This module was an introduction to music therapy practice and theory. It is not a comprehensive account, as there are many examples and theoretical/practical approaches that are unable to be covered. The module does however address:

- how to make appropriate referrals to music therapy
- the main approaches and how they might work in practice
- the professional practice and training for music therapists
- the main populations who can benefit from music therapy
- research and evidence-based practice in music therapy.

### Background to music therapy

- Music therapy is one of four arts therapies, namely art therapy, music therapy, dance movement therapy and drama therapy. The music therapist is a highly skilled trained musician and therapist. Training is at postgraduate Masters level and music therapy is registered by the Health and Care Professions Council (HCPC).

- Music therapy in the UK focuses on the use of live music, mainly improvised, but sometimes also using receptive listening techniques. Treatment focuses upon the unique aspects of making a musical interactive relationship with patients.

- The pioneers of music therapy in the UK who influenced the early improvisation approaches were Juliette Alvin, Paul Nordoff and Clive Robbins.

- Music therapy works because the four basic elements of music are all part of pre-verbal human interaction as can be seen in early babble in babies; the pre-cursor to speech. These four basic elements of music are pitch, timbre, duration, rhythm.

- Some of the important areas for music therapy are children and families, older people, adolescents and young people, people with learning difficulties, adults and children with mental health problems, prisons and forensic services, end of life care, acquired brain injury, autism.

- Referral and assessment procedures are usual and music therapists work as part of multi-disciplinary teams, and should be included in case reviews and other processes such as the Care Programme Approach (CPA).

### Music therapy approaches

- There are many different approaches and schools of music therapy. It is important to find a suitable approach according to diagnosis, needs and context/setting.

- There is debate about how much the therapist should play music themselves with the patient, and how much this is responsible for effective outcome.

- The main theoretical approaches and techniques are described in the literature usually under Improvisation-based/live music-making (improvisation-based approaches also use psychoanalytically informed/psychoanalytic approaches) and receptive music therapy (which includes music listening for relaxation, including visualisation and Guided Imagery and Music).

- The improvisation-based approach involves the music therapist and patient interacting through practical music making. The Nordoff-Robbins and Alvin approaches formed the foundation of the main important
aspects of this approach. Pitch, timbre, volume and duration, the main elements of music, form the basis of
the therapist’s thinking and analysis of the patient’s development in crucial areas.

- Paul Nordoff, a composer and Clive Robbins, began their collaboration in the late 1950s, and the
  foundation of their work was with children. They developed a style which matched the tempo and dynamic
  within music, of whatever behaviours and expressions were presented by the children.

- Alvin’s musical method involves free improvisation. The therapist imposes no musical rules, restrictions,
directions or guidelines when improvising, unless requested by the client.

- The Community music therapy approach has developed mainly in the 21st century. It places sociological
  and cultural context at the heart of practice. There are many approaches described.

- Music can address the inner world and unconscious processes, and an established approach called
  Psychoanalytically Informed Music Therapy was developed in the UK and is now widely practised.

Music therapy for autism

- Music therapy is a recognised treatment for children with autism. There is also research showing evidence
  cited in the Cochrane Review for Autism. For more information, refer to Geretsegger et al, 2014.

- Music therapy most helps the relational and communication deficits in autism.

Music therapy for schizophrenia

- Music therapy is cited in the Cochrane Review and NICE guidelines as a beneficial treatment for people
  with schizophrenia (Geretsegger et al, 2017).

- It is specifically beneficial with regard to socialisation and interacting in groups. increasing motivation to
  engage in activities and life events and helping form relationships and cut down isolation.

Music therapy for dementia

- The author carried out early research of a controlled trial showing that regular music therapy was more
  helpful than intermittent music therapy, and also that music therapy raises levels of engagement. Although
  many researchers since have found benefits and evidence, there is a need for more music therapy studies
  in this field.

- In patients who are not necessarily able to use spoken language, the innate qualities of music are pertinent
  because a more spontaneous uninhibited form of relating often emerges as part of the dementia process.

- Music therapy is helpful for people with cognitive impairment, as it involves non-verbal language, vocalising
  and singing without having to form complex spoken language, helps provide structure when people are
  confused and can help evoke memories.

Further reading
schizophrenia-like disorders. Cochrane Database of Systematic Reviews, 5: CD004025. [abstract]

disorder. Cochrane Database of Systematic Reviews, 6: CD004381. [PDF]

therapy clinicians, educators and students. Jessica Kingsley.

Health Professions Council (2010) Standards of Proficiency. [PDF]
