question for the PhD is: In what ways can the rock band be a music therapeutic arena in the Correctional Services? My presentation focuses upon my PhD work based in three articles. The first article focuses on the meta-syntheses of two qualitative research studies in music therapy from a prison context. The article is an attempt to explore, through relevant literature and through synthesising the two research studies, the paradox and potential of music as a freedom practice inside and outside prison (Tuastad and O’Grady 2013). The themes for article two and three are grounded in a participatory action research project with Me and THE BAND’its, a rock band consisting of ex-inmates facilitated by Tuastad. In article two, the paradoxes of identity in Me and THE BAND’its is explored using a narrative inquiry approach. Article three scrutinise Me and THE BAND’its as a self assistant self-help group, using music as the third force in the rehabilitation process. The basis for findings in article two and three, are analyses of field notes and focus group interviews with the band.


Mini biography of presenter: Lars Tuastad is a music therapist working in the prison context. Tuastad is part of GAMUT as PhD-candidate at the Grieg Academy, Dept. of Music, University of Bergen.

Disclosure: No significant relationships.
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EPIGENETICS IN MUSIC THERAPY

G.S. Gattino
Music Therapy, Associação Mantenedora Pandorga, Porto Alegre/BRAZIL

Abstract: Epigenetics refers to modifications of the genome, which does not involve a change in DNA sequence. It is possible to measure therapeutic use of music not only on behavioral or neuroimaging outcomes, but also by these epigenetic ratings in music therapy.

Description: Epigenetics refers to modifications of genome, heritable during cell division, which does not involve a change in DNA sequence. An example of these modifications is the gene expression. This is the process by which information from a gene is used in the synthesis of a functional gene product. These products are often proteins, but in non-protein coding genes such as ribosomal RNA (rRNA), transfer RNA (tRNA) or small nuclear RNA (snRNA) genes, the product is a functional RNA. The Epigenetics allowed ratify Humberto Maturana proposition that a body is in a constant process of production, but the way you produce will depend on the interactions of this organism with the environment. The proposition Maturana explains the results of recent studies involving music and gene expression. These studies point to a change in gene expression from listening to music. Currently, it is possible to study gene expression from getting some peripheral tissues (blood cells, for example). This new way of evaluating the influence of music could help music therapy investigations. In this sense, it is possible to measure therapeutic use of music not only on behavioral or neuroimaging outcomes, but also by these epigenetic ratings in music therapy. It is believed that the effects of music can be compared with those obtained by pharmacological treatments based on the use of the same epigenetic measure techniques. Such proposals should be tested in further experimental studies to confirm these hypotheses.


Mini biography of presenter: Music therapy teacher at PADDMA College (Brazil). Music therapist at Pandorga Association for Children with Autism (Brazil). Brazilian site manager in the multicenter study of Music Therapy and Autism (TIME-A).

Disclosure: No significant relationships.
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MUSIC THERAPY WITH PRETERM INFANTS AND THEIR CAREGIVERS IN THE NEONATAL-INTENSIVE-CARE-UNIT, COLOMBIA.

M. Ettenberger
Department Of Music And Performing Arts, Anglia Ruskin University, Cambridge/UNITED KINGDOM

Abstract: This presentation reports a mixed-methods research study of music therapy with preterm infants and their parents in a Neonatal-Intensive-Care-Unit in Colombia. Music therapy can enhance the self-regulation capacities of the neonates and helps the parents to strengthen the relationship with their babies through the use of live music and singing.

Description: Preterm birth has become a global challenge for families, institutions and national health systems. Although more and more newborns survive each year, there is also a growing concern about the potential negative effects of preterm birth. Music Therapy in the Neonatal-Intensive-Care-Unit (NICU) aims at attenuating these effects and at helping the babies and their parents to cope with the challenges of a hospitalization. This presentation reports the findings of a pilot study and the preliminary results of a major study of music therapy with premature infants and their parents in a Neonatal-Intensive-Care-Unit in Bogotá, Colombia. Music therapy can be beneficial for the physiological and psychosocial development of preterm infants and can help the parents to strengthen the relationship with their baby. This is achieved by fostering early and individualized communicative and relational experiences, providing adequate and balanced auditory and sensory stimulation, and by helping the infants and their families to cope with the challenges of a Intensive-Care-Unit environment through the use of live music and singing. The pilot study as well as the major study are based on a mixed-methods research design and include a Randomized-Clinical-Trial (RCT). Both quantitative and qualitative data will be presented and a special focus will be laid on the use of live music and the importance of the therapeutic relationship in working with the neonates and the caregivers in the NICU. Research experiences about music therapy in the NICU from non-western countries are limited and there is a need for cross-cultural investigations in this area. In Colombia, music therapy is still not a common intervention in clinical settings and working with families coming from the poorer neighbourhoods of Bogotá requires additional attention. Thus, reflexivity about the cultural and structural specifications of the research environment is crucial and plays an important part in this project.

References:

- Arnon, S. et. al. 2006. „Live Music is Beneficial to Preterm Infants in the Neonatal Intensive Care Unit Environment“ (Birth 33:2 June 2006)


Coleman, J.M. et al. 1998. The effects of the male and female singing and speaking voices on selected physiological and behavioural measures on premature infants in the Intensive Care Unit. IJAM 5 (2), p.4-11


Kemper, K.J. et al. 2004. Individualized Developmental Care and Assessment Program (NIDCAP) as a Model for Clinical Music Therapy Interventions with Premature Infants. p. 33


Schlez, A. et al. 2011 „Combining Kangaroo Care and Live Harp Music Therapy in the Neonatal Intensive Care Unit Setting“


Tramó, M.J. 2011. Effects of Music on Physiological and Behavioral Indices of Acute Pain and Stress in Premature Infants: Clinical Trial and Literature Review. Music and Medicine 3(2) 72-83


Mini biography of presenter: Trained as a music-therapist in Austria. Lives and works as a music-therapist and university lecturer in Colombia. Currently he is undergoing his PhD in Music Therapy at Anglia-Ruskin-University, United Kingdom.

Disclosure: No significant relationships.
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THE ROLES MUSIC PLAYS FOR HOMOSEXUALS IN THE COMING OUT PROCESS

U. Aronoff, A. Gilboa
Music Department, BAR-ILAN UNIVERSITY, RAMAT GAN/ISRAEL

Abstract: This study qualitatively examined whether music played special roles during the 'coming out' process. Seven homosexuals were interviewed and revealed three main roles of music: as a companion, as a means for concealing/exposing, and means of making change. The results are discussed in light of Cass's (1979) model-homosexual identity formation.

Description: A major stage in the process of homosexual identity formation is the coming out process, the act of revealing one's homosexual identity to others. This is a challenging time and it is experienced by many as difficult. In this lecture we would like to suggest that for some homosexuals, music has significant roles in relieving the difficulties of the coming out process. We will report of a study in which we interviewed seven homosexual men of varying ages and cultural backgrounds and asked them to describe their coming out process and to specify whether music was somehow involved in it. A phenomenological-interpretative analysis of the transcribed interviews revealed three main roles of music: music as a companion (offering support that a friend might have provided); music as a means for concealing and exposing (music helped to regulate the extent of exposing homosexuality); and music as means of making change (music served as a catalyst for coming out). Compared to other mediums such as TV, books, movies, and the internet, music emerged as the most powerful and relevant medium. We will discuss these results in the light of Cass (1979) model of homosexual identity formation and point at the relevancy of these findings to people who come in contact with homosexuals at the final stages of their coming out process, such as parents, siblings, teachers, and therapists. As music therapists, we will show how important the information of this study can be in clinical work with homosexual.


Mini biography of presenter: Uri Aronoff is music therapist experienced with psychiatric patients and clients with head trauma. He also works as a music therapist with children in a special education school and hospital

Disclosure: No significant relationships.
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IDENTIFICATION OF COMMUNICATIVE INTERACTION PATTERNS IN THE THERAPEUTIC ACTION

I. Zoderer
Department Health Sciences, University of Applied Sciences Krems, Krems/AUSTRIA

Abstract: There are a variety of different factors in music therapy which are important. One way to make impact-relationships systematic visible and understandable is the research instrument Feldpartitur.

Description: The perception, recognition and identification of communicative interaction processes plays a central role in therapeutic action. As methodologically consistent method for reconstructing this are used videographic recordings of therapeutic sessions in practice very often. Music Therapy Students of IMC Krems are encouraged to record their therapy sessions systematically by Videography and combine among others the research instrument Feldpartitur through. In this article it is shown by using examples how video data are transcribed by means of written signs and visual symbols diagrammatically over a timeline and thus students as well as researchers have the opportunity to evaluate therapeutic interactions with precise timing. In this sense, it is the acquisition of simultaneity and linearity of video data. It is shown how thereby the in research necessary abstraction can be induced without losing the concrete individuals (patient and / or therapist) as active subjects from view.


Mini biography of presenter: Musictherapist and Professor Department Health Sciences at IMC University of Applied Sciences Krems/ Austria

Disclosure: No significant relationships
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THE EFFECTS OF RAP/SINGING INTERVENTIONS WITH AT-RISK YOUTH IN THE NETHERLANDS

T. Dimitriadis¹, S. Uhlig²
¹Psychology, Vrije Universiteit, Amsterdam/NETHERLANDS, ²Creative Arts Therapies, HAN University for Applied Science, Nijmegen/NETHERLANDS

Abstract: This paper presents the results of a survey designed to achieve insights on the clinical role of Rapping and Singing in current music therapy practice in the Netherlands. Results reveal that the specific parameters of rhythm and melody can aid emotional expression, anger regulation and social interaction of at-risk youth.

Description: The effects of Rap combined with singing interventions have been found supportive for the emotional regulation of youths who display challenging behaviour(s). Music therapists in the Netherlands, working with this population, recorded their personal views and experiences using an online questionnaire. The purpose of this study was to collect detailed information about the use, function and effects of Rap and singing music therapy interventions in the Netherlands. Moreover, the researchers intended to gain a better understanding on the role of rhythm and melody in the expression of emotions during Rap and singing. To examine the attitudes towards and knowledge of the use of Rap and singing interventions in music therapy, a survey was administered to 336 randomly selected music therapists in the Netherlands, with complete surveys returned by 76 respondents (N=76). Both qualitative and quantitative methods have been used during the analysis of the sample (mixed design). The results of this questionnaire-based study confirm that the basis of Rap is rhythm and Rap music therapy can be used for emotional processing. It can support rhyming and might be beneficial in treatment that involves aggression regulation and decrease of tension. Singing, unlike Rap, is based on melodic lines and can be used for the enhancement of emotional expression, as well as client’s self-esteem. More research would be beneficial in order to ascertain the methods used in Rap music therapy and possibly measure the effects that Rap has on clients' development and wellbeing. Video excerpts of clinical work will lead to the discussion section at the end of this presentation.


Mini biography of presenter: Theo Dimitriadis (MA, PGDipl.Nordoff-Robbins): Music Therapist, Research Assistant, Vrije University, Amsterdam. He has worked as a music therapist with different client groups and as a researcher for quantitative research projects.

Disclosure: No significant relationships.
SHORT-TERM MUSIC THERAPY IN CHILD AND FAMILY PSYCHIATRY; WHAT ARE THE BENEFITS?

A. Oldfield
Music, Anglia Ruskin University, Cambridge/UNITED KINGDOM

Abstract: The author will reflect on the purpose of short-term music therapy work in a unit for child and family psychiatry. DVD excerpts from individual music therapy sessions with three different children, aged between 9 and 11, of normal intelligence but with severe emotional difficulties, will be shown.

Description: Short-term therapeutic interventions mean that there is little time to get to know the client, little time to develop a trusting relationship, and little time to enable changes to occur. So, if music therapists are working in an environment where patients come and go, or are only admitted for short periods of time, can the treatment still be effective, and if so in what way, and what can the therapist do to provide some kind of continuity? One possibility is for the music therapist to become involved in contributing to the diagnostic process (Oldfield 2006, Wigram 2000). But can music therapy also have a short-term therapeutic role beyond diagnosis? There is literature to suggest that short-term music therapy interventions are effective in paediatric fields and in children's hospice care (Lorenzato 2005, Griessmeier 1994, Flower 2008). But what about psychiatric fields with verbally able patients where traditionally clients used to be involved in long-term psychotherapy, sometimes occurring several times a week over periods of several years? In this presentation, the author will look at three contrasting case studies of individual music therapy work ranging from four sessions to six sessions in length. The work takes place in an in-patient child and family psychiatric centre where families are typically admitted for six weeks. The children seen are aged between nine and eleven, are verbal, of average intelligence, with a range of emotional difficulties. In each case music therapy served a slightly different purpose and different strategies were used to enable the music therapy treatment to have a lasting effect. DVD excerpts of the music therapy sessions will be shown to illustrate the benefits and characteristics of the work. The author will conclude by inviting the audience to contribute thoughts about short-term music therapy interventions of this kind.

References:


Mini biography of presenter: Amelia Oldfield has worked as a clinical music therapist for 32 years. Since 1994 she has been a part-time lecturer at the Anglia Ruskin Music Therapy Music Therapy course.

Disclosure: No significant relationships.
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MUSIC THERAPY MAY INCREASE BREASTFEEDING RATES AMONG MOTHERS OF PREMATURE NEWBORNS

M.N. Vianna
Setor De Musicoterapia, MATERNIDADE ESCOLA DA UNIVERSIDADE FEDERAL DO RIO DE JANEIRO, RIO DE JANEIRO/BRAZIL

Abstract: Promoting breastfeeding is efficient to decrease morbidity and mortality in children around the world. This study aims to evaluate the impact of music therapy, which was applied to mothers of premature newborns during hospital stay, on breastfeeding rates at the time of infant discharge from hospital and at follow-up visits.

Description: This study was approved by the Research Ethics Committee of Instituto de Puericultura e Pediatria Martagão Gesteira from the UFRJ, and is in accordance with the Helsinki Declaration of 1975, as revised in 1983. The trial registration number of the study at www.clinicaltrials.gov is: NCT00930761. The objective of this research is: “To evaluate the impact of music therapy on breastfeeding rates among mothers of premature newborns”. In this open randomized controlled trial, mothers of premature neonates weighting ≤ 1,750 g were submitted to music therapy sessions three times a week for 60 minutes. The endpoints were breastfeeding rates at the moment of infant hospital discharge and at follow-up visits (7-15 days, 30 and 60 days after discharge). A total of 94 mothers (48 in the music therapy group and 46 in the comparison group) were studied. Breastfeeding was significantly more frequent in the music therapy group at the first follow-up visit [relative risk (RR) = 1.26; 95% confidence interval (95%CI) = 1.01-1.57; p = 0.03; number needed to treat (NNT) = 5.6]. Moreover, this group showed higher breastfeeding rates at the moment of infant discharge (RR = 1.22; 95%CI = 0.99-1.51; p = 0.06; NNT = 6.3), and at days 30 and 60 after discharge (RR = 1.21; 95%CI = 0.73-5.6; p = 0.13 and RR = 1.28; 95%CI = 0.95-1.71; p = 0.09, respectively), but those results were not statistically significant. This study demonstrated that music therapy had a significant effect in increasing breastfeeding rates among mothers of premature newborns at the first follow-up visit, and also a positive influence (although not significant) that lasted up to 60 days after infant discharge. Music therapy may be useful for increasing breastfeeding rates among mothers of premature newborns.


**Mini biography of presenter:** Music Therapist of the Maternidade-Escola da Universidade Federal do Rio de Janeiro. MC in Sciences at the Faculdade de Medicina da Universidade Federal do Rio de Janeiro.

**Disclosure:** No significant relationships.
ATTACHMENT AND MUSIC THERAPY: A "POSSIBLE RELATION"

M.G. Carlone, M. Dazzo, M. La Placa, G. Di Caccamo, S. Gambino, A. Patti, P. La Varvera, A. Francomano, D. La Barbera
Psychiatric Department U.o. 40.01, A.O.U.P. Policlinico University of Palermo, Palermo/ITALY,

Abstract: Schizophrenic patients show a deficit in structuring affective relationships. Early forms of insecure attachment may interfere with psychosocial functioning, with the ability to establish stable and supporting relationships, as explained by Bowlby’s theory. Active music therapy wants to create a relationship between patient and music therapist which can provide a “secure base” and reactivate exploratory behavior.

Description: The implementation of a sound and physiological reproduction and the use of non-verbal communication channels allow us to freely express our emotions. The construction of this relation can recreate a “secure base” in which, through the sonorous dialogue, the patient begins to explore his sonorous story, the world inside himself and outside himself; just as the figure of attachment is the reference point when the child returns in times of trouble. The need for an attachment figure as a secure base is not limited to children; grow fond of other people is a functional adaption that improves safety and facilitates the behavior of exploration and mastery of the environment. Music therapy is an example of how, when it a lack of words exists, there can be a meaningful communication able to understand desires. In this way a communication can start and a common secure base can be established. These considerations can be the beginning of an observation that allows to evaluate the efficacy of expressive sound-musical activities in promoting an improvement of the difficulties concerning the relational sphere, in the range of psychosocial rehabilitation.


Mini biography of presenter: Maria Grazia Carlone, qualified music therapist at psychiatric department of University Palermo

Disclosure: No significant relationships.
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EARLY INTERVENTION OF MUSIC THERAPY ON TWO CHILDREN WITH JOUBERT SYNDROME

R. Pantaleo  
Plurispecialist Team, Istituto dei ciechi "Florio Salamone", Palermo/ITALY

Abstract: This paper presents the early intervention of musictherapy on two children with Joubert syndrome, in collaboration with a multi-specialist team. The therapist works with the mother figure, which plays a role in strengthening emotional and affective aspects in the sound relationship. The stabilization effects of musictherapy are well highlighted.

Description: Joubert syndrome is a disorder with an autosomal recessive pattern of inheritance. Affected individuals are characterized by an overall developmental delay and cognitive impairment. Key clinical features include hypotonia, muscle coordination difficulties, visual impairment based on retinal dystrophy with a tendency to abnormal eye movements, irregular breathing pattern liver and kidney suffering. The diagnosis of Joubert syndrome is based on clinical observation and confirmed with axial brain magnetic resonance imaging, which reveals a classic neuroradiologic finding, defined as the “molar tooth sign”. In the present work, the author illustrates the music therapy intervention on two children, 12 and 19 months old respectively, with newly diagnosed Joubert syndrome. The phases of the intervention are as follows: a) Preliminary clinical evaluation; b) Interview with family members; c) Anamnesis and commencement of therapy; d) Individual Therapy session; e) Interviews and assessment of the permanence of the effects of the therapy. Treatment for Joubert syndrome is symptomatic and supportive. The music therapy intervention mainly uses the surface of the piano as a space to structure a therapeutic relationship within the music. The therapist works with the mother figure, which plays a role in strengthening the emotional and affective aspects in the sound relationship. The value of the intervention is well highlighted in the video, by the clear evolution of the space/time relationship. In addition, specific motor and praxil skills are developed in relation to the evolution of the affective representation schemes and the sharing of emotional states. The strengthening of the symbolic dimension is favoured by ludic characteristics of the sound experience in the therapeutic process. Some therapeutic sessions are conducted in collaboration with other specialists (psychiatrist, psychomotor therapist, expert in oculomotor rehabilitation, speech and language pathologist). In the work, the therapeutic results and stabilization effects of music therapy are well highlighted.

References: G. Mastrangelo, Manuale di Neuropsichiatria dell’ età evolutiva, Il pensiero scientifico edit, 1999 E. Molinari, Clinica psicologica in sindromi rare. Aspetti genetici e riabilitativi. Bollati Boringhieri, 1996 2010 - ORPHANET JOURNAL OF RARE DISEASES - Brancati, F; Dallapiccola, B; Valente, EM - Citazioni: (30), Joubert Syndrome and related disorders 2012 - ORPHANET JOURNAL OF RARE DISEASES - Poretti, A;Vitiello, G;Hennekam, RCM;Arrigoni, F;Beltoni, E;Borgatti, R;Brancati, F;DArrigo, S;Faravelli, F;Giordano, L;Huisman, TAGM;Iannicelli, M;Kluger, G;Kyllerman, M;Landgren, M;Lees, MM;Pinelli, L;Romaniello, R;Scheer, I;Schwarz, CE;Spiegel, R;Tibussek, D;Valente, EM;Boltshauser, Delineation and Diagnostic Criteria of Oral-Facial-Digital Syndrome Type VI 2009 - NEURO-PEDIATRICS - Poretti, A; Alber, FD; Brancati, F; Dallapiccola, B; Valente, EM; Boltshauser, E - Citazioni: (5), Normal Cognitive Functions in Joubert Syndrome G. Cremaschi Trovesi, Musicoterapia arte della comunicazione, MA.Gl. ed, 2007 Postacchini, Ricciotti, Borghesi, Musicoterapia, Carocci ed 2001

Mini biography of presenter: Renato Pantaleo, pianist, music therapist. Currently responsible for the music therapy at he Institute for the blind “Florio Salamone” of Palermo

Disclosure: No significant relationships.
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THE MUSIC THERAPY TRIO: RESEARCH FINDINGS FROM A QUALITATIVE SINGLE CASE STUDY.

C. Flower
Children's Music Therapy, Chelsea and Westminster Hospital NHS Foundation Trust/Nordoff-Robbins Music Therapy Centre, London/UNITED KINGDOM

Abstract: This paper reports on a qualitative research project into the music therapy trio, as formed by therapist, child and parent. Significant methodological and cultural issues, including the use of video, are discussed, and findings placed within a theoretical context. Implications for future clinical practice and research are considered.

Description: This paper reports on research into music therapy practice within the context of a specific UK healthcare setting, where children often attend music therapy with a parent or carer present. There is an increasing body of music therapy literature which describes practice with children and families (Oldfield & Flower, 2008; Edwards, 2011), but less which explores in detail the phenomenon of the child/parent/therapist trio. The research took the form of a qualitative inquiry, employing a single case-study approach to investigate the musical and relational processes within one trio. The paper describes the research methods used, including thematic analysis of semi-structured video review interviews, together with analysis of video material from a single session. An integration of the thematic narrative and micro-analysed material demonstrates the complex processes which occur between trio participants. Methodological issues arising from the study are discussed in detail. The use of the video review interview is considered, as are the dilemmas, both theoretical and practical, surrounding video analysis. Attention is also given to the cultural issues which became apparent, particularly in terms of implied roles and expectations of each of the participants. The improvised, co-created nature of music making within the music therapy trio requires a conceptual framework which considers the activity and inter-activity of the group as a whole, rather than through a reduction to its constituent parts. This may be a challenge within a health service discourse which often appears to lean towards an individualist view of health. The paper suggests that the theoretical framework of collaborative emergence (Sawyer, 2003) may be helpful to music therapy practice in balancing an understanding of the individual with an understanding of the individual in relation to others. In conclusion, proposals for further research are outlined, together with comment on the potential refinement of methodological tools.


Mini biography of presenter: Claire works in the paediatric music therapy team at Chelsea and Westminster Hospital, London. She is currently pursuing doctoral research at Nordoff-Robbins, London, in clinical practice with children and parents.

Disclosure: No significant relationships.
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FIVE-ELEMENTS-THEORY? A CRITICAL INVESTIGATION ABOUT THE COSMOLOGICAL CONCEPTION OF EFFECTS OF MUSIC

T. Liu-Madl
Music Therapy, KBO Inn-Salzach-Clinic, Freilassing/GERMANY

Abstract: Referring to the following aspects and with regards to the “five-elements music therapy”, this talk attempts to discuss the cosmological theory about the effects of music: cosmological conception as a cross-cultural phenomenon; cosmology as the fundamental ideological framework; conceptual development of European music-aesthetics; musical perception theory of contemporary music-psychology

Description: In the standard literature of Traditional Chinese Medicine, the "Yellow Emperor’s Inner Canon" (2698-2598 BCE), one can find an association of the five musical keys to their respective elements, principal organs, colors, etc. It’s not surprising though, that with the growing interest of Chinese in music therapy, this theory regains increasing popularity. This talk attempts a critical approach towards this theory. Since neither empirical, scientific studies nor theoretical, basic research are available, the development of European theory of musical effects, which in many ways reveals parallels to the five-element-theory, will be used as a reference system. The five-elements music-therapy is identified as a cosmological approach. It features the idea of a universal effect of music, which is a cross-cultural phenomenon. One can find it in all major ancient - Chinese, Greek, Arabic and Indian – medicinal traditions. Cosmology is considered a basic ideology, in which medical thinking as well as conceptions of music are embedded. This ideological basis is portrayed via the European perspective, itself a theological-oriented knowledge system. Music-aesthetical conceptions, i.e. the definition of music and the relationship between human beings and music are essential to conceptualise the effects of music. The process of emancipation as a music-aesthetical development over the ages will be explained, whereby human beings gradually attain more self-given authority when dealing with music. Finally, the models of music perception in the wake of music-psychology are discussed. It assumes that the perception of music and the evaluation of music not only depend on cross-cultural, universal effects but much more so on the acquired, musical experience.

References:

Mini biography of presenter: Born in China, studies done in China and Austria, with degrees in music therapy and music pedagogy, professional violoncellist. PhD in musicology. Currently working in a psychiatric Clinic.

Disclosure: No significant relationships.
THE MEANING OF MUSIC THERAPY IN PALLIATIVE CARE

C. Wenzel
Department Health Sciences, IMC University of Applied Sciences Krems, Krems/AUSTRIA

Abstract: The aim of this qualitative study in German hospices was to explore the effects and significance of complementary therapies for terminally ill people. Music therapy plays an important role in the dying process, because of its non-verbal nature and its potential to respond to the individual biography of a person.

Description: Music therapy, amongst other complementary therapies such as creative therapies (e.g. music, art) aromatherapy, manual therapies (e.g. massage, shiatsu) or mind-body therapies (e.g. guided imagery) is widely used in hospice and palliative care. Aim of this study was to explore the (therapeutic) effects and significance of complementary therapies for seriously and terminally ill people at the end of life. Elements of Grounded Theory and Intuitive Inquiry served as a methodological framework for this qualitative explorative study. A total of twenty multi perspective, qualitative interviews were conducted with managers (n=7), complementary practitioners (n=8) and doctors (n=5) in six German inpatient hospices. There were also focus groups (n=6) with multi-professional team members. Interviews and focus groups were tape-recorded, transcribed verbatim and analysed using Grounded Theory methods. Empirical data shows that complementary therapies do not only have effects on a physical level (e.g. decrease of pain and changed pain perception) but also on psychological, social and spiritual levels. In the course of an illness not only physiological, but in particular emotional, social or spiritual parts of an individual get hurt or become separated. Multidisciplinary palliative care staff report, that complementary therapies play an essential part in reintegrating these separated parts into the individual biography during the dying process. Even if people die of physical illness, the dying process itself should not be considered as an illness. Instead dying can be understood as a healthy process (of life), which allows the individual to reintegrate separated parts in the biography. To support the dying in these processes of reintegration it needs therapies respectively therapists, which address and respond to bio-psycho-social and spiritual levels. Music therapy plays an important role in the dying process, because of its non-verbal nature and its potential to respond to the individual (needs of a) biography of a person.

References:

Mini biography of presenter: Clinical Psychologist, Researching and publishing in the fields of Palliative Care and Complementary & Alternative Medicine since 2007

Disclosure: No significant relationships.
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MUSIC MAKING INTERVENTIONS WITH ADULTS IN THE FORENSIC SETTING – A SYSTEMATIC REVIEW OF THE LITERATURE

Biljana Vrancic Coutinho1, Anita Lill Hansen2, Leif Waage3, Thomas K. Hillecke1, Julian Koenig1;
1School of Therapeutic Sciences, SRH University Heidelberg, GERMANY; 2University of Bergen, Dept. of Clinical Psychology, NORWAY, 3Centre for Research and Education in Forensic Psychiatry, Haukeland University Hospital and Correctional Service, Region West, NORWAY

Abstract: The purpose of this systematic review of international research is to summarize the available literature on active music making interventions with adult offenders in forensic settings (i.e. forensic psychiatry or correctional facilities at different security levels).

Description: Music and music therapy are nowadays present in many rehabilitation programs for offenders in penal institutions. The growing number of reports, articles, theses and dissertations exploring musical interventions within the forensic setting reflect the ever-increasing interest in this field. Research has shown that mental and physical health problems are common within the prison population. Prisons and jails have higher rates of mentally ill individuals than the non-incarcerated community. A unique combination of different factors such as mental and physical illnesses, high rates of blood-borne viruses, drug addiction, unemployment, homelessness, poor education and social exclusion displays the complexity of prisoners health needs. Music therapy gained attention as an alternative treatment option to address these issues within all kinds of penal facilities. The review describes the musical interventions in detail to provide therapists with ideas on how to set up session with clients in this particular situation and to help understand the possible impact of musical interventions in the forensic setting.

Method: A systematic search of 13 electronic databases according to the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) statement was employed using pre-defined search terms. Relevant keywords relating to the adult forensic population were used in combination with words relating to music making. The abstract of the studies potentially eligible for inclusion were screened according to the pre-defined inclusion/exclusion criteria. Data was extracted on the types of interventions applied, subjects participating in the respective program/intervention/study, the duration and frequency of the intervention, the aims and scope of the intervention, and the outcomes (if assessed).

Results and discussion: The search revealed a total of 2,032 hits including 400 duplicates. Finally, twenty-eight articles fitting the inclusion criteria were included in the review.

Mainly qualitative and narrative reports including articles on group music therapy, educational music making, choir interventions, individual music therapy sessions and musical projects were found. The literature describes many positive effects of music making, such as increasing self-esteem, relaxation and well-being, as well as humanizing effects and improvements in social and communication skills. Musical interventions are also found to attract prisoners who refuse other treatment options. Music therapy can function as a safe place to get in touch with feelings, the past or the offence. Besides, Music and music therapy is an advantageous, low cost, safe and easy to administer treatment method which can provide a contrast to the drab grey prison atmosphere and lead to significant improvement for the whole prison environment.

The review faces several limitations, such as methodological weaknesses of the studies, or the limitation to articles only written in English language, but as it gathered many promising musical interventions to address the special needs of inmates, it provides various ideas for future research.
TO SEE IS TO BELIEVE? DEVELOPING A PSYCHOPHYSIOLOGICALLY INFORMED VIDEO ANALYSIS

C. Monckton, M.H. Hsu
Music Therapy, Methodist Homes (MHA), Derby/UNITED KINGDOM

Abstract: Drawing from affective neuroscience, especially James-Lange theory, the paper presents a systematic video analysis stressing the value of psychophysiological measurements in supporting visual interpretation of video recordings. Taking a reductionist approach, the analysis reduces sessions into constituents that help identify effective sensory cues in minimising symptoms of dementia.

Description: Introduction
Video analysis has enhanced music therapists’ qualitative exploration of phenomena within sessions. However, can subjective interpretation of video recordings provide reliable evidence of clients’ internal experience, particularly when conditions such as dementia can prevent clients verbally expressing how they feel? The paper presents a systematic method of video analysis, as part of a PhD project investigating music therapy’s impact on symptoms of dementia. The concept relates to James-Lange and Neo-Jamesian theories (James, 1884; Lange 1885; MacLean, 1952) which propose that bodily sensations fed back to the brain generate emotional experiences. In addition to visual checking, the analysis presses the value of quantitative physiological measurements giving direct insight into client’s inner world.

Aims
Drawing from affective neuroscience, the analysis transcribes subjective (visual observation) and objective (physiological data) measurements (Gardhouse and Anderson, 2013). The aims are:
1. To identify client’s responses to sensory stimuli presented by music therapist.
2. To identify which stimuli induce changes in client’s psycho-physiological state.
3. To establish which altered psycho-physiological states indicate improved emotional well-being.

Methods
The analysis reduces a session to 4 defined constituents (verbal, musical, non-verbal and mixed expressions) of both client and therapist. These are visually identified and colour-coded in real time using Microsoft Excel with client’s heart rate and skin temperature superimposed onto the coloured codes along the timeline. Further physiological measures are analysed separately with additional computer programmes.

Results
The analysis has been able to visually pinpoint 4 client’s expressions in relation to therapist’s sensory cues. The physiological data supports the phenomenological interpretations, revealing modulation in emotional arousal within clients’ expressions. This enables identification of sensory cues that could most effectively reduce symptoms of dementia.

References:

Mini biography of presenter: Clare Monckton is music therapist with Methodist Homes (MHA) and is coordinator of the Dementia Network for British Association for Music Therapy. Clare trained at Roehampton University.

Disclosure: No significant relationships.
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ATTUNEMENT: MUSICAL PROCESSES IN THE EARLY STAGE OF MUSIC-THERAPEUTIC TREATMENT OF PSYCHOSIS

E. Gräfe1, A. Lüllf, U. Olschewski3
1Klinik Und Poliklinik Für Psychiatrie, Psychotherapie Und Psychosomatik, Universitätsklinik Halle (Saale), Halle (Saale)/GERMANY, 2Klinik Für Psychiatrie, Psychosomatik Und Psychotherapie, Park-Krankenhaus Leipzig, Leipzig/GERMA NY, 3Klinik Und Poliklinik Für Psychiatrie Und Psychotherapie, Universitätsklinik Regensburg, Regensburg/GERMANY

Abstract: This study investigates into music therapy with clients with psychosis. By analysing rhythmical attunement processes within the music-therapeutic improvisations, we aim to contribute to developing a helping alliance between client and therapist. This project is conducted at the University of Applied Sciences Magdeburg (Germany) and in three different psychiatric hospitals.

Description: Introduction Positive effects of music therapy within the treatment of psychosis have been demonstrated in CCTs and RCTs (Gold (2005), Mössler (2011)). Previous qualitative research has explored the music-therapeutic processes with this particular group of clients. According to Kunkel (2008) specific features can be characterized by an absence of musical organisation and structuring. De Baker’s (2005) describes a development towards “moments of synchronicity”. Musical structures, which seem either to a large extend disorganised or repetitive stereotyped, can be related to a dysfunction within interpersonal attunement. Our study’s hypothesis suggests that developments towards a more stable and flexible attunement can both be facilitated in music therapy and be found in the analysis of musical improvisation. The theoretical framework of this study is based on psychodynamic approaches to psychosis (Dümpelmann (2010)) and psychoanalytical music therapy according to Metzner (2010). Methods In this clinical study we have analysed audio recordings of music-therapeutic improvisations with clients with psychosis in regard to rhythmical attunement processes and their development within the therapeutic process. Therefore we have developed a hierarchic system of categories. 20 clients attended five individual music therapy sessions. Prior to the first and after the fifth session the clients as well as the attending psychiatrist were asked to complete questionnaires in order to gain additional information (BPRS, Dührsen + Happach, TAS). Results At the date of submission not all collected data have been evaluated. Based on our hypotheses, we hope to find rhythmical structures within the first improvisation of treatment as well as developments in their time of appearance and quality. Additionally we hope to find positive correlations between psychopathological findings of the clients and their development within the therapeutic process. The objectives of this study are to explore the process of attunement in the early stages of music therapy within a naturalistic setting.


Disclosure: No significant relationships
MUSIC IN MUSIC THERAPY: EUROPEAN CLINICAL, THEORETICAL AND RESEARCH APPROACHES

J.D. Backer¹, J. Sutton²
¹Music Therapy, Leuven University College of Arts (LUCA), Leuven/BELGIUM, ²Centre For Psychotherapy, Belfast Health and Social Services Trust, Belfast/UNITED KINGDOM

Abstract: In this presentation we will examine the range of theoretical stances of psychodynamic music therapy across European countries and discuss how different frames of thinking impact therapeutic techniques. We will particularly focus on music.

Description: The central focus of our presentation is how a music therapist's musical identity is core to their work. Through clinical examples (audio and video) the presenters will demonstrate the fundamental significance of therapists' listening to and thinking about music. In this presentation the presenters propose to detail the central musical components and musical interventions of the work of a music therapist, as this is integrated into clinical practice and research.


Mini biography of presenter: Prof. Dr. Jos De Backer is Professor at the Leuven University College of Arts of music therapy. Dr. Julie Sutton works in Belfast’s psychotherapy service specialising in severe, complex disturbance.

Disclosure: No significant relationships.
M.J. De Witte
Stevig, Dichterbij, Nijmegen/NETHERLANDS

Abstract: Music as a punchbag...
An exploratory study of the effect of active music therapy on emotion regulation of clinical forensic patients with mild intellectual disabilities. An intervention involving the effect of music on emotion and arousal.

Description: Music as a punchbag...
Music has a strong influence on the experience of emotions and the degree of arousal. This prospective study focuses on a specific intervention of music therapy which is based on the effect of music on emotion regulation of clinical forensic patients with mild intellectual disabilities (MID). People with MID experience more stress than normally gifted people and the cognitive disabilities also effort to manage their emotions. Emotion regulation problems is considered as a major risk factor for delinquent behavior and is also an important indication for referral to music therapy.

Method
Through a quantitative effect study (N = 10) are two groups compared by pre-and posttest. One group followed ten weeks music therapy focused on emotion regulation (experimental group: n =4) and one group received “standard care as usual” (control group: n = 6). The concept of emotion regulation is operationalized in three components: coping skills, stress regulation, and the expressing emotions. Results
Music therapy compared with 'standard care as usual' is significantly more effective in expressing emotions (t (7) = 2.944, p = .022, two-tailed). The music therapy session is measured a decrease of stress (t (3) = 3.538, p = .038, two-tailed).

Conclusion
After ten week trial is in the music therapy group a small, but significant, improvement visible with regard to expressing and naming of emotions in contrast to patients who have not received the intervention. Music therapy has also a positive influence on stress regulation of the patients. In general can be said that the emotion regulation of clinical forensic patients with MID improves after receiving music therapy.

References:

Mini biography of presenter:
-Senior music therapist, forensic clinical setting. - Master of Arts Therapies - Teacher of music therapy methods (HAN University The Netherlands) - Manager department of Arts Therapists (Dichterbij, The Netherlands).

Disclosure: No significant relationships.
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MAKE THE CIRCUIT FLOW - REGULATION IN THE CONTEXT OF MUSIC THERAPY

P. Simon
Department Health Sciences, IMC University of Applied Sciences Krems, Krems/AUSTRIA

Abstract: Previous explanatory models for music therapy found only within the community sufficient understanding and agreement. The adequate recognition of music therapy in medical circles has so far failed to materialize. An explanatory model based on the principle of regulation could put an end to this dilemma. Against this background this presentation aims to illustrate and to discuss the principle of regulation in the context of music therapy.

Description: Although since the 1980s the publication rate has increased significantly in the field of music therapy research, there is still a lack of high quality research. Inter alia insufficient standardized interventions and inconsistent outcome measures are among the main points of criticism. Furthermore, a narrow focus on the areas of curative education, psychosomatics and psychiatry makes it difficult to work in other clinical fields. This could be explained in the fact, that music therapy is a highly dynamic and individualized therapy which primarily influences people on a psychosocial level. While classical biomedical study designs minimize – or even destroy - the effectiveness of music therapy, study designs that don’t disturb the therapeutic process mostly don’t fit into a well-accepted scientific paradigm.

As part of a project at the IMC University of Applied Sciences Krems on the topic of stress-resilience-promotion could be demonstrated that regularly practiced health-promoting exercises – based on a music-therapeutical concept - lead to an increase in heart rate variability. By searching for the “why” we also took the written comments of the participants into account and found clear indications that on the optimization of individual regulatory-circuits, finally autoregulation on physical, cognitive and behavioral level is encouraged. Intra- and inter-individual regulatory-circuits are systemically interconnected. So the model of the regulatory-circuit can also be applied to the therapeutic process. By using psychophysiological and psychoneuroendocrinological measurement methods, “therapeutic-regulatory-circuits” can be delivered to a scientific evaluation without disturbing the therapeutic process. In addition you can also prove therapeutic effects on the physical level which will certainly help to establish music therapy in the healthcare.

Disclosure: No significant relationships.
PLAYING OUT MUSICAL IDENTITY: RECOVERY BEYOND MENTAL HEALTH SERVICES

C. Hense
Music Therapy, The University of Melbourne, Melbourne/AUSTRALIA

Abstract: This presentation will challenge cultures of research and practice in youth mental health drawing on a participatory research project investigating young people's musical identity. The role of music therapy in recovery will be discussed, and the need for expansion in diversity of clinical practice will be argued.

Description: The culture of youth mental health care has seen a worldwide shift away from a pathologised medical model, to a 'recovery-approach' emphasizing personal strengths and identity construction (Davidson, 2007; McGorry, 2007). While clinical care has cultivated such changes, research within youth mental health in Australia remains dominated by traditional post-positivist methods that are incongruent with principles of recovery-care. Music therapy practice is more congruent with contemporary health care principles, and offers young people recovering in mental illness opportunities to explore and develop their musical identity in the process of recovery (Ruud, 2010; McFerran, 2010).

The PhD project discussed in this presentation investigated the construct of musical identity in recovery and how music therapy services can best provide support. A participatory approach was chosen, to align with recovery-care. However, a stark contrast to other research within the Australian youth mental health context required advocacy from the project's multidisciplinary team including the Head of Youth Mental Health, the Head of Music Therapy at the largest training course in Australia, as well as an international expert in musical identities, in order to be accepted. The result of this dynamic combination of influences is a grounded theory of musical identity in mental illness. Results describe how changes in musical identity are critical to many young people’s process to recovery and how the project necessitated the development of a community Youth Music Action Group to facilitate young people’s access to appropriate resources in the community. The role of music therapy in supporting exploration and construction of musical identity, as well as supporting opportunities for musical identity to play out in everyday youth culture will be discussed. The need for music therapy to expand in diversity of what is offered to support recovery processes through transition from acute, to community services, through to everyday life will be argued.


Mini biography of presenter: Cherry currently works as an RMT at Orygen Youth Health and is undertaking her PhD through The University of Melbourne, researching musical identities of young people recovering in mental illness.

Disclosure: No significant relationships.
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EFFECT OF MUSIC THERAPY ON COMMUNICATION SKILLS IN AUTISM: A SYSTEMATIC REVIEW

M. Zeraatkar¹, S. Foroozanfar², H. Zamanian³, H. Doostdar¹
¹Art Therapy, Mental Retard children society, Tehran/IRAN, ²Clinical Psychology, Azad University, Tehran/IRAN, ³Health Education And Promotion, Qom University of Medical Sciences, Qom/IRAN

Abstract: Autism spectrum disorder (ASD) is characterized by impairments in social interaction, language, communication, and restricted repetitive patterns of behavior. Music therapy uses music and its elements to enable communication and expression and other symptoms of ASD. The aim of this study is to review systematically the effects of music therapy on Communication Skills for ASD children.

Description: Autism spectrum disorder (ASD) is characterized by impairments in social interaction, language, communication, and restricted repetitive patterns of behavior. Music therapy uses music and its elements to enable communication and expression and other symptoms of ASD. The aim of this study is to review systematically the effects of music therapy on Communication Skills for ASD children.

We searched Medline via Pubmed, Embase and CINAHL. All randomized controlled trials or controlled clinical trials comparing music therapy with no-treatment or another treatment were included. A specific coding sheet was designed and approved by expert opinion for data extraction of selected papers. Data was extracted by two reviewers.

After first 132 searched articles, only 14 articles were included. most of articles assessed the effect of music on some other problems beside communication in ASD children. Comparing music therapy to no-treatment group, music had more effect on communication both verbal and gestural communication skills. Only two papers have investigated the probable mechanism of this effect considering neurophysiologic basis of music perception and interventions. Most included studies had limited applicability to clinical practice. But all 14 articles emphasize on music therapy effect on communication skills. More studies are suggested to investigate the mechanism effect of music on brain and its effect on communication to better understand and design music therapy interventions and also apply music therapy in clinical practice. More studies are needed to investigate the effects of music therapy in typical clinical practice.

References:

Mini biography of presenter: MSc in psychology. four years of experience in music therapy and 10 years of experience in music teaching.

Disclosure: No significant relationships.
Applications of the Research Literature Regarding Older Americans Song Preferences

A.M. Cevasco1, K. Vanweelden2
1School Of Music, The University of Alabama, Tuscaloosa/UNITED STATES OF AMERICA, 2College Of Music, The Florida State University, Tallahassee/UNITED STATES OF AMERICA

Abstract: This session will provide an overview of research regarding older Americans’ song preferences, with a special focus on popular music. Participants will learn the repertoire music therapists used in clinical work, including similarities and differences in songs according to levels of wellness of the older adult population.

Description: Older adults prefer singing and listening activities over other music activities (Gilbert & Beal, 1982; Hylton, 1983) and favor music from their “young adult years” (Bartlett & Snelus, 1980; Gibbons, 1977). Researchers have emphasized that song repertoire must be evaluated in order to meet the ever-changing needs of the older adult population (Cevasco & VanWeelden, 2010; Prickett & Bridges, 2000) and prepare future music therapists for the aging population, especially with the increase of baby boomers (Cevasco & VanWeelden, 2010; Groene, 2003). In this session, the research literature regarding older Americans’ song preferences will be synthesized, including a historical overview and current research trends. Recently researchers found that individuals might prefer songs outside of the time frame proposed by Gibbons (Cevasco & VanWeelden, 2010; Cevasco, VanWeelden, & Bula, in press; VanWeelden & Cevasco, 2007). A discussion of song preference literature will assist clinicians and music therapy students in making appropriate older adult repertoire choices for various singing activities. This includes information regarding similarities and differences in songs used by music therapists according to sub-populations (well elderly, geriatric clients who had various needs beyond the typical aging process, and those with Alzheimer’s/Dementia) served by music therapists (Cevasco, VanWeelden, & Bula, in press). Further information will be discussed, including songs used by music therapists versus what other adults prefer (Cevasco & VanWeelden, 2012; VanWeelden & Cevasco, 2010). Also, differences in students and older adults’ knowledge of songs will be discussed, including ways to structure repertoire requirements for students according to skill acquisition (Prickett & Bridges, 2000; VanWeelden, Juchniewicz, & Cevasco, 2008). Furthermore, the researchers will share how their clinical background shaped their research questions, including how they formulated their studies and how results from each study assisted them in their systematic investigations across the past decade.


**Mini biography of presenter:** Andrea M. Cevasco is an Associate Professor of Music Therapy at the University of Alabama. Her research involves older adult song repertoire and music therapy interventions for individuals with dementia.

**Disclosure:** No significant relationships.
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MUSIC THERAPY AND PERSONALITY DISORDER: TREATMENT AND RESEARCH PERSPECTIVE? HOW AND WHY!

N. Hannibal
Communication And Psychology, Aalborg University, Aalborg o/DENMARK

Abstract: This paper presents results from a research pilot project aiming at creating a treatment manual for individual music therapy for people diagnosed with personality disorder. The paper includes results from 4 cases and discusses proposal for a music therapy RCT with this population.

Description: Music therapy with people with personality disorder diagnosis has a long clinical history in the music therapy community. Despite this accumulation of clinical knowledge there have been few attempts to document the effect of the treatment through effects studies. There is one study investigating adherence to music therapy (Hannibal et al. 2012) and one study investigating group music therapy in day-treatment setting (Hannibal et al. 2011). The findings are positive but the small number of participants makes the conclusions week. There is there for an increasing need for more research to back up further implementation of music therapy in hospital and social psychiatry with this population. The treatment of people with personality disorder has made great progress in the 15 years due to the implementation of mentalization based treatment (MBT). MBT is a treatment concept developed by Fonagy and Bateman (2007). MBT integrates different theoretical traditions like dynamic, cognitive, attachment, neuro-psychological and evolution theory into one treatment principal where the purpose is to enhance the person's ability to mentalize. To mentalize means the ability to see your self form the out side while seeing the other from the inside. Somthing that is very difficult for this population. MBT targets both explicit and implicit knowledge, which means knowing about and knowing how. This paper present a treatment manual developed by the team at the music therapy clinic at the University Hospital in Aalborg based on integration of MBT principles into music therapy practices. (Hannibal et al. 2012). They named it PROMT: Process Orientated Music Therapy. This manual has now been evaluated through four individual cases, and a proposal for multisite RCT design for music therapy with this population is in development. The paper will present both the PROMT and the RCT design.


Mini biography of presenter: Worked in music therapy since 1995. Associate Professor at Allborg University. Main area of interest: music psychotherapy with patients psychotic and non-psychotic, and integration of theory with clinical practise.

Disclosure: No significant relationships.
MUSIC THERAPY IN MENTAL HEALTH: A REFLECTION FROM THE PATIENTS’ EXPERIENCES

B.P. Cabral
Music Therapy, State Psychiatric Hospital from Jurujuba, Niteróí/BRAZIL

Abstract: The aim of this paper is present and reflect on the practice of the patients’ musical production on music therapy sessions in a psychiatric hospital, located in the city of Niteróí, Rio de Janeiro. This investigation is based on music therapy techniques and addresses the human being through hermeneutic phenomenology.

Description: In this paper, the author raises reflections from his experience in the service of music therapy in a psychiatric hospital in the city of Niteróí, Rio de Janeiro. Such action has as one of its main features the use of clinical look, based on hermeneutic phenomenology proposed by the german philosopher Martin Heidegger and exercised through proper techniques and methods of music therapy in several hospital departments: in acute inpatient services for adults and children-adolescents, admission of alcohol and drugs, long stay, and outpatient. As inspiration and base for the discussion proposed fragments of clinical cases that illustrate the effectiveness of dialogue between music therapy and phenomenology are used, while emphasizing the need to understand music as a language founder of new reference frameworks, the construction of new meanings to the lives of patients. Once highlighted by several authors the potentiality of communication in non-verbal experience, has as general objective to show how music therapy can serve as an aid in recreating the world of psychotic patients. As specific objectives, it is proposed to discuss how some specific issues addressed by Heidegger as ‘care’ (Sorge), ‘world’ (Welt) and ‘language’ (Sprache), are used to understand the uniqueness of the types of recreation and novelty of sound productions of patients, taking into consideration that the form, multiplicity and diversity of music that inhabits the Brazilian daily life of these patients may contribute to their ownership of the world and attributing meaning on ‘being-in-the-world’ (In-der-Welt-sein) that unfolds and reveals from the music therapist interventions coined in ethical attitude regarding the listening of what is unsaid.


Disclosure: No significant relationships.
A MUSIC THERAPY WITH A GIRL WITH SEVERE CHILD NEGLECT HISTORY

K. Sua
Music Therapy Education, Ewha Woman's University, Seoul, Seodaemun-Gu/KOREA

Abstract: This paper explores difficult issues of individual music therapy with a girl with severe child neglect history (she was on the verge of starvation due to extreme parental negligence), and how the child began to find her own voice in a meaningful way together with the therapist’s reflection and growth.

Description: Extreme child neglect case (the child was almost starved to death by the mentally defected parents) was referred to a music therapy intern on her clinical placement after having gone through child-protection facilities and medical care at the hospital. The intern therapist met this extremely damaged 8-year-old girl, displaying extreme spectrum of behavioral difficulties from passive-depressive behavior to uncontrollable and self-harming way of playing improvisation. Clinical issues of how to meet and support the child with such complex difficulties and histories, and how to keep the clinical boundaries and to survive as a therapist will be explored. Through clinical process of music-centered music therapy, the child gradually began to explore difficult issues concerning her parents, abuse experiences, and later discovered her own voice in a creative way. As sessions proceeded, her musical activities and lifestyle changed dramatically both in and out of music therapy sessions, even leading her to be a member of her school choir.

References:

Mini biography of presenter:

Disclosure: No significant relationships.
IS IT DIFFICULT FOR MUSIC THERAPISTS TO ACKNOWLEDGE THEIR CLINICAL MISTAKES?

A. Brandalise
Music Therapy, Centro Gaucho de Musicoterapia, Porto Alegre/BRAZIL

Abstract: Music therapy literature demonstrates that music therapists publish about their clinical work however, there is a strong tendency not to reflect, share and discuss on their clinical mistakes. Why? This presentation aims to share the result of a survey, done with professional music therapists clinicians in Brazil, about this topic.

Description: Outside the field of music therapy, the process of acknowledging mistakes is considered a sensitive issue but not a rare one. Lohman et al. (2008), for instance, stated that, like other healthcare professionals, occupational therapists make errors in clinical practice. Robinson (1989) agreed, affirming that medication errors are part of the clinical reality of nurses’ work involving drugs. But it is not easy to discuss mistakes. Bradley et al. (2009) believed that discussing an adverse outcome related to medical error is challenging under the best of circumstances. The authors believed that errors can damage a clinician’s self-esteem, confidence, and reputation. A literature search was conducted through the use of databases MEDLINE, PsycINFO, CINAHL, and Google Scholar. Also, the following music therapy journals were electronically searched:

- The Arts in Psychotherapy (from 1998 – present)
- The Nordic Journal of Music Therapy (from 2000 – present)
- The Journal of Music Therapy (AMTA) (from 2004 – present)
- Music Therapy Perspectives (from 1982 – present)
- Voices

The review demonstrates that this topic, for the music therapy field, is also a sensitive one and it seems that very few professionals are able to disclose and reflect on mistakes. This research examines this phenomenon, through a survey, among Brazilian music therapy clinicians. Do they acknowledge mistakes? What are the most common ones? How do they reflect on them and associate them with their practice and with the field in general?

References:


Influence of dyadic mutuality on counselor trainee willingness to self-disclose clinical mistakes to supervisors. The Clinical Supervisor, 21(2), 83-98.


Mini biography of presenter: André Brandalise graduated at NYU (MA, Music Therapy) and is a current PhD student at Temple University. He wrote "Musicoterapia Músico-centrada" (2001) and "Primeira Jornada Brasileira sobre Musicoterapia Músico-centrada" (2003).
MULTICULTURALISM IN A PEDIATRIC MEDICAL MUSIC THERAPY PROGRAM

D.A. Benkovitz
Creative & Expressive Arts Therapies, Children's Hospital of Pittsburgh, Pennsylvania/UNITED STATES OF AMERICA

Abstract: Music therapy practice in a world renowned pediatric hospital requires well-developed multicultural skills in order to effectively serve international patients. Basic understanding of cultures and individual preferences requires that clinicians are educated regarding how to apply knowledge and how to train their students and interns through experience and modeling.

Description: In the diverse settings where many music therapists now practice, we need to be culturally aware and sensitive in order to provide ethically appropriate music therapy. Music therapy education should include awareness of cultural diversity, recognizing differences in race, ethnicity, gender, religion, sexual orientation, language, rituals and philosophies. Understanding these points of cultural awareness contributes to music therapists’ ability to provide meaningful interventions. In addition to being educated about the cultures from where our clients come, music therapists need to be aware of their personal cultural backgrounds and how they impact personal world views. Brown (2002) notes that it is reasonable for the music therapy community to adopt considerations established by the American Psychological Association: We are “encouraged to recognize that, as cultural beings, [we] may hold attitudes and beliefs that can detrimentally influence [our] perceptions of and interactions with individuals who are ethnically and racially different from themselves.” Additionally, [psychologists] " are encouraged to recognize the importance of multicultural sensitivity/responsiveness to, knowledge of, and understanding about ethnically and racially different individuals (2002).” During this session, we will review the literature regarding music therapy and multicultural practice and discuss the necessity for being “culturally” informed. We will consider specific information about several cultures that exemplifies situations in which cultural awareness assists therapeutic presence, and circumstances during which lack of awareness is counterproductive to positive music therapy interactions. We will also examine ways to assess clients so that we may provide treatment that is culturally sensitive and acceptable. The presenter will share several case studies that exemplify the need and use of multicultural knowledge in her position as a music therapist at a busy pediatric hospital with many international patients. Participants will have the opportunity to experience multicultural learning, and share ideas about ways to expand personal knowledge.


Mini biography of presenter: Deborah Benkovitz, started the music therapy program at Children's Hospital in Pittsburgh, PA, USA, in 2003.. She has served as Chair of Clinical Practice for the World Federation.

Disclosure: No significant relationships.
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EVALUATING THE CLASSROOM OUTCOMES OF MUSIC THERAPY WITH ADOLESCENTS EXPERIENCING MENTAL HEALTH.

J. McIntyre
School Of Humanities And Creative Arts, University of Western Sydney, Kingswood/AUSTRALIA

Abstract: Evaluating the behavioural, emotional/social and academic outcomes of music therapy with adolescents who are experiencing mental health issues has not been widely researched. This paper will discuss the findings of such a study and will also illustrate how ‘adolescent culture’ played a significant part in how the study was conducted.

Description: The diversity of symptoms and responses from adolescents experiencing mental health issues often makes treatment complicated for Allied Health staff, medical practitioners and teachers. With each diagnosis comes a ‘culture’ or set of behaviours that at times can be difficult to work with. Because music therapy can directly work with a number of diagnoses within one group session, often the ‘culture’ of the adolescent mental health issues can be addressed and positive outcomes in behaviour, emotional/social and academic achievement may be observed. To date, there is a paucity of music therapy research that shows these results with adolescents. Research in the area of Arts and Education repeatedly shows that both progress and change does indeed occur in motivation, social/emotional issues and academically when adolescents engage in a music education programme (Portowitz and Klein, 2007; Bamberger, 2000b; Bresler, 2002; Catterall, 2002; Hodges & O’Connell, 2005; Scripp, 2002; Winner & Hetland, 2000; Wolff, 1978). To pursue a study in this area, particular research tools and music therapy skills are needed to generate opportunities for collecting data that will reveal change and provide the opportunity to address the behavioural or ‘cultural’ issues which many mental health issues produce. In July, 2013, a Ph.D study was commenced at a school for adolescents experiencing mental health issues. The study aimed at examining the ‘carry-over- effect’ of music therapy into the classroom setting. With data being collected from teachers, students and school counsellors it became clear that the diversity of diagnoses and the ‘adolescent culture’ greatly impacted on session content and the actual data that was collected. This presentation will describe and discuss the results and findings of the adolescent mental health study and will also illustrate how ‘adolescent culture’ played a significant part in how the study was conducted.


Mini biography of presenter: Joanne McIntyre is a Nordoff-Robbins trained music therapist and Ph. D Candidate with the University of Western Sydney, Australia. Her area of work and research is adolescent mental health.

Disclosure: No significant relationships.
TRAUMA, RESILIENCY & CULTURE IN PEDIATRIC MUSIC THERAPY

M. Charlton
Child Life, Children's Hospital & Research Center Oakland, Oakland/UNITED STATES OF AMERICA

Abstract: This presentation explores a culturally responsive, trauma-informed model of medical music therapy, using clinical examples from a large culturally diverse US children's hospital. Issues of health related stigma, stress and resiliency, advocacy and empowerment will be explored with an additional focus on caregiver/staff stress and trauma prevention.

Description: The pediatric medical setting is one of trauma on multiple co-existing levels, from medical trauma to the vicarious trauma which staff may be at risk of, including the music therapist herself. To work in the medical setting the music therapist must develop strong skills in trauma informed practice and be able to work in a culturally responsive manner.

Health related stigma and systematic oppression have direct effects on how a patient relates to illness and treatment, with psychosocial factors playing a large role in determining treatment outcomes. Awareness of these issues is critical to good clinical care.

In this presentation the speaker uses her many years of clinical experience in a variety of pediatric settings to discuss how music therapy presents a culturally responsive, trauma informed approach to care, supporting patients with diverse medical and psychosocial backgrounds. Through a music centered, improvisation based approach to music therapy patients are empowered and the clinical work is able to support resiliency, communication and self advocacy, having a long lasting impact on how a patient may perceive and approach healthcare in the future.

Issues of power in the music therapy and physician/patient relationship will be explored, as will issues of vicarious traumatization in staff, presenting approaches to stress prevention through community music therapy.

New and seasoned clinicians will gain clinical skills and self awareness from this presentation, in conjunction with learning about up to date research on cultural issues in trauma informed care in the pediatric setting.

Specific music therapy interventions will be presented in addressing pain, chronic illness, medical trauma and palliative care, with accompanying audio and video case examples.

References:

Mini biography of presenter: Maya Charlton, MA, MT-BC is Senior Music Therapist at Children's Hospital Oakland. With a Master's in Music Therapy from New York University, Maya specializes in trauma, pain and palliative care.

Disclosure: No significant relationships.
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BEFRIENDING THROUGH MUSIC: INVESTIGATING MUSIC THERAPY EXPERIENCES AND TRIADIC RELATIONSHIPS

G. Foster
Nursing, Occupational Therapy And Arts Therapies, Queen Margaret University, Edinburgh/UNITED KINGDOM

Abstract: This paper presents a pilot research project exploring the use of music therapy with members of a befriending project. Pairs of ‘befriendees’, namely socially isolated physically disabled adults, and volunteer ‘befrienders’ received short-term music therapy, evaluated by means of qualitative interviews. Client experiences and emergent triadic relationship patterns are examined.

Description: Befriending is a form of social support involving the development of a facilitated, boundaried friendship. Though the befriending relationship differs significantly from a therapeutic relationship, it may share several characteristics such as empathy, mutuality, processes of making meaning and effecting change from the modelling of responses, as well as similar challenges, such as the management of boundaries and endings. Befriending has previously been used as a control treatment in large-scale RCT studies. However this preliminary study is the first to examine the use of a psychological therapy within the befriending relationship. This pilot research project was developed during MSc training at Queen Margaret University, Edinburgh. A time-limited block of music therapy was delivered to three befriending pairs who were subsequently interviewed individually using a semi-structured approach. Interviews were analysed using the phenomenological method of Hycner (1985). This paper first examines the music therapy experiences of befriending pairs. Seven themes common to two or more participants are revealed in respect of their views on the impacts of music therapy, including enjoyment of the sessions, intra- and inter-personal insights or learning experiences, and increases in confidence. Responses to the author’s approach and the perceived impacts of music therapy on the befriending relationship are presented. Secondly, emergent triadic relationships are examined. The views of befrienders, befriendees and the author herself on the nature of relating within sessions are compared and contrasted. The change in the author’s perception of her role in this three-way dynamic, and her recognition of the relevance of the constructivist paradigm to the outcomes of the study are elaborated. The paper concludes with an overview of the limitations of the study and a presentation of the author’s recommendations for further, longer-term music therapy work not only with befriending pairs but with pairs of clients from other populations.


Mini biography of presenter: Gráinne holds an MSc in music therapy (2013) and an MPhil in music and media technologies (2007). Clinical experience includes work with learning disability, autism, physical disability and mental health.

Disclosure: No significant relationships.
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IT FEELS LIKE ARMAGEDDON: PARALLEL PROCESSES WITH A FEMALE PERSONALITY-DISORDERED OFFENDER

H. Short
Arts Therapies, The John Howard Centre, Secure Hospital (NHS), London/UNITED KINGDOM

Abstract: This paper describes work undertaken at an enhanced medium-secure unit for female mentally-disordered offenders. It addresses the use of psychodynamic music therapy within the institution during a time in which cuts to the UK’s National Health Service had a significant impact upon the culture of music therapy within the institution.

Description: In particular this paper uses material and analysis from a psychodynamic perspective pertaining to an individual detained long-term in an acute ward of the hospital diagnosed with a psychotic illness and personality disorder and incorporating concepts of Klein, Winnicott, Bion and Bowlby. The work took place at a time when huge cuts to the UK’s National Health Service (NHS) were being implemented and arts therapies were one of the resources that was being downscaled. A background to the work, including the nature of the forensic setting and more specifically, considering the political climate and it’s relation to and impact upon the culture and dynamics of the institution and the practice of music therapy, sets the scene. Next the author details the role of this form of therapy within the institution addressing the aims of the work relating to the setting and the background of the client discussed. The main body of the paper explores the challenges the therapist faces that arise as a result of shared personal experiences that resonate strongly between client and therapist and as she becomes aware of their strong cultural and emotional connections. The inevitable struggle to maintain an authentic therapeutic relationship whilst remaining aware of the risk, a characteristic of forensic music therapy work, is examined. Regarding the culture of the NHS and arts therapies within this, it examines the author’s own personal struggles as a newly qualified therapist with the complex and challenging inter-disciplinary dialogue and with her desire to ‘do a good job’ in the aftermath of severe cuts. The way in which the complex needs and ways of relating of the client feed into and impact upon this are also reflected upon.


Mini biography of presenter: Helen Short practices in London and Nottinghamshire, UK in the National Health Service with female and male mentally-disordered offenders and is guest lecturer at Guildhall School of Music and Drama.

Disclosure: No significant relationships.
LYRIC ANALYSIS INTERVENTIONS IN PSYCHIATRIC MUSIC THERAPY: CLINICAL APPLICATIONS AND RESEARCH

M.J. Silverman
Music Therapy, University of Minnesota, Minneapolis, MN/UNITED STATES OF AMERICA

Abstract: Derived from research and clinical experience, the presenter will discuss lyric analysis interventions to engage and motivate people in acute psychiatric facilities. Learn the research, how to select engaging and effective songs, derive motivational questions, facilitate action-oriented therapeutic dialogue, and assign "homework" for people in substance abuse and psychiatric settings.

Description: Psychiatric music therapists often implement lyric analysis interventions to address a variety of clinical objectives (Silverman, 2007, 2009a, 2009b). During lyric analysis interventions, patients can be encouraged to share their perspectives of what the song lyrics may mean or how they relate to the lyrics. Questions concerning song lyrics can be formulated in a direct or indirect manner to best address clients’ clinical objectives. A frequently occurring phenomenon during lyric analysis interventions is the use of third-person to first-person dialogue. During lyric analysis interventions, a music therapist can ask questions about the character(s) depicted in the song using third-person dialogue. However, patients often respond to these questions using first-person dialogue concerning themselves and not necessarily the character in the song. These responses are often personalized and insightful. Although certain songs may not necessarily translate well for live music sung by the music therapist and accompanied on acoustic guitar or keyboard, live music is recommended for lyric analysis interventions whenever possible. The live music may function as a type of musical offering or gift as well as self-disclosure from the therapist. After the music therapist plays a song live for psychiatric patients, the consumers may be more apt to disclose personal and therapeutic material and dialogue after the music therapist made herself or himself "vulnerable" by self-disclosing emotion and musicality while playing the song. In a randomized controlled trial, a researcher found that patients in a live music lyric analysis intervention had higher ratings of the therapist’s competence than patients in a recorded lyric analysis of the same song (Silverman, 2012). Future research is warranted that explores the impact of live versus recorded music on other aspects of the client’s experience of music therapy.


Mini biography of presenter: Michael J. Silverman (PhD, MT-BC) is director of Music Therapy at the University of Minnesota. He is engaged in clinical work and research with psychiatric consumers at the University Hospital.

Disclosure: No significant relationships.
RESEARCH ON THE NONVERBAL COMMUNICATION OF PEOPLE WITH DEMENTIA

I.M. Maijer-Kruijssen
Gaasperdam, cordaan, amsterdam/NETHERLANDS

Abstract: A comparative study in which the effect of a combined therapy of music and spiritual care to the non-verbal communication in humans with dementia was investigated.

Description: Abstract. Purpose: A comparative study in which the effect of a combined therapy of music and spiritual care to the non-verbal communication in humans with dementia was investigated. Method: Fifteen participants (N = 15) were block randomized to the ‘get together’ (experimental group, n = 8) or to the music group (control group n = 7). During ten consecutive weeks, both groups received a weekly 45-minute therapy, the experimental group received a combined therapy of spiritual care and music therapy and music therapy control. The first and last ten minutes of each session were reviewed by film analysis with two instruments: the Qualidem and NPT-ES. Results: During the ten sessions was with both instruments in both groups a very slight improvement found in the non-verbal communication. The experimental group showed an improvement during sessions than the control group at the Qualidem subscales ‘positive affect’ (p = .472), ‘social isolation’ (p = .310) and the NPT ES (p = .403) . Both groups were similar in their scores on the subscales Qualidem ‘social interaction’ (p = .303) and ‘social isolation’ (p = .310). There were no significant improvements in the difference scores during the sessions within the groups and between the two groups. Conclusion: Both the combination of music and spiritual care within the ‘get together’ as the musictherapy group is promoting the non-verbal communication. It is recommended that future research more attention to the types of dementia, stages of dementia and forms of communication.

References: Explanation cultural diversity and research. Working as a music therapist in Amsterdam in residential nursing home with people with all different kinds of dementia from 11 different cultures, we (a combination group consist of spiritual care and musictherapy) make sure in our therapeutical residentgroup (‘get together’) that songs are sung from the places where people where born. We noticed that by singing the songs week after week, other people from the ‘get together’ started to sing them along and remembering them as if they sang them in their own childhood too. It’s the same with the stories people tell eachother: after a while they think they lived together in the same neigbourheid, because the stories resemble eachother.

Mini biography of presenter: I’m working as a neurological musictherapist in Amsterdam with 11 different cultures. In 2013 I got my master degree. I work with different kind of target groups.

Disclosure: No significant relationships.
PARALLEL PROCESS IN MUSIC THERAPY SUPERVISION

G.S. Ortiz
New York/US

Abstract: This presentation is based on a research study consisting of an exploration of parallel process within the supervisory and therapeutic relationships, employing the qualitative analysis of first-person research and reflexive phenomenology. Results, conclusions and implications for music therapy supervision and practice will be presented.

Description: The phenomenon of parallel process in music therapy refers to the concordant interpersonal and musical dynamics that occur between the therapeutic and supervisory relationships. This presentation will be based on a research study consisting of an exploration of parallel process in individual music therapy sessions with a child with Williams Syndrome and the subsequent supervisory relationship. This study consisted of an exploration of parallel process employing the qualitative analysis of first-person research and reflexive phenomenology. Data was collected through video- and audio-recordings from a total of three sessions (two clinical and one supervision). The method included analyses of personal journal entries, interpretive coding, and musical and verbal transcriptions. Musical and interpersonal themes were then identified within the therapeutic and supervisory relationships using retrospection and holistic listening. The findings from both relationships and emerging themes were then compared to one another to determine whether they were related. Results demonstrate that parallel processes emerged throughout the context of the therapeutic and supervisory relationships, and included themes of controlling, demanding, and helplessness. In addition, the influence of unconscious mechanisms proves to be significant as a method for enacting the phenomenon. Special attention will be given to the role of improvisation and supervision. The examination of improvisation provided a deeper understanding of countertransference and transference. In addition, it proved to be an invaluable tool for identification of parallel process related issues. Supervision was also beneficial in expanding the researcher’s awareness of the similar dynamics occurring in the music therapy and supervisory relationships. Conclusions and implications for music therapy supervision and practice will also be presented.


**Mini biography of presenter:** Gabriela S. Ortiz, MS, MT-BC, NRMT, is a clinician, supervisor, and researcher at The Rebecca Center for Music Therapy. She is an adjunct professor at Molloy College in New York.

**Disclosure:** No significant relationships.
EFFECT OF AUDITORY-MOTOR MAPPING TRAINING IN KOREAN ON CHILDREN WITH AUTISM

H.S. Kim
Music, Theatre & Dance, Colorado State University, San Ramon/UNITED STATES OF AMERICA

Abstract: The purpose of this study will be to determine the effect of Auditory-Motor Mapping Training in Korean on the verbal output of minimally verbal children with autism who live in a Korean-speaking home environment.

Description: Impairment in speech and language has been regarded as one of the most significant deficits in children with autism, which provokes their parents to eagerly seek professional treatments. However, there is a widespread belief among parents and professions that bilingualism causes negative influence on language development to children with autism. In the United States, many immigrant or refugee families, therefore, are advised by clinicians and educators to speak only one language with their children with autism, regardless of children’s environments. This recommendation often results in eliminating the use of parent’s heritage language, or the language of the country of origin and instead speaking English only. Nonetheless, no studies support these assumption and recommendation. Instead of restricting the use of the native language of these immigrant families, providing interventions related to their culture and language is appropriate and needed. Music therapy has been recommended as an effective treatment for individuals with communication disorders. Based on the successful use of Melodic Intonation Therapy (MIT) since 1973, Wan and colleagues (2011) developed a new music based intervention, called Auditory-Motor Mapping Training (AMMT), particularly for minimally verbal children with autism. Like MIT, it also contains the use of intonation (singing) and rhythm to facilitate speech production of these children. Their study has shown that minimally verbal children with ASDs successfully demonstrated improvements in their ability to articulate words and phrases following an 8-week intervention of AMMT. To date, there are no studies using AMMT to bilingual population, especially in Korean population; therefore, this study will seek to determine the effect of AMMT in Korean for a child with ASD who lives in Korean and English bilingual environment.

Disclosure:

State University.

Iowa and is currently completing a master's Mini biography of presenter:
Antonio, TX: Psychological Corporation.

Zimmerman, I. L., Stein language practices
American immigrant parents of children with autism spectrum disorders about intergenerational
languages.

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Interdisciplinary Council on Developmental and Learning Disorders Clinical Practice Guidelines
developmental approach to language recommendations. In S. I. Greenspan & S. Wieder (Eds.),


verbal children with autism.

Schlaug, G. (2012). Auditory

motor mapping training as an intervention to facilitate speech output

language in autism:

295. Wa

Development Inventories.


musical responsiveness in autistic children: A comparative analysis of improvised musical tone
sequences of autistic, normal, and mentally retarded individuals. Journal of Autism and Developmental

Disorders, 18, 561-571. Thaut, M. H. (2005). Rhythm, music, and the brain: Scientific foundation and

Revised Romanization of Korean. National Academy of the Korean Language. Retrieved from
http://www.korean.go.kr/eng/roman/roman.jsp Toppelberg, C.O.

Revised Romanization of Korean. National Academy of the Korean Language. Retrieved from


Mini biography of presenter: HaeSun Kim earned her BM in Music Therapy from the University of Iowa and is currently completing a master's thesis towards her MM in Music Therapy at Colorado State University.

Disclosure: No significant relationships.
WE ALL MAKE MUSIC: A STUDY OF MUSIC ENSAMBLE FOR HANDICAPPED TEENS.

J.P. Zambonini, R.M. Niedenthal
School Of Medicine, Universidad del Salvador, CABA/ARGENTINA

Abstract: An explorative study in the field of preventive workshops for handicapped teenagers. Created with a methodological structure of weekly supervision and a study group the experience was carried out in the city of Buenos Aires. The study presents techniques and resources that can be applied in similar cultural contexts.

Description: Work with patients with mental and/or physical handicap encompasses one of the broadest fields of practice for music therapists in Argentina. Presently there is very little documentation regarding one of the principal benefits that music can provide to any person that comes close to it: the pleasure of playing an instrument alone or in a band. During the past year, a workshop for handicapped teenagers was developed inside the department of Adaptive Musical Pedagogy of Centro C.A.M.I.N.O. in Buenos Aires, Argentina. The workshop aimed to provide participants with the experience of playing music in a band, thus having access to an activity that will bring them closer to their chronological age, offering greater possibilities of social interaction and integration. As part of these goals, two songs were prepared to be presented in an annual concert and each band member performed in a digital song collaboration with other patients, students and musicians from the community. These experiences gave the participants access an uncommon activity for teenagers with special needs. Throughout the year valuable resources and techniques were implemented and documented to be shared with the international community of music therapist and health professionals. In this manner the present paper intends to: a) share our perspectives in this field of practice; b) identify the limitations and difficulties encountered during the process and; c) to demonstrate specific resources and techniques such as songwriting, technological and musical adaptations and indications for coordinating activities. It is, therefore, our desire to contribute to the construction of an outline for a work modality that can be used in future workshops of similar characteristics in diverse cultural contexts.


Mini biography of presenter: Music Therapist for Fundación Tobias and Centro C.A.M.I.N.O. Professor at the University of El Salvador in Buenos Aires, Argentina. Member of the Argentine Association of Music Therapy (ASAM) and Gospel Choir Director.

Disclosure: No significant relationships.
P175

PROMOTING PARENT-CHILD SECURE ATTACHMENT BONDS IN ADOPTIVE FAMILIES

E.L. Mcalpin
Music Therapy, University of Missouri-Kansas City, Kansas City/UNITED STATES OF AMERICA

Abstract: The purpose of this heuristic grounded theory study was to discover how community-based family music groups could foster bonding development in adoptive families. Data sources included parental interviews, parental journaling, and a family music class. Through the analysis of data three themes were identified: healing awareness, acceptance awareness, and compassion awareness.

Description: Children who have been adopted have often experienced trauma, abuse, or neglect. They do not trust future caregivers and demonstrate emotional and behavioral difficulties that keep them distant, in control or in fear of adoptive parents. This places strain on the adoptive parent and increases the likelihood of developmental difficulties for the adopted child (Hughes, 2004; Purvis, Cross, & Pennings, 2009; Purvis, Cross, & Sunshine, 2007; Walter, 2007). Research has shown that a child who does not demonstrate secure attachment with a parent has difficulty developing physiological and emotional regulation, self-reliance, resilience, social competence with peers, empathy for others, symbolic play, problem solving, intellectual development, communication and language skills, self-integration, and self-worth (Cassidy, 2008; Grossmann, Grossmann, & Waters, 2005; Hughes, 2004; Sroufe, Egeland, Carlson, & Collins, 2005; Walter, 2007). There is a need to support adoptive families in bonding and developing secure parent-child attachment and ameliorating adoption disruption and adoptive parent concern. Community music therapy offers a unique approach to foster and support secure parent-child bonds (Edwards, 2011a; 2011b). Music therapists can serve as a bridge between parental needs and community services, support parent expertise and encourage parental involvement and self-reflection to foster attachment. Early childhood family music classes such as those provided by Kindermusik International® have been a community resource identified by parents to promote bonding with their child (Kindermusik International®, 2009b). The purpose of this heuristic grounded theory study was to discover how community-based family music groups could foster bonding development in adoptive families. Through the analysis of data three themes were identified: (a) healing awareness, (b) acceptance awareness, and (c) compassion awareness. These three themes then informed the development of a conceptual summary of community-based family groups to promote parent-child secure attachment bonds.


Mini biography of presenter: Erin McAlpin, MT-BC completed her undergraduate and graduate degree at the University of Missouri-Kansas City and music therapy internship at the Royal Children’s Hospital in Melbourne, Australia.

Disclosure: No significant relationships.
P176

MUSIC THERAPY WITH NEONATES WITH HYPERBILIRUBINEMIA – A PILOT STUDY

Geipel, J.1, Ranger, A.2,3, Menke, B.M.1, Vagedes, J.2,4,5
1School of Therapeutic Sciences, SRH University Heidelberg, GERMANY; 2ARCIM Institute (Academic Research in Complementary and Integrative Medicine), Filderstadt, GERMANY, 3Department of Clinical Psychology and Psychotherapy, University of Tübingen, GERMANY, 4 Filderklinik, Filderstadt, GERMANY; 5Department of Neonatology, University Children’s Hospital Tübingen, GERMANY

Abstract: The purpose of this randomized controlled pilot study was to investigate the impact of music on maternal anxiety and on diverse parameters of neonates with hyperbilirubinemia. In the end two case studies were made due to various difficulties during study performance.

Description: The purpose of this randomized controlled pilot study was to investigate the impact of pentatonic live music according to Bissegger [1] on maternal anxiety and on physiological and behavioral parameters of newborn infants with hyperbilirubinemia. To the best of our knowledge there are no experimental studies that explore the influences of music on children with hyperbilirubinemia and their mothers [2-3]. Included in this study were infants born at term with hyperbilirubinemia requiring phototherapy, with a ten-minute-Apgar-score ≥ 7, verification of good hearing and no other health problems. Mother-infant dyads were assessed under both a music and a control condition. Using repeated measures, neonatal heart rate was recorded along with activity patterns measured by a software-based video analysis. The State-Trait Anxiety Inventory [4] scaled maternal anxiety in a pretest and a posttest. After a baseline measurement of 15 minutes in the music condition subjects were treated with live music of the children’s harp played for 15 minutes, which was followed by 15 minutes data collection without an intervention. During the control condition only the measurements were carried out. Due to time constraints the original study design couldn’t be realized. Nevertheless two descriptive case studies and a detailed report about limitations could be made. Descriptive results suggest for these two children that pentatonic live music might increase time-domain HRV parameters. This militates in favor of a good sympathovagal balance after the music [5]. Maternal state anxiety was reduced in both conditions. Both mothers confirmed that they and their child benefited from music therapy. Physical activity of the two children was increased after the music compared to the pre-music-measurement. The findings might possibly reveal a trend of positive effects of pentatonic live music on the subjects. Whether the lethargic child owing to the hyperbilirubinemia [6] can be supported in self-regulation through the music requires further research.

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MUSIC THERAPY RESEARCH AND PRACTICE IN CONTEXT: CONTEMPORARY MENTAL HEALTH REHABILITATION

J. Milford
Music Therapy, Glenside Health Service-Inpatient Rehabilitation, Fullarton/AUSTRALIA

Abstract: Diverse examples of the author's research and practice will be presented, illustrating a range of individual and collaborative group music therapy approaches to psychiatric rehabilitation. These will be explored within the context of contemporary scientific understanding of the deficits associated with schizophrenia and the importance of the current recovery model.

Description: Diverse contemporary music therapy practices and research will be described within an inpatient rehabilitation service for people living with serious chronic mental illnesses. Medication issues remain central to hospital-based treatment and scientific research increasingly uncovers evidence for major cognitive deficits associated with schizophrenia. However, at the same time user groups and legislation demand a positive focus on consumer strengths, recovery and wellbeing. Music therapy is well placed in this context to provide a treatment approach that focusses on consumer resources rather than illness, while providing opportunities for restoring hope, identity achievement, social connections and cultural engagement. Individual consumer-focussed music therapy approaches will be illustrated from the author's Master's Degree research with people living with schizophrenia. An overview will describe consumer perspectives, clinical issues, risk management, evaluation tools and major findings of this mixed method case series design. Group music therapy approaches will be illustrated with brief samples of music, video and educational presentations produced by consumers in collaboration with professional community musicians, health workers and volunteers. A range of supports including Arts department funding has assisted in challenging institutional barriers and extending these projects into the community. A range of community music therapy approaches will be described which have addressed the needs of consumers, carers, health facilities and communities simultaneously to promote wellbeing and resilience. Building strengths, connections and resources at all levels has fostered ongoing support networks, creative choices and sustainability. A broad approach to music as an everyday health resource, a positive focus for engagement and source of enjoyment, hope and social connection can unite traditional and contemporary music therapy approaches. Music not only facilitates meaningful relationships between therapist and client, but between consumers, carers, staff, peer workers, volunteers and community musicians. The paper will invite discussion around the advantages and challenges of working within the recovery model.


Mini biography of presenter: Jeanette is Senior Music Therapist at Glenside Health Service (South Australia) and is WorldFed MT Regional Liaison for Australia/New Zealand. She studied in Adelaide, Philadelphia and Melbourne (Research Masters Degree).

Disclosure: No significant relationships.
P177

CHILD ABUSE, POVERTY AND OUTCOME STUDY OF MUSIC THERAPY: A LONGITUDINAL STUDY

J. Kim
Department Of Arts Therapy, Jeonju University, Jeonju/KOREA

Abstract:

The study describes a three year longitudinal outcome study of music therapy on children with ongoing child abuse and poverty experiences in Korea. The study employed mixed methods with five developmental phases including a survey, a pilot, the first and the second stage of the main study and post-treatment interviews.

Description: The study describes a three year longitudinal study on the effects of music therapy on children who were exposed to on-going child abuse and poverty in Jeollabukdo, South Korea. The study was developed into five different phases. A large survey on children in economically deprived city slum areas in order to identify children with on-going abuse and poverty experiences; a pilot study of four individual children involving the development of treatment guideline; the first stage of main study of music therapy group vs. waiting group of children comparing the effects of music therapy with no treatment; and then the second stage of main study comparing longer treatment (treatment group receiving another set of treatment) vs. shorter treatment (waiting group receiving music therapy); in-depth interview with the participants on their experiences of group music therapy using Consensual Qualitative Research (CQR). The focus of this presentation will be on the results of the main study (a cluster randomized controlled study) of two stages. Repeated measures ANCOVA (Analyses of Covariance) was used and effect sizes were calculated using the SPSS 20 in order to determine changes over time. Implication of this study includes the difference between statistical and clinical significance in interpreting the results, and the impossibility of conducting the ideal research design in a real world involving vulnerable population with such complex treatment issues. In addition, cultural, personal, familial and community issues will be explored including the limitations of current study and suggestions for future study. The work was supported by the Korea Research Foundation Grant funded by The Korean Government (KRF-2009-32A-B00203).

References:


**Mini biography of presenter:** Jinah Kim, Ph.D, is Associate Professor of Arts Therapy Department, Director of Arts Therapy Research Centre, Jeonju University, Korea, and associate editor of the Nordic Journal of Music Therapy.

**Disclosure:** No significant relationships.
P178

RAS: Ä EFFECTS A ON CORTICAL ACTIVATIONÄ AND WALKING IMAGERY IN PATIENTS WITH MS

L.M. Gallagher1, M. Jukic1, F. Bethoux2, D. Stough2, M. Lowe2, D. Conklyn3
1Arts And Medicine Institute, Cleveland Clinic, Lyndhurst/UNITED STATES OF AMERICA, 2Neurologic Institute, Cleveland Clinic, Cleveland/UNITED STATES OF AMERICA, 3Na, Dbc3 Music Therapy LLC, Independence/UNITED STATES OF AMERICA

Abstract: Results of a pilot study of patients with multiple sclerosis will be shared. The study looked at the activation of cortical areas of the brain in relation to walking. Subjects imagined themselves resting or walking while in the fMRI, and this was done with and without music.

Description: Published evidence shows that Rhythmic Auditory Stimulation (RAS) improves gait in patients with Parkinson’s Disease and stroke. Previous studies by our team showed RAS helped improve gait for patients with multiple sclerosis. Immediate improvement in gait with RAS was noted at, and 10% above, the patient’s spontaneous walking cadence, and these improvements were partially retained. These findings suggest that RAS has a direct and immediate effect on CNS activation in relation to walking. Previous fMRI studies in various populations have shown cortical activation in areas related to walking. To date, there has been no published study on the effect of RAS on cortical activation in relation to mental imagery of walking in patients with MS. RAS was delivered via headphones, in the form of music with an embedded beat. The music was a set of 8 songs digitally produced in a variety of genres that contained a clearly defined embedded beat. These songs were digitally replicated at speeds from 50 beats per minute (bpm) to 120 bpm. During gait assessments, RAS was set at the patient’s spontaneous walking cadence, then 10% above this cadence. During fMRI, RAS was set at the patient’s spontaneous walking cadence with the same music being used. Each song coincided with a full cycle of mental imaging of resting followed by mental imagery of walking. This research is novel for MS and has the potential to establish a new intervention for the management of gait disturbance. Gait disturbance is one of the most frequent consequences of MS, affecting functional status, work status, and quality of life. There are few treatments for walking limitations in MS, but RAS is a low cost intervention that has the potential to increase the efficiency of exercise by enhancing brain activation and improving adherence to exercise through the enjoyment of music.


Mini biography of presenter: Lisa Gallagher is the Music Therapy Program Manager at the Cleveland Clinic. She is a clinician, researcher, frequent presenter, and author.

Disclosure: No significant relationships.
CREATING SOCIAL CAPITAL - MUSIC THERAPY IN A MULTICULTURAL SETTING

D. Dopierała
Music Therapy, The Karol Szymanowski Academy of Music in Katowice, Katowice/POLAND

Abstract: The paper is a reflection on my work at a day centre for refugees and people with mental health problems. By looking at our work through the lens of Social Capital theory, I will describe how music therapy served as a means of diminishing social exclusion in a multicultural setting.

Description: Social Capital is described as “connections among individuals - the norms of reciprocity and trustworthiness that arise from them” (Putnam, 2000). For people who are socially excluded or isolated - whether it be because of their mental health problems or cultural and geographical backgrounds - such connections are often difficult to attain. Due to their circumstances they are often deprived of a sense of belonging to any social group. The aim of music therapy at the centre was to create a space where such connections and mutuality could take place. A vital part of the service delivery was guided by the concept of ‘environmental music’ (Aasgaard, 1999). Incorporating what was happening and sounding around in improvised background music was a way of introducing music therapy to the centre. Its aim was to integrate and engage the individuals in mutual music making – creating the musical environment with and for each other. The clients’ diverse musical heritage became - as DeNora calls it - our “toolkit” for action (2003). Sharing music from different traditions was a way of expressing the clients’ cultural identities, overcoming social barriers and challenging their adaptability and tolerance of the unknown. This process took on different formats. Individual sessions, group music making and engaging in various projects enabled creating social relations, generating mutual duties, expectations and trust. The multicultural nature of the setting – including both native and foreign service users – highlighted the importance of integration being a two-way process. Integration is not aimed at assimilation but rather at a mutual adjustment of people from different countries (Refugee Council, 2004). The challenge for music therapy at the centre was therefore to find a balance between increasing the clients’ ability to adapt and retaining their cultural identity.
Mini biography of presenter: Dominika Dopierała completed an MMT Programme at the Nordoff Robbins London Centre in 2013. She works as a music therapy tutor at the Karol Szymanowski Music Academy in Katowice, Poland.

Disclosure: No significant relationships.
TIME-LIMITED GUIDED IMAGERY AND MUSIC (BMGIM) WITH PROFESSIONAL MUSICIANS

G. Trondalen
Dept. Of Music Therapy, Norwegian Academy of Music, Oslo/NORWAY

Abstract: This presentation addresses time limited individual music therapy through the Bonny Method of Guided Imagery and Music (GIM) with ten professional musicians. The research approach is hermeneutic phenomenology, highlighting an intersubjective perspective. Results showed that the musicians seized strength and increased self-efficacy through GIM, which supported professional and personal identity.

Description: This presentation addresses time limited individual music therapy through the Bonny Method of Guided Imagery and Music with ten professional musicians: exploring music listening as health performance. Health performance includes physical, mental, social and existential dimensions of personal wellbeing. The research design is inspired by hermeneutic phenomenology using an explorative approach, while the clinical theory is informed by developments in relational psychology, highlighting an intersubjective perspective. The individual BMGIM format was characterized by a prearranged time limit of five sessions, including music listening, drawings and verbal conversation. In addition came a semi-structured interview after the musicians had completion the sessions. The questions to be discussed in the presentation are what kind of health resources professional musicians use to e.g. i) bear to be at stage ii) work as musicians iii) develop as musicians iv) work on life circumstances in a way that personal creative resources are released. The research showed that musicians seized strength and increased self-efficacy through BMGIM, which supported professional and personal identity.


Mini biography of presenter: Gro Trondalen is Professor in music therapy and Head of Centre for Music and Health at the Norwegian Academy of Music. She also works clinically in adult mental health.

Disclosure: No significant relationships.
P181

CREATIVE SERVICES IN A CULTURE OF CHANGE.

A. Harrison
N/a, North Yorkshire Music Therapy Centre, York/UNITED KINGDOM

Abstract: This paper focuses on a small, independent practice where Music Therapists work with people in health, education and social care settings across a wide geographical area. Influencing and adapting to changes in culture in the delivery of services present challenges and opportunities for the organisation and for the individual therapist.

Description: In a rapidly changing world where accepted values and cultures are being challenged and revised, it is the task of an independent music therapy service to adapt, to influence where possible and to be ever aware of new opportunities. This paper will firstly reflect on 25 years of music therapy provision in a rural landscape and on the successes and failures of an organisation to meet the needs of the local population. Secondly, it will present the personal narrative of a therapist who sees a parallel task of adaptation in relation to the therapeutic encounter with clients, who are increasingly diverse in culture and who may find themselves in a system which is itself changing and uncertain of the way ahead.

Organisationally, a demand for change is one thing, but the ability to discern what needs to change and in what direction requires time for thought and reflection and that is not easy to achieve in isolation. It is evident that collaborative working has great potential value in terms of sharing expertise and resources, particularly financial. However this may carry with it risk and the organisations/individuals concerned need to develop a trustful interdependence. There is always a temptation to do things as they have always been done, but this does not allow for a “letting go” and the chance to be creative in researching and testing new approaches. The author believes this applies not only to service provision but to the process of therapy and in both circumstances there is a challenge to shed the familiar in order to find a new meeting place, in a creative bridging of cultures.


Mini biography of presenter: Angela Harrison manages an independent service, primarily working with children. An experienced presenter, author, lecturer and former Chair of BAMT, Angela is active with the Music Therapy Charity and the WFMT Council.

Disclosure: No significant relationships.
P182

AT THE HEART OF MUSIC THERAPY: PREVENTION AND TREATMENT OF CARDIAC DISEASE

C. Dileo
Music Therapy, Temple University, Cherry hill/UNITED STATES OF AMERICA

Abstract: Heart disease is the major health problem and cause of death internationally. The presenter's research and clinical practice, based on behavioral medicine and integrative cardiology theory, using music therapy in the prevention and treatment of heart disease is described. A path for future of music therapy clinical practice is suggested.

Description: The presenter makes an urgent case for the use of music therapy in preventing and treating cardiac disease as this illness will soon be the leading cause of mortality internationally. There is only a very limited literature on music therapy research and clinical practice with this population. However, very recent studies (2 randomized controlled trials) have shown positive evidence for the use of music therapy in the prevention of heart disease in a high risk population and cultural group (Latino women) and in minority (African-American) inpatients with heart disease. In addition, results from the presenter's Cochrane reviews provide high quality evidence for the use of music with cardiac patients. Lastly, the presenter describes her clinical work and its outcomes with inpatients with heart failure awaiting transplantation. The presenter also contextualizes her research and clinical practice within findings from the psycho-cardiology literature. This research reveals the strong relationship between psychosocial factors and susceptibility to heart disease as well as prognosis in those with heart disease. A path for future music therapy practice in outlined, including potential uses for music therapy for prevention and across the continuum of care for cardiac patients.


Mini biography of presenter: Cheryl Dileo is the Carnell Professor of Music Therapy at Temple University in Philadelphia and Past-President of the World Federation of Music Therapy and National Association for Music Therapy (US).

Disclosure: No significant relationships.
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RADICAL MUSICISM IN THE CLINICAL PRACTICE OF MUSIC THERAPY

I. Futamata
Music Therapy, Toho College of Music, Saitama/JAPAN

Abstract: The purpose of this presentation is to propose Radical Musicism as a concept for use in clinical practice of music therapy. In music therapy based on Radical Musicism, the behavioral pattern of the client and purpose of therapy are examined from a musical standpoint.

Description: The purpose of this presentation is to propose Radical Musicism as a concept for use in clinical practice of music therapy as well as to examine its significance. Sound has been considered indispensable to music. However, there are times when elements other than sound play important roles in music, and such elements can not necessarily be classified as secondary (Bruscia, 1998). Thus, I will define music anew as follows: integrated stimuli which continuously change, and that which influences human reaction and behavior. Music has an intention of influencing positive emotions such as pleasure, happiness, aesthetic sensation, pleasant feeling of excitement, comfortable tranquility, a sense of unity, a sense of accomplishment, etc., as well as actions. In music therapy based on Radical Musicism, the behavioral pattern of the client and purpose of therapy are examined from a musical standpoint. Music therapy based on Radical Musicism is practiced placing importance on the following points: 1) Conduct an assessment to determine whether or not the client’s current condition (including daily life activities) is “musical”. 2) Aim to make the client’s overall behavior (including daily life activities) “musical”. In this presentation, a presenter will explain the concept of Radical Musicism and clinical practices which are based on this concept.


Mini biography of presenter: Izumi Futamata, MA, RMT (Japan), is associate professor at Toho College of Music, and an executive board member of Japanese Music Therapy Association.

Disclosure: No significant relationships.
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MUSIC AT THE MARGINS: IMPROVISING SAFETY IN UNDER-RESOURCED SOCIAL SPACES

S. Fouche¹, R. Van Den Bergh², M. Pavlicevic³
¹Music Therapy, Music Therapy Community Clinic, Cape Town/SOUTH AFRICA, ², Music Therapy Community Clinic, Cape Town/SOUTH AFRICA, ³, Nordoff Robbins Music Therapy, LONDON/UNITED KINGDOM

Abstract: The Music Therapy Community Clinic (MTCC) works in marginalised social spaces to address historical and enduring social and economic injustice in South Africa. MTCC Programmes based on iterative cycles of witnessing and engagement help children and young people develop resources for personal and collective safety and for social flourishing.

Description: South Africa's historical legacies continue to feature insistently in many of its marginalised social spaces; which are under-resourced in terms of education, personal safety, social and health services, and opportunities for children and young people to flourish. Moreover, the absence of ‘successful’ and socially responsible adult role models offers young people few alternatives to dangerous (and socially cohesive) gang-related activities. At the same time though, many marginalised spaces in South Africa are immensely resourced in informal musical activities and skills. Rather than assuming a therapeutic intervention model, the Music Therapy Community Clinic (MTCC) in Cape Town, South Africa, has, for the past ten years, increasingly engaged directly with these communities’ own analyses of needs and resources. Emerging from witnessed and engaged community social-musical mappings, the MTCC continues to revise and develop its ‘Music for Life’ and ‘Music Therapy’ programmes. Social-musical witnessing and engaging are enacted in on-going, parallel, mutually enriching cycles; and the communities’ continuous desire for personal safety and social flourishing are addressed through working musically with children and young people to build and refine social-skills and develop resources for safety.

Three case studies portray musicking as a vehicle for creating safety in an unsafe world and for building social-musical capacity as part of community development. This paper also considers how sustaining the witnessing-engagement cycle may at times lead to stopping programmes and withdrawing from chronically unsafe environments.


Mini biography of presenter: Sunelle Fouche completed a Masters degree in Music Therapy from the University of Pretoria, South Africa. She is currently serving as director of the Music Therapy Community Clinic, Cape Town.

Disclosure: No significant relationships.
NEWBORN MUSIC THERAPY: CULTURE OF THE FAMILY

H. Shoemark
Clinical Sciences, Murdoch Childrens Research Institute, Melbourne/ AUSTRALIA

Abstract: This paper will explore family music culture as a micro-culture for service delivery in the paediatric Neonatal Intensive Care Unit. Research findings from two studies will illustrate how this scaffolding can be used to create a family-lead strategy for including music in the well-being of their infant.

Description: The role of culture remains implicit in the research and practice of music therapy for hospitalized newborn infants. Research has been dominated by a Western biomedical model and only recently focused on family (Haslbeck, 2012; Shoemark, 2011). Each family provides their own micro-culture and specifically their own musical culture. By understanding the family’s musical heritage, preferences and capabilities, the music therapy practitioner can create a family-lead strategy for including music in the well-being of their infant. This paper will first present an overview of current models of intervention (including Shoemark’s conceptual Newborn Music Therapy model (2011) and Burns’ position (2012) on the theory of need and intervention). The results of a two studies about the beliefs, knowledge and preferences of mothers in the Neonatal Intensive Care Unit (NICU) will then be presented to illuminate the impact for service delivery. The first study surveyed the naturally occurring voice use of mothers in the NICU. Findings demonstrated that singing is an acceptable experience, with age, education and experience of parenting not providing barriers. Participants reported that they spontaneously sang much more than they read or said nursery rhymes to their infants (60%, 22%, and 30% respectively). Mothers’ own pre-existing capacities to imagine and/or think of a reason to sing were strongly related to actually singing. By understanding the intrinsic capacities of mothers we support them in parenting their babies within their own heritage and culture. A further study was conducted to reveal mothers’ capacity to understand new information about using their voice in interplay with their infant in hospital. During initial hospitalization, mothers were most curious about the idea of infant self-regulation and the idea of silence and gesture as behaviors they could use to safely entice their medically fragile newborn infant into interaction.


Mini biography of presenter: Helen Shoemark is a practitioner-researcher focused on NICU auditory experience and maternal voice to support infant development. She holds adjunct appointments at both the University of Melbourne and Queensland.

Disclosure: No significant relationships.
P188

EFFECT OR IMAGE - UNDERSTANDING MUSICTHERAPY

G. Mayer
Geriatrie, Psychiatrie, Wenckebach-Klinikum Berlin, Berlin/GERMANY

Abstract: Effect or Image – Understanding Musictherapy

Abstract The author proposes the existential approach of therapy – including Husserls Phenomenology and Bubers Anthropology – to serve as a model of explication for musictherapy in its diversity. Investigating antithetic models of musictherapy, the significance of music in general may emerge more clearly.

Description: Effect or Image – Understanding Musictherapy

Summary Effect and image are the most erotic concepts in musictherapy, both aimed at and hidden. In the ongoing process of understanding these concepts, it might be necessary to go back to an antagonism of schools representing these concepts: Anthroposophical Musictherapy as created by Maria Schüppel (as well as others like the “Alt-Orientalische-Musiktherapie” and the “Musik und Medizin”-movement) and psychoanalytically influenced approaches [Priestley et al.]. Due to the lack of explication of what really happens in musictherapy the temptation to lean on extrinsic theories can be at the beginning helpful but also hiding, and it is inevitable to describe the process more accurate. In comparing these great schools, the direction of the current of effect seems to be opposed. In Anthroposophic Musictherapy structures or substances of music are aimed at the client in order to promote change, in psychoanalytical approaches the client is projecting onto music, with the aim of insight to generate change. Still also in Anthroposophic Musictherapy – besides its concept of projection of cosmic structures onto music – there is a kind of projection in the sense of expression of the whole human to be found, which images in music. That is the point where it really becomes interesting. Here the author finds the access of existential therapy [Edwards, Bruscia, et al.] to be very generating in understanding and integrating divergent schools. Not only the concept of projection will be put on a wider basis, but also the concept of limitations will possibly clear up some aspects of musical effect in therapy. To clear up selfevident but unexplicated parts of the process Phenomenology [Husserl] and Dialogue [Buber] will serve as a useful link to look at client and music as well as the therapist.

References:


Disclosure: No significant relationships.
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ASSESSMENT OF EMOTIONS AND INTERMUSICAL RELATIONSHIPS IN CLINICAL IMPROVISATION USING MUSIC TECHNOLOGY

T. Wosch1, E. Ala-Ruona2
1Faculty Applied Social Sciences, University of applied sciences of Wuerzburg and of Schweinfurt, Wuerzburg/GERMANY, 2Department Of Music, University of Jyväskylä, Jyväskylä/FINLAND

Abstract: Music therapy treatments include assessment, defining goals, planning strategies, organizing sessions, documentation and evaluation. However, within the field of music therapy the validated assessment instruments are rare. This paper represents and discusses Finnish software MTTB and MiRemo, and German CoGeEmo in assessment of emotions and intermusical relationships in clinical improvisations.

Description: Within the field of music therapy the validated assessment instruments are rare, and not a routine in everyday practice. Clinical psychology accepts assessments, which are validated on the basis of randomization with a representative group of in minimum 1000 human beings. Anyways, since 2004 new perspectives of software based assessment for music therapy are developed and applied (Baker 2004 in Baker 2007; Erkkiä 2007; Streeter 20010 in Streeter e.a. 2012; Gruschka e.a. 2011; Ala-Ruona e.a. 2013, Wosch 2013). This paper will first introduce the different use and background of clinical improvisation in Improvisational Psychodynamic Music Therapy (IPMT, Erkkiä e.a. 2012) and in Orff Music Therapy (OMT, Voigt 1999). Case examples will briefly illustrate these approaches. Furthermore, the paper will focus in the meaning and needs of assessment in the treatment processes of IPMT and OMT. This will include especially treatment of adults with affective disorders and treatment of children with developmental disorders. In these fields of music therapy treatments, the application of assessment of musical emotions and intermusical relationships with software based assessment tools MTTB and CoGeEmo will be presented and discussed. These assessments cover client’s assessment, therapist’s supervision, micro processes of treatment, and outcome control or outcome identification of music therapy treatment. Client’s assessment will be compared and discussed with psychological assessment. The state of the art and the limits of the software based assessment tools will be presented. Future tasks of these automatic microanalyses for accepted assessment validation and its perspectives for clinical practice will be discussed, i.e. that any recordings from clinical practice worldwide can be analysed. This opens a real chance for the needed minimal number of cases for accepted validation of a tool. Finding worldwide the needed 1000 cases (on the basis of randomization) is much more realistic than in any national validation project.

Mini biography of presenter: Thomas Wosch, professor of music therapy, research focuses microanalyses, music therapy assessment and music and emotion, he is head of MA music therapy, he teaches and is doing research worldwide

Disclosure: No significant relationships.
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RIPPLE EFFECTS OF MUSIC THERAPY WORK FOR CLIENT'S

N. Nagae
Music Therapy, MOYO Music Therapy Center, -/JAPAN

Abstract: How can we prove the generalization of clients’ changes seen by music therapy? A unique project with music therapist and staff from residential unit was developed to investigate clients’ changes observed in a course of music therapy that are generalized in their daily lives.

Description: How can we prove the generalization of clients’ changes seen by music therapy? This seems to be a challenge especially in qualitative research area. However, this presentation will provide a positive answer to it. Even though some obvious developments are taking place in music therapy, it is hard to prove the generalization in client’s everyday life in relation to music therapy solely. In order to investigate this matter, a research project was developed. Music therapy staff and others from clients’ residential units exchanged detailed information about a few individuals, along with a timeline (more than two-year frame), to understand his/her changes throughout the course of music therapy. We then discovered a significant correlation between some events within music therapy and the important events in client’s everyday life (outside music therapy) which lead to each milestone for him/her. The growth process of each client presents a ripple effect caused from music therapy. There will be some case examples in this presentation to discuss the following topics: What was implied in the way client plays? How his/her psychological state was shown during a session? What kind of development did he/she proceed through active music making with a therapist? When he/she attained confidence in his/her own musical expression, how did his/her attitude altered in general? and so on. Also, a discussion on a value of a collaborating staff team that supports clinical work as well as clients’ 24-hour care will be suggested.

References:


Disclosure: No significant relationships.
P191

I AM MY OWN MASTER: BUILDING SELF-KNOWLEDGE THROUGH A REFLECTIVE MT PROGRAM.

L.M. Jeffrey
Education, University of Technology Sydney, Lindfield/AUSTRALIA

Abstract: Specific music therapy methods were designed to deliver and enhance a meditation research program in two mainstream year 5/6 primary school classes. In addition to students experiencing introspection via ‘Mental Stillness’, musical activities induced relaxation, self-expression, intra- and interpersonal awareness, with the aim of building resilience and improved mental health.

Description: ‘Young people today face growing pressure to define themselves via external measures of success, which potentially threatens that which is most important to well-being, namely the quality of relationships with one another and the world’ (Eckersley, 2011, p.6). The value of knowledge of self is potentially lost in this process. In partnership with researchers from the University of Sydney, the music therapist devised a unique reflective music therapy program for pre-adolescent mainstream primary school children. Based on an Eastern ‘Mental Silence’ approach to meditation (Manocha 2008), the research program focused on students regularly experiencing a meditative thought-free state for the enhancement of self-awareness and wellbeing. Session design was experimental and emergent and in order to meet the predominant aim for the students to experience Mental Silence, a structured musical device of vocally guided affirmations, congruent with techniques by Thane, was developed (Thane 2011, pp. 41-62). In addition to this predominant aim, the music therapist added the aspiration of using the liminal meditative experience as a safe container from which to explore intra- and interpersonal issues, via the powerful and effective vehicle of music. To this end, expressive drumming, singing of collective song choices, spontaneous songwriting and drama based games supported the desired aims of enhancing awareness of personal emotions and ultimately to seek improvement in the mental health of participants. The broadband screening tool (SDQ) demonstrated a reduced mental health risk in the subjects after 6 months of implementation. Delivering the Mental Stillness meditation process muscially rather than merely verbally, was reported to have enhanced the desired outcomes of the research program. Acquired abilities in self-reflection offered students a potential future tool for increasing self-efficacy and well-being. The methods and outcomes of this pilot study demonstrate potential for building greater self-efficacy, wellbeing and resilience in the adolescent age group.


Mini biography of presenter: Lene, recipient of the Denice Grocke Award for Excellence 2012, works with children on the autism spectrum, and seeks to incorporate her study of Indian music into contemporary MT practice.

Disclosure: No significant relationships.
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ADAPTIVE USE OF MUSICAL INSTRUMENTS WITH DISABLED PEOPLE IN MUSIC THERAPY

R.M. Niedenthal
Adapted Musical Pedagogy, Centro Camino, Buenos Aires/ARGENTINA

Abstract: Within the music therapy field, in the recent years and thanks to digital technology, people with different disabilities have had access to new experiences. A great amount of music therapists are incorporating this software to their clinical practice with the aim of improving the quality of life of disabled people.

Description: In this presentation, I will show the different types of adaptations (instrumental, corporal, musical and technological) that the music therapist employs to develop each patient's potential.

The presentation will be illustrated with videos and audios of individual and group sessions of patients with neurological disorders. Through this material you will be able to observe the clinical objectives and appreciate the effectiveness of the software in music therapy sessions. This presentation will also include the difficulties presented when working with the software AUMI. All this will provide some ideas that can be considered by the music therapist community.


Disclosure: No significant relationships.
P193

"BUILDING OUR MUSIC MUSCLES" - SERVICE USER PERSPECTIVES ON MUSIC THERAPY

S. Procter
Mmt Training Programme, Nordoff Robbins, London/UNITED KINGDOM

Abstract: Whilst music therapists tell "clinical" stories about their work, service users may have other perceptions. Findings from a recent ethnographic research project conducted in a community mental health setting will be presented, focusing particularly on accounts of music therapy as a health-promoting cultural practice rather than a medical intervention.

Description: Music therapists often present their work in clinical terms as a form of treatment leading to improvements in symptomology. Such a stance is underpinned by the use of RCTs and systematic reviews of RCTs, such as Cochrane reviews. However, this stance needs to exist in dialogue with alternative perceptions of what is going on under the banner of music therapy from others involved in its happening - above all service users. The role that music therapy plays in the everyday life of a setting, and the ways in which it gets configured, valued and represented by people other than music therapists, may not be immediately apparent to the music therapist. This presentation reports some of the findings from a recent ethnographic study conducted within a community mental health resource centre in the UK, focusing particularly on the tendency of service users to configure music therapy as a health-promoting social and cultural practice on a number of levels, recalling Ruud's notion of music as a cultural immunogen (2013). Service users compared music therapy to yoga, exercise and healthy eating whilst also emphasising its potential for pleasure and its creative, social and convivial nature. This was mirrored in evident commitment to doing musical work and to taking responsibility for one's own participation as well as enabling that of others. The implications of these perspectives for music therapy practice, for future research and for the training of music therapists will be considered in relation both to the "clinical" discourse and to recent thinking from Community Music Therapy, music sociology, and music and health studies.


Mini biography of presenter: Simon Procter is Director of the Nordoff Robbins Master of Music Therapy training programme in London and Manchester and part of the Sociology of the Arts research group, Exeter University.

Disclosure: No significant relationships.
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MUSIC THERAPY AND MINDFULNESS - AN INTERVENTION PROPOSAL FOR PSYCHOACTIVE SUBSTANCE ADDICTS

D.A. Torres Güiza
Bogotá D. C., Universidad Nacional de Colombia, Bogotá D. C./COLOMBIA

Abstract: This research used a case study methodology showing that the integration of music therapy and Mindfulness in the therapy offer was successful in the treatment of substance abuse. Receptive and improvisational-methods were used to achieve this integration. The most relevant result was the reduction in perceived anxiety during abstention periods.

Description: In Colombia, the psychoactive substances addiction is a public health problem, and therefore it has been recognized as a disease by the national public health network. To attend to this problem, the Colombian state has only fifteen centers with a capacity of no more than 300 people. Because of this, it is duty within the health field to create new structured proposals of psychoactive substances addicts' interventions. The main achievement of the present research was to develop and implement a Music Therapy intervention, based on the Mindfulness technique. The general objective was to identify the effects in reference to its three axis of integration: 1. Consciousness, 2. Experience of the present, and 3. Acceptance. A descriptive case study-method was used for the within the research methodology. The results show that, according to what most music therapy participants and their main therapists reported, music therapy reduced “anxiety” and the usual way of overreacting to events that generate displeasure or discomfort. Music therapy facilitates and enhances the evocation and/or reconstruction of events related to the drug abuse, as well as the recognition and expression of sensations, emotions, and thoughts generated by these events and those related to being a stationary resident in a drug abuse Care Center (lack of sexual relationships, subsidiary relationships, and diversity in the diet). *There is no precise definition to what anxiety means to the participants.


Mini biography of presenter: Diego Torres is a psychologist and music therapist graduated from the Universidad-Nacional-de-Colombia. He is a practitioner of Vipassana and works as a music therapist in a private school in Bogota.

Disclosure: No significant relationships.
AN ETHNOGRAPHIC JUNGIAN APPROACH TO INTERCULTURAL PRACTICES WITHIN THE CREATIVE EXPRESSIVE ARTS

J. Kroeker
Analytical Psychology, C.G. Jung Institute Zurich, Vancouver/CANADA


Description: The purpose of this experiential qualitative investigation is to articulate the interface between Jungian depth psychology and sound-based therapeutic expressive processes within an intercultural framework. Through a phenomenological exploration of Jung's (1962) Active Imagination process along with Geertz's (1973) interpretive theory of culture known as "thick description" this presentation offers an emerging improvisation-based mode of inquiry for exploring our culturally constructed meaning-making capacity through the amplification of emergent images from the psyche. Jung (1954) asserts that there is energy that resides within the unconscious realm and that individuals can release this trapped energy for conscious use by manifesting it into conscious symbols through accessing and expressing creativity. Through the explication of an original psychodynamic method entitled Archetypal Music Psychotherapy (AMP) and a brief survey of the relevant literature this presentation investigates how music-based symbolic cultural processes can constellate conflicting polarities toward a reconciling third way (ie. " tertium non datur"), thus leading to integration, potential resolution of oppositional tension and a greater sense of well being.

Préliminary abstract overview per April 2014


Mini biography of presenter: Joel's a Clinical Counselor and Music-Centred Psychotherapist based in Vancouver with degrees in Music Therapy and Ethnomusicology. He is an award-winning international musician and founder of Archetypal Music Psychotherapy. www.joelkroeker.com

Disclosure: No significant relationships.
MUSIC THERAPY IN HYPERTENSIVE PATIENTS TREATMENT AT BRAZILIAN UNIVERSITY HOSPITAL: HEALTH EDUCATION

School Of Music And Scenics Arts, Federal University of Goiás, Goiânia - Goiás/BRAZIL

Abstract: This is an experience report about a university extension project being carried out in the League of Hypertension of a Brazilian University Hospital, which acts as an outpatient multidisciplinary care of the hypertensive patient. Music therapeutic interventions are developed involving different settings.

Description: Arterial Hypertension (AH) is a chronic non-transmissible disease, highly prevalent, with significant impact on morbidity and mortality of the population. According to the VI Brazilian Guidelines on Hypertension (2010), psychosocial, economic, educational and emotional stress are involved in the initiation and maintenance of hypertension. Among the different techniques of stress management, music therapy is recommended by the Guidelines. Music therapy can include biological, psychological and social aspects, to contribute to the improvement of the individual with arterial hypertension. This paper presents the experience of a university extension project conducted in a Brazilian University Hospital, with inclusion of music therapy in outpatient multidisciplinary care of the hypertensive patient. Music therapy is developed as a group activity at the League of Hypertension, having as objectives: encourage healthy habits contribute to the reduction of stress; insert Music therapy as a non-drug therapy approach for the treatment of hypertension; include music therapist on staff health, contribute to the humanization of public health services, and stimulate the relationship between extension activities, teaching and research at the university. The interventions are developed in a perspective of Humanistic Music therapy in different settings (the waiting room, cardiac rehabilitation, meeting room of the multidisciplinary team of professionals and others). With Music therapy, we see the inclusion of aspects related to health education, provided by the listening and host of expression and patients’ perception of habits that influence the quality of life. The patients are encouraged to look for themselves and for the group that participates. It is concluded that music therapeutic interventions will meet the main objectives of public health policies in Brazil, such as the National Humanization Policy, National Health Policy for the Elderly, National Policies for Primary Care and Health Promotion, consciously inserted in actions of the entire team.


Mini biography of presenter: PhD in Science of Health; Master in Music; Specialist in Music therapy in Special Education and Mental Health; Professor and Researcher of Music Therapy at Federal University of Goiás (Brazil).

Disclosure: No significant relationships.
MUSIC THERAPY AND WOMEN PRISONERS

H. Leith
Doctoral School Of Music Therapy, Aalborg University, Aalborg Øst/DENMARK

Abstract: This paper presents the data analysis of a mixed methods study of music therapy and the resettlement of women prisoners with non-psychotic mental health problems. It considers the possible impact of music therapy on a prisoner's ability to engage with prison resettlement interventions.

Description: This paper discusses the findings of a mixed methods study of music therapy and the resettlement of women prisoners. It presents the data analysis and discusses its relevance with regard to current resettlement paradigms. The prevalence of mental health problems in the global prison population is very high. Women prisoners often have histories of violence, physical and sexual abuse resulting in disproportionately high rates of mental health problems such as depression, post traumatic stress disorder and self-harm (WHO, 2009). The resulting negative mood states can hinder the processing of information, making it difficult for prisoner to engage in conventional resettlement programs (Ward & Stewart, 2003). A prisoner’s sense of identity is not only formed by the complex interaction between family/societal influences and their personal biography. Their offending history can become a defining factor of their sense of identity. Successful resettlement programs target emotional needs and effect change in attitudes, feelings and relationships (Andrews & Dowden, 2007). However, to make the final connection between resettlement and desistance, they need to facilitate subjective change in the person's sense of self. The forging of an alternative ‘agentic’ identity (McNeill, 2009), is thought to be a major factor in enabling the offender to desist from crime (McNeill, Whyte, & Connolly, 2008). This paper investigates whether music therapy can facilitate a change in the self-perception of women prisoners and whether, if there is a change in the self-perception of women prisoners attending music therapy, this impacts on their ability to engage with prison resettlement interventions.


Mini biography of presenter: Helen Leith is researching music therapy and the resettlement of women prisoners. She has worked with women prisoners with complex needs at a high security prison in the UK.

Disclosure: No significant relationships.
MUSIC AS A GLOBAL RESOURCE: AN INITIATIVE IN MUSIC NETWORKING

P.F. Jampel¹, B. Hesser²

¹Music & Performing Arts Professions, New York University, NY/UNITED STATES OF AMERICA,
²Music Therapy, New York University, /UNITED STATES OF AMERICA

Abstract: Through the UN and a partnering NGO, music therapists, music educators, music businesses and performers are working to identify worthy projects that harness music's power to bring about social, health and economic change. This presentation will highlight the history, structure, current status and future implications of this international initiative.

Description: MAGR is a world-wide initiative to use the universal power of music to establish sustainable programs on the national, regional and local levels, that help solve social, economic and health issues in both developed and developing countries. Strategic planning is needed in broadening the impact of music therapy around the world. By promoting partnerships across a broad spectrum of music makers – therapists, educators, technicians, performers and business people – MAGR offers novel approaches to this challenge. Through the inclusion of UN partners, Non Governmental Organizations (International Council for Caring Communities) and academics, this initiative breaks new ground in seeking solutions that bring together government, programs on the ground and the private sector in promoting the use of music for social and economic change. MAGR has just published a compendium of 104 music projects from 48 nations that is in its third edition. This presentation will highlight five projects that exemplify best practices across the five categories included in the compendium: Music for Sustainable Community Development; Music for Mental and Physical Health; Music for Working with Trauma Survivors; Music for Lifelong Learning; and Music for Peace Building. Each project represents innovative uses of music as a cost-effective strategy to promote change. The history and development of these categories will explain how they came about and what they imply in terms of future societal benefits. Research and program evaluation will be discussed which is the latest feature of the MAGR compendium and which represents an important aspect of what the compendium might offer to improve the viability and sustainability of current and future projects.


Mini biography of presenter: Barbara Hesser is the Director of the Music Therapy Program at NYU. Peter Jampel is the founder of the Baltic Street Music Therapy Program in Brooklyn, New York.

Disclosure: No significant relationships.
THE THEORETICAL FOUNDATION OF PERSONALITY ACCORDING TO THE MODEL OF HUMANIST MUSICOTHERAPY

V. Muñoz Polit
Training, Instituto Mexicano de Musicoterapia Humanista, Mexico/MEXICO

Abstract: This presentation explains the theoretical foundation of personality according to the Humanist Musicotherapy model, based on "The Four Selves of the Human Being": a) Protective Self; b) Occult/Destructive Self; c) Vulnerable Self; and, d) Essential Self, together with the working techniques, both receptive and active, developed within our model.

Description: After 20 years of work with the Humanist Musicotherapy model we have elaborated a theoretical framework of personality and an understanding of the human being, as well as the possibility to integrate this vision using the techniques, abilities and attitudes of this model. This theoretical design is the result of the observation of diverse processes during work with human beings. It has been created on the basis of a succession of events that unfolded in the context of the psychodynamics of musicotherapy work sessions or throughout the musicotherapy process. We call it "The Four Selves of the Human Being", a concept which proposes that the human being consists of four layers that go from the periphery towards the interior:[1] a) Protective Self: defense against the world, manipulation, masks, addictions, etc. b) Occult/Destructive Self: the place of judgments, self-destructive behaviors and sentiments such as rage, fear, resentment, passive aggression, etc. c) Vulnerable Self: the most intimate layer, with the sentiments of shame, fragility, insecurity, fear, sadness, pain, abandonment, self-devaluation, etc. d) Essential Self: spirituality, detachment, creativity, plenitude, humility, love, compassion, joy, freedom, confidence, bliss, etc. This theoretical foundation of personality results from integrating John Pierrakos’ theory of corporal psychotherapy[2] and Krishnananda’s (Dr. Thomas Trobe)[3] model with the vision of the humanist current. This presentation elucidates “The Four Selves of the Human Being” and the working techniques –both receptive and active– of Humanist Musicotherapy.

THE FOUR SELVES OF THE HUMAN BEING

References:


**Mini biography of presenter:** Medical Surgeon. Gestalt and Corporal Psychotherapist. Training in GIM. Director, *Instituto Mexicano de Musicoterapia Humanista*. Group and Individual Musictherapist Author, book entitled *Musicoterapia Humanista: Un modelo de Psicoterapia Musical Humanista*

**Disclosure:** No significant relationships.
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THE MUSIC STORE AS AN "ARENA" FOR COMMUNITY MUSIC THERAPY

Y. Yoshida
Music Farm Mandoro, Mie-pref.Taki-gun/JAPAN

Abstract: A YAMAHA music store in Japan is found to have become an “arena” for community music therapy practices with a great access to many useful resources. In the presentation, I will discuss how these resources were put together and functioned to bring out a new music culture in a community.

Description: Music therapy sessions are not yet served systematically in many areas in Japan. However, music stores provide various music lessons all over Japan. In this presentation, I will present my own Community Music Therapy (CoMT) case study which utilized one YAMAHA music store as a musical-therapeutic-communal arena. The CoMT practice started with individual music therapy sessions with children with developmental disabilities in a lesson room of the music store. While continuing them twice a month, several meetings with music teachers, who worked in the same music store, were held to discuss how we could collaborate together. As a result of this, some clients of mine started taking musical instrumental lessons as well. Monthly concerts were also held in the hall of the music store. The performers there include not only the clients of the music therapy sessions but also the music lovers in the community; members from a local chorus group and a local brass band as well as a sax teacher. In addition to the participant observation, I have used interviews to further investigate the meaning of the CoMT sessions. The findings are as follows; 1) By combining music therapy sessions and instrumental lessons, the clients were able to enrich their musical expressions. 2) The clients and their families gained more confidence through the sympathetic reactions by the audience at the concerts. This also affected the clients' engagements in fortnightly sessions positively. 3) Finally, as an arena for CoMT, I found that the music store had very rich resources; a space, instruments and a number of useful things as well as an access to various networks of people. All these different resources were put together in the CoMT practice and they functioned to bring out a new music culture in the community.


Mini biography of presenter: After working as a school teacher, I became a music therpapist in 2000. I received my master's degree in education from Mie University in 2005. I work with developmental disordered people.

Disclosure: No significant relationships.
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‘YOUNG TEEZY’ IN STUDIO THERAPY

E.K. O’Brien¹, S. Skov²
¹Music Therapy, The Royal Melbourne Hospital, Melbourne/AUSTRALIA, ²Music Therapy, The Royal Melbourne Hospital, Victoria/AUSTRALIA

Abstract: This paper presents a unique case study of a young Maori man who has leukemia in the RMH MT songwriting program integrating bedside music therapy, Ipad programs, and our new recording studio, culminating in a music video clip featuring himself and his family and friends as flagship ‘studio therapy’ project.

Description: The Royal Melbourne Hospital music therapy (MT) program specializes in creating original songs with cancer patients. More recently we have introduced IPads into our program and have opened a new recording studio to enhance the MT sessions and offer a further dimension to our songwriting program. This paper presents a unique case study of a young man in songwriting sessions which integrated IPads, our new recording studio, with the final result of a music video clip featuring ‘Young Teezy’ and his family and friends.

‘Young Teezy’ is a 20 yr old NZ Maori, with a long history of illness diagnosed with a rare syndrome called Blackfan-Diamond. He was in and out of hospital for the first six years of his life (constant blood transfusions ) with a very poor prognosis. When he was 11 his family moved to Melbourne for treatment and last year his disorder transformed to Leukemia and he came to our public adult for chemotherapy and a bone marrow transplant. Whilst undergoing treatment in isolation he began live MT sessions and working on an original piece using the loop tracks on the Garage Band Ipad AP. This medium was particularly appropriate given ‘Young Teezy’ was a rapper. The tracks were later transferred to hospital’s recording studio protols program and the lyric writing phase began. His song is about fighting on, having hope and living your life. His friends and family and mother all sang on the track and are featured in the music video clip. ‘Young Teezy’. Studio therapy is a long tail project bringing original from the bedside to the studio for multi tracking, engaging the pateints and their families, documenting the process and creating music video clips to be shared via social media and including the broader community in aspects of the process.

References:

Mini biography of presenter: Emma O’Brien is a senior music therapist/manager. She is currently completing PhD at The University of Melbourne on the effect songwriting on cancer patients’ quality of life, and mood states.

Disclosure: No significant relationships.
REFLECTING ON CULTURE AND MUSIC THERAPY IN HOME-BASED PAEDIATRIC PALLIATIVE CARE

L. Forrest
Music Therapy, Mercy Palliative Care, Ascot Vale/AUSTRALIA

Abstract: This paper presents the findings of a research study exploring parents’ and music therapists’ reflections on the experience of music and music therapy for paediatric palliative care patients and their families, who come from diverse cultural backgrounds. The rationale, design and methodology will be discussed, and findings and recommendations presented.

Description: Introduction & Aims: Music can be an important part of many families’ lives, especially when a child is unwell. This paper presents the preliminary findings of a research study examining parents’ and music therapists’ reflections about the experience of music and music therapy for paediatric palliative care (PPC) patients and their families, who come from diverse cultural backgrounds, and who are receiving music therapy through a community based palliative care service. The study explores how children in palliative care, and their families, use music: how cultural practices and beliefs are associated with the provision of home-based palliative care, and the family’s use of music; and the experience of music therapy for children and their families. This information will help to identify barriers and improve access to palliative care and music therapy for families of diverse cultural backgrounds. Design & Methodology: The study is a longitudinal, multi-site study being conducted across four community palliative care programs in Melbourne. Participants include parents of PPC patients aged 0-12 years who receive music therapy through a community palliative care program; and music therapists providing music therapy to PPC patients through a community palliative care program. A grounded theory methodology informs data collection and analysis; and a repeated-interview design has been employed to capture the experiences of patients and families over time, and through their palliative care journey. Data sources include 1) interviews held with the parent participants, 2) a focus group held with the music therapists and 3) the Clinical Reflexive Journal and Notes of the author who has the dual role of clinician-researcher. Results & Discussion: Key findings from the study will be presented; challenges in conducting research in community-based paediatric palliative care explored; and application of the findings to clinical practice discussed.


Mini biography of presenter: Lucy Forrest is the Senior Music Therapist at Mercy Palliative Care in Melbourne, Australia. Her clinical and research interests include neuro-palliative care, and working with children, migrants and refugees.

Disclosure: My research is being conducted, in part, through my primary place of work, Mercy Palliative Care, where my role is that of Clinician-Researcher.
AUGMENTATIVE AND ALTERNATIVE COMMUNICATION AND IT'S POSITION IN MUSIC THERAPY

A. Gadberry¹, D. Gadberry²
¹Music, Theatre, & Dance, Marywood University, Scranton/UNITED STATES OF AMERICA,
²Bloomsburg/UNITED STATES OF AMERICA

Abstract: Many persons with communication needs receive music therapy services. Yet many music therapists are not trained in Augmentative and Alternative Communication (AAC). The presenters will discuss easy ways to incorporate AAC systems into sessions and assist clients in more competent communication.

Description: Many music therapy clients need or would benefit from alternate ways of communicating. Incorporating another means of communication into the music therapy session may appear challenging. Thus in this session, participants will learn about augmentative and alternative communication (AAC) and for whom it may be necessary or beneficial. What AAC is, why it is needed, and how to incorporate it into music therapy sessions will be explained and demonstrated. Specifically, ways to utilize AAC for receptive and for expressive communication will be addressed. One popular means of AAC currently is the iPad. Presenters will demonstrate different applications available and allow the participants to experiment in utilizing the iPad for AAC purposes.


Mini biography of presenter: Anita L. Gadberry, Ph.D., MT-BC is the Director of Music Therapy at Marywood University. David L. Gadberry, Ph.D. is the Coordinator of Music Education at Susquehanna University.

Disclosure: No significant relationships.
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A THEORY-BASED CONCEPTUAL FRAMEWORK FOR MUSIC-BASED INTERVENTIONS WITH PREMATURE INFANTS

D. Hanson-Abromeit¹, H. Shoemark²
¹School Of Music, Division Of Music Education & Music Therapy, University of Kansas, Lawrence, KS/UNITED STATES OF AMERICA, ²Clinical Sciences, Murdoch Childrens Research Institute, Parkville/AUSTRALIA

Abstract: This paper will present a conceptual framework to illustrate an emerging theory for the use of music-based stimuli with premature infants. The framework will provide a basis for homogeneous study and greater understanding of the phenomenon of music as it relates to developmental competence of the premature infant.

Description: Neurobehavioral functioning is on a continuum with gestational age. Premature infants do not have fully developed biological, physiological, or neurological systems and complete their early development in an environment that is unintended for such complex and important development. Thus premature infants are reliant on medical and developmental intervention to appropriately support their neurodevelopmentally at-risk systems. The use of music-based stimuli as an intervention strategy in the Neonatal Intensive Care Unit (NICU) with premature infants is relatively new. Emerging as a nursing intervention in the 1970s as a method to provide sensory stimulation, music-based interventions with premature infants have grown to include maintenance of a stable physiological state or homeostasis, procedural support, attainment of developmental goals such as self-regulation and feeding, neurodevelopment, and quality of sleep. The increasing use of music-based intervention strategies with premature infants over the last 30 years implies that music is a potent mechanism for change. Yet research outcomes are mixed possibly due too much heterogeneity in the populations, interventions and measures to render useful results. In addition, transparency of theory-based interventions has been limited. A conceptual framework illustrates the synthesis of evidence-based research in a meaningful way to structure and understand why a particular intervention may address a phenomenon and hypothetically support outcomes. This paper will present a conceptual framework to illustrate an emerging theory for the use of music-based stimuli with premature infants. Key components will include covariates (e.g. birth information), mediators (e.g. sensory system organization), moderators (e.g. environmental characteristics), characteristics of the mechanism (e.g. structure of music), and expected outcomes. The conceptual framework will provide a basis for homogeneous study and greater understanding of the phenomenon of music as it relates to developmental competence of the premature infant.


**Mini biography of presenter:** Deanna Hanson-Abromeit, Ph.D., MT-BC is a music therapy professor at the University of Kansas. Her research focuses on neurodevelopmentally at-risk infants.

**Disclosure:** No significant relationships.
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MUSIC EDUCATION AND MUSIC THERAPY. CONTACT SURFACES AND BOUNDARIES.

B. Schnetzinger
Human Medicine, Medical University of Vienna, Buchkirchen/AUSTRIA

Abstract: This thesis, which was released at the MDW 2010, discusses the similarities and differences of music education and music therapy. For the first time the Austrian Music Therapy Act was used for scientific research and thereby clarity is given for all people employed in these two professional fields.

Description: Presentation of the thesis "Music education and music therapy. Contact surfaces and boundaries."

Hypothesis: There are gradual, but no fundamental differences between music education and music therapy. Research questions: Which common and different aspects can be found in the legal foundations of music education and music therapy? Which role do the music education and music therapy play in the Austrian educational and social system? What similarities and differences can be found in the practice of music education and music therapy? Content: 1.) Definition of music education and music therapy on the basis of legal principles: - Music Therapy: Music Therapy Act - Music Education: School Organisation Act, The Primary School Curriculum and the Curriculum KOMU - Similarities: concerning goals - Differences 2.) A brief overview of the current education system and social education in Austria: Where are both fields classified? 3.) Comparison of the aspects of music education and music therapy in practice based on their: - Immediate objectives: similarities / differences - Remote goals: similarities / differences - Inner attitude of teacher personality and therapist personality: similarities / differences - Relationship design: similarities / differences - Environment: similarities / differences - Equipment and instruments: similarities / differences - Methods: similarities / differences - Techniques and interventions: similarities / differences 4.) Summary 5.) Questions Methodology: In this thesis, the position of both occupational areas in the Austrian education system and social education is clarified. After a clarification of the relevant terms "health" and "independence", the final chapter contains a direct comparison of different dimensions of music education and music therapy practice and its resources for health promotion and health literacy.

Conclusion: Music education and music therapy both aim to use the medium music to help the Austrian students or patients to develop into healthy, self-dependent people.


**Mini biography of presenter:** **Education:** 2011: University of Music and performing Arts Vienna: - Diploma examination (Music Therapy) -Master’s examination (Music Education-Flute) passed with distinction since 2011: Medical University of Vienna: -Diploma study of medicine

**Disclosure:** No significant relationships.
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DEVELOPMENT AND IMPLEMENTATION OF MEDIA-BASED APPLICATIONS FOR USE IN MUSIC THERAPY

T. Clauß, M. Seideneck, H.V. Bolay, G. Gatzsche, T. Wosch

Abstract: The use of media-based applications in music therapy could be beneficial in terms of efficiency and profitability. In this work, new opportunities for music therapy work by applying media technology are investigated. Requirements, chances and risks are displayed with the help of a software implementation for tinnitus therapy.

Description: In recent years the influence of mobile and multi-touch-based computers on our life has grown rapidly [1]. The application of modern media technology in music therapy could be beneficial in terms of efficiency and profitability. In this paper first attempts are made to combine both disciplines, music therapy and media technology, to investigate and discover opportunities for music therapy work. Answering the question if music therapists would be willing to use media technology like mobile and multi-touch-based computers in their work with clients, more than 25 therapists were interviewed personally. Additionally, they were asked to describe their ideal application to assist music therapy. We deduced the following requirements for media-based instruments and tools from those interviews and methodical sequences, processes and approaches of music therapy work: modular system design, high adaptability to each client, space-saving and therefore mobile implementation, comprehensive but well-arranged data evaluation, integration of biofeedback parameters. We present different concepts e.g. for tetrapsacility, anaesthesia or support of coma patients [2]. A tinnitus therapy application is outlined in more detail. The tool based on the „Heidelberg Method“ [3][4] was developed in collaboration with the “German Center for Music Therapy Research”. Within this paper we analyse the therapy method, discuss the development steps and show how to integrate the results into an appropriate software-architecture [5]. Taking into consideration the aforementioned requirements the coming prototype is evaluated by a focus group and the results of practical tests are analysed [6]. All results of our work provide an initial point for further research in the field of music therapy applications. Media technology can supply therapy work proving therapeutic success, but will never replace established music therapy methods. Human needs always have to be the main subject in therapy work regardless how much media technology is used.


Disclosure: No significant relationships.
THE DEVELOPMENT OF MUSIC THERAPY AND DALCROZE EURHYTHMICS IN 20TH CENTURY BRITAIN

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Abstract: Through archival research and narrative historical enquiry, this paper describes the contributions of two Dalcroze Eurhythmics practitioners to music therapy in Britain in the mid-20th century. Primary unpublished sources support the discussion and contextualization of their work in the diverse cultures of education, therapy and medicine.

Description: There is a longstanding relationship between music therapy and Dalcroze Eurhythmics, a method of music education that had its beginnings in the reform pedagogy movement of the fin de siècle. Jaques-Dalcroze (1865-1950) himself developed explicitly therapeutic as well as educational aims for his method. Teachers soon began to apply it to the education of blind children as well as those with visual/hearing impairment and physical and learning disabilities. Most recently, this aspect of the Dalcroze work has developed in dementia care. There are many similarities between the two practices, including communication through musical improvisation, person-centred work and attunement in playing for another’s movement. In the 1950s, Priscilla Barclay and Desiree Martin were British Dalcroze teachers who worked in mental hospitals and schools as music therapists, before music therapy became a profession. They left behind documentation and artefacts that this research critically examines for the first time. Through archival research in the UK, Switzerland and the USA, and using a research methodology of narrative historical enquiry, a story has emerged of Barclay and Martin’s contributions to music therapy. Using unpublished texts and other archival material, this paper will provide a detailed picture of these women’s practice, and discuss how they may have understood their educational/therapeutic practices. It will contextualize their work within the wider development of the ‘cultures’ of Dalcroze Eurhythmics, music therapy and medicine in the UK at this time. The paper also assesses to what extent their exchanges with pioneers such as Juliette Alvin affected their Dalcroze work. As an investigation into the parallel development and potential cross-fertilization of Dalcroze practice and music therapy in 20th century Britain, this research fills several gaps. It will thus help to enrich our understanding of two seminal movements in the history of health musicking in the UK.

References:

Mini biography of presenter: John Habron is a composer and music therapist. As Senior Lecturer in Music at Coventry University, UK, he researches into new music, Dalcroze Eurhythmics and music therapy/education more broadly.

Disclosure: No significant relationships.