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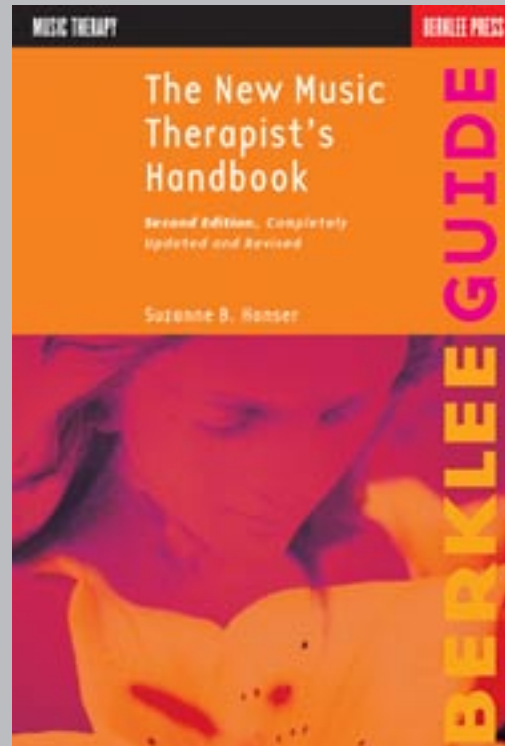
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**The New Music Therapist's
Handbook, Second Edition**
Suzanne B. Hanser

Chapter 3
Referral to Music Therapy
The Referral Process

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The Referral Process

Candidates for Music Therapy

Lorne was diagnosed with Williams Syndrome, a genetic condition which leads to mild or moderate developmental delays, specific medical symptoms, and hyperacusis. This latter symptom is an extreme sensitivity to sound which is also associated with a responsiveness to music and an ability to make very fine auditory discriminations. In Lorne's case, he spends most of his free time on the keyboard where he loves to pick out familiar melodies and improvise. He was referred to music therapy by his parents who believed that music could capture his attention and teach him other skills.

Frieda was referred by her physician. She had been diagnosed one year ago with fibromyalgia. Unfortunately, many pain medications were contra-indicated for Frieda because she also suffered from hypertension and diabetes. She felt as though she was too nervous for meditation and she had not responded to other relaxation techniques. Her physician was aware that music and music therapy strategies were often effective distracters from pain. He contacted the American Music Therapy Association for names of local therapists and made the referral.

Alicia was referred to music therapy after the care team of a skilled nursing facility met to evaluate her case. A 78-year-old woman diagnosed with probable Alzheimer's disease, Alicia had been withdrawn and isolated. She also displayed great confusion and agitation, typical of the middle to late stages of the disease. The team had witnessed many cases where music therapy was instrumental in changing mood and improving socialization. For many residents with dementia, music therapy was the most effective way to improve the quality of life.

Referral Criteria

The cases of Lorne, Frieda, and Alicia display three major reasons to refer individuals to music therapy. Lorne had an obvious interest in and responsiveness to music. Frieda is someone who did not benefit from traditional treatments. Alicia's care team believed that her needs could be met best by music therapy techniques which were shown to be effective with people like her.

Music therapy can help almost anyone who is willing to try it. There are no obvious side effects. It is administered individually or in groups, which is often immensely cost-effective. Yet, there are some very important reasons why certain people are particularly good candidates for music therapy. The following are some basic guidelines:

1. When there is strength in auditory learning styles
Some people learn new subject matter most efficiently when they see visual cues or read written material about it. Others learn better or faster through listening. People in this latter category are sometimes called *auditory learners*. Their strength in the auditory modality may allow them to succeed in tasks which involve responding to verbal instructions or auditory cues.

It is useful to know the preferred learning style of children who have special needs so that they have a greater opportunity to succeed when approached with new information. Children who display finer abilities in the audi-

tory modality are already more at ease taking in information while listening. They may be particularly good candidates for music therapy.

2. When there is responsiveness to sound or music

It is not necessary to have musical ability or experience to benefit from music therapy. However, people who enjoy music may be predisposed to use it as therapy.

Some people are exposed to a song once or a few times, and are able to recall the words. They may be able to precisely hum a melody they heard recently. They are particularly responsive to music. Sometimes, children who show little awareness of their environment demonstrate a propensity towards musical expression. They may hear jingles on radio or television and sing them back although they are unable to articulate simple speech. At the other end of the life cycle, older adults with dementia may perform music, demonstrating a preserved ability even when they are disoriented in time and place. These individuals are demonstrating through this behavior that music provides a channel to reach them and to develop their hidden potential.

3. When there is physical inactivity or limited mobility

Persons with severe physical impairments or illnesses may only be able to participate in therapeutic approaches which are more passive or *palliative*. Music therapy may be administered at the bedside without disturbing the individual. Passive music listening is noninvasive, but yields an active inner world of associations and images which may be dealt with and processed. Many music therapy techniques make few demands, allowing the person to respond at a level which is comfortable and natural. For those with the potential to develop mobility and motor skills, graduated exercises with musical instruments facilitate growth in this area.

4. When there is limited cognitive capacity
Individuals who have limited cognitive ability may be restricted in the type of therapies from which they benefit. Music therapy is ideal for people who find verbal therapy unproductive or who cannot participate in therapies which require higher brain function. Some musical experiences activate neural pathways which are distinct from those which are excited during intellectual activity. These experiences generate spontaneous behavior which can then be recognized, shaped, and modified, when appropriate. This is particularly important in children with pervasive developmental disorders and adults with dementia.

5. When confrontive therapies are inadvisable
Music therapy is success-oriented, providing a nonthreatening and safe environment for exploration and change. Its techniques are noninvasive and offer the person opportunities to participate in a failure-free, creative and spontaneous endeavor. Children, adolescents and adults can benefit from an approach which builds on a person's strengths and talents, enhancing a positive self-concept.

6. When compliance is a problem
Many music therapy techniques have an element of fun attached to them. Most people who attend music therapy enjoy it while they reap other benefits. Because it applies methods which focus on the person's abilities and preferences, compliance is easy.

7. When there is difficulty communicating or expressing thoughts, feelings, or ideas
Music therapy is indicated for individuals who cannot express themselves freely. Music offers alternative ways of communicating by augmenting a person's repertory of expressive skills. In music therapy, people learn new ways of making themselves heard through music. They can respond in their own unique way, without concern of being judged

right or wrong. For the individual whose emotional capacity is limited, music therapy taps into a world of feelings which may be accessed immediately and unconditionally.

8. When there is difficulty getting along with others
Music therapy facilitates interaction and is well-suited to group therapy and family therapy. Because people with vastly different abilities can participate successfully in a single musical experience or performance when their roles are carefully prepared, music therapy is recommended for individuals with deficits in social or interpersonal skills. Autistic children have a particular affinity for music and benefit greatly from expressive activities. Children and adults who are reclusive or depressed may be drawn out gently. Music facilitates an atmosphere which is conducive to positive social interaction.

9. When there is limited self-awareness
Because music therapy emphasizes success and attempts to uncover the musical and creative nature of every person, it positively influences self-awareness and self-esteem. Individuals who are more friendly with failure than with success are the beneficiaries of this approach which acquaints people with their confident selves as they develop their potential.

10. When traditional treatments fail or are contra-indicated
Often, a referral is made to music therapy as a last resort when other treatments have failed or are associated with undesirable side effects. It is under these circumstances that music therapy has gained a reputation for serving people who cannot respond to other treatment. As music therapy and other forms of complementary medicine or related services achieve a degree of acceptance within the health sciences and educational institutions, last resort is evolving into first choice.

11. When the evidence shows that music therapy interventions are successful

Formerly considered adjunctive, music therapy is coming into its own as a treatment of choice. As shown in Chapter 1, a body of research is confirming what clinicians have observed in case after case. In 1991, the United States Senate Special Committee on Aging cited evidence of the effects of music in testimony which brought about legislation supporting music therapy with older adults (Special Committee on Aging, 1991). In a publication by the Agency for Health Care Policy and Research (1992), music is listed as a pain management strategy, “effective in reducing mild to moderate pain” (p. 17). Supportive research may be the most significant reason to refer an individual to music therapy.

These eleven points are generic criteria for referral. They are not intended to list all of the potential arguments for referring an individual to music therapy. There are indications and contraindications for specific music therapy techniques and approaches which the therapist will need to determine in each treatment program.