



American Music Therapy Association, Inc.

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MUSIC THERAPY AND MEDICINE

“ I certainly think that every institution should have its music therapy and its music therapists.”

*- Oliver Sacks, MD
Neurologist*

WHAT IS MUSIC THERAPY?

Music therapy is an established health service similar to occupational therapy and physical therapy. It consists of using music therapeutically to address physical, psychological, cognitive and/or social functioning for patients of all ages. Because music therapy is a powerful and non-invasive medium, unique outcomes are possible. In addition to its applications with hospital patients, music therapy is used successfully with persons of all ages and disabilities.

WHAT IS AMTA?

The American Music Therapy Association (AMTA) was founded in 1998 as a result of the unification of the American Association for Music Therapy (founded in 1971) and the National Association for Music Therapy (founded in 1950). Its mission is to advance public awareness of the benefits of music therapy and increase access to quality music therapy services. AMTA establishes criteria for the education and clinical training of music therapists. Members of AMTA adhere to a Code of Ethics and Standards of Practice in their delivery of music therapy services. Through the *Journal of Music Therapy*, *Music Therapy Perspectives*, and other publications offered by AMTA, research findings and clinical studies relevant to the practice of music therapy are shared with interested professionals.

HOW DOES MUSIC THERAPY MAKE A DIFFERENCE FOR MEDICAL PATIENTS?

Music therapy has been shown to be an efficacious and valid treatment option for medical patients with a variety of diagnoses. Music therapy can be used to address patient needs related to respiration, chronic pain, physical rehabilitation, diabetes, headaches, cardiac conditions, surgery, and obstetrics, among others. Research results and clinical experiences attest to the viability of music therapy even in those patients resistant to other treatment approaches. Music is a form of sensory stimulation, which provokes responses due to the familiarity, predictability, and feelings of security associated with it.

WHAT DO MUSIC THERAPISTS DO?

Music therapists use music activities, both instrumental and vocal, designed to facilitate changes that are non-musical in nature. Music therapy programs are based on individual assessment, treatment planning, and ongoing program evaluation. Frequently functioning as members of an interdisciplinary team, music therapists implement programs with groups or individuals addressing a vast continuum of outcomes, including reduction of pain and anxiety, stress management, communication, and emotional expression.

WHAT CAN ONE EXPECT FROM A MUSIC THERAPIST?

Music therapy utilized in a medical setting complies with the expectations and requirements inherent in the medical model of treatment. Professionally trained music therapists design and utilize individualized music experiences to assess, treat, and evaluate patients. Music therapy patient objectives are specific and relevant to medical diagnosis, course of treatment, and discharge timeline. Benefits are described in medical, and not musical, terms.

Through a planned and systematic use of music and music activities, the music therapist provides opportunities for:

- Anxiety and stress reduction
- Nonpharmacological management of pain and discomfort
- Positive changes in mood and emotional states
- Active and positive patient participation in treatment
- Decreased length of stay

In addition, music therapy may allow for:

- Emotional intimacy with families and caregivers
- Relaxation for the entire family
- Meaningful time spent together in a positive, creative way

WHO IS QUALIFIED AS A MUSIC THERAPIST?

Graduates of colleges or universities from more than 70 approved music therapy degree programs are eligible to take a national certification examination in music therapy. Those who pass the exam become Board Certified (MT-BC) demonstrating entry level skills in the profession. In addition to the MT-BC credential, other recognized professional designations are Registered Music Therapist (RMT), Certified Music Therapist (CMT), and Advanced Certified Music Therapist (ACMT), as listed with the National Music Therapy Registry. Professionals who have proper training and credentials are the only ones qualified to provide music therapy services.

WHERE DO MUSIC THERAPISTS WORK?

Music therapists offer services in medical hospitals, skilled and intermediate care facilities, rehabilitation hospitals, adult day care centers, senior centers, hospices, psychiatric treatment centers, drug and alcohol programs, schools and other facilities. In the medical setting, music therapists work with a variety of patient needs, and may work in many different hospital units, including ICU, NICU, Pre- and Post-Op, surgery, chronic pain management, cardiac care, obstetrics, emergency, pediatrics, physical rehabilitation, and outpatient programs. Some therapists are self-employed and work on the basis of independent contracts, while others are salaried hospital employees.

HOW DOES MUSIC THERAPY HELP PATIENTS AND HEALTH CARE STAFF?

Dr. Walter Quan, Jr., Oncologist-Hematologist of St. Luke's Medical Center in Cleveland, Ohio, attests that: **“Music therapy has a wide range of applications.** We see some patients whose blood pressure does come down and seems to stay down through regular use of music therapy. Another important aspect is the use in the labor and delivery room. We know that patients, who go through Lamaze training for instance, can also use music therapy to help them relax and to have pain relief in terms of labor pains.”

Music therapy is quantifiable and qualitative. Dr. Quan continues: “...[I]n general as a physician you only use those things that you can measure or that have a number related to [them]... but there are a number of disciplines, and music therapy is one of them, where there is a qualitative effect which can give a lot of benefit for patients.”

Music therapists complete assessments for each patient and collect extensive data in order to write a complex patient history and develop a client-centered treatment plan. The music therapist is then able to evaluate the patient during the course of treatment. All of this contributes to the quantifiability of music therapy treatment.

Music therapy is reimbursable. The government has recognized music therapy as a reimbursable service. A program memorandum was released in June, 1995 by the Health Care Financing Administration (HCFA) that cited music therapy as a reimbursable service under Medicare's Partial Hospitalization Benefit; other coverage is on a case-by-case basis. Similarly, insurance companies are recognizing the advantages of covering music therapy as a benefit as they respond to increasing market demand for greater patient choice of health care services. Healthcare plans are reimbursing for music therapy services on a case-by-case basis, as well, based on medical necessity.

Music therapy interventions are favored for the ability to meet quality of life needs. As quality of life issues and patient choice are pushed to the forefront of the national healthcare agenda, music therapy is being increasingly recognized for its unique contribution to patient quality of life.

Music therapy can help to relieve pain and reduce stress and anxiety for the patient, resulting in physiological changes, including:

- Improved respiration
- Lower blood pressure
- Improved cardiac output
- Reduced heart rate
- Relaxed muscle tension

Music therapy has been shown to have a significant effect on a patient's perceived effectiveness of treatment, self reports of pain reduction, relaxation, respiration rate, behaviorally observed and self-reported anxiety levels, and patient choice of anesthesia and amount of analgesic medication.

WHY MUSIC THERAPY?

William Frohlich, President, Beth Abraham Health Services in New York, talks about music therapy as part of the total treatment modality:

“I think that the therapist plays an integral team role when you are talking about a team of physicians, a team of nurses, therapists, physical or occupational therapists and so on... included in that team needs to be a music therapist. The observations where a patient may be singing where they could not speak before or they may be walking or dancing where they could not move before – that is important for the music therapist to bring to the occupational therapist or physical therapist to become part of the total treatment modality.”

Dr. Walter Quan, Jr., Hematologist-Oncologist, St. Luke's Medical Center in Cleveland, Ohio, on music therapy in the treatment of cancer:

“The mind/body relationship is particularly important in terms of looking at the immune system to treat cancer. We believe that patients who are under less stress, who are in a brighter mood, appear to do better in terms of their anti-cancer therapy. I think that music therapy and imaging and immune therapy of cancer all tie together... I think it can be helpful in conjunction with biologic therapy for cancer. A study done just relatively recently on cancer patients showed that approximately three quarters of cancer patients that had their usual pain medicines but also had the additional music therapy experienced less pain then previously... Music therapy in helping patients relax could possibly be beneficial in raising the innate immune system which could have therapeutic implications for cancer.”

Susan Shurin, M.D., Chief of Pediatric-Hematology, Oncology at the Ireland Cancer Center in Cleveland, Ohio, comments on the effectiveness of music therapy in treatment of neurological impairments:

“Music therapy enables people to sometimes put words together in ways that are hard for them to do otherwise. ...[I]t often seems to be easier if [the patient] has the rhythm and cadence that comes along with music. Particularly with people with certain kinds of neurological deficits I think that [music therapy] can be very helpful. The music seems to get through to the patient and in many ways it enables [the patient] to get through to us which [may be] very hard to do with any other modality.”

Joseph Arezzo, PhD, Vice Chair, Department of Neuroscience, Albert Einstein College of Medicine, New York, talks about music therapy's role in restorative neurology:

“[T]he degree to which function can be recovered is phenomenal and we are just tapping into the extent that we can get recovery following stroke or injury or disease. We hope that music might play a particularly important role in helping [the regeneration of] those cells, in helping the individual learn to interpret the pattern and essentially to help that person learn again.”

SELECTED BIBLIOGRAPHY IN MUSIC THERAPY AND MEDICINE

- Bartlett, D., Kaufman, D., & Smeltekop, R. (1993). The effects of music listening and perceived sensory experiences on the immune system. *Journal of Music Therapy*, 30, 194-209.
- Boldt, S. (1996). The effects of music therapy on motivation, psychological well-being, physical comfort, and exercise endurance of bone marrow transplant patients. *Journal of Music Therapy*, 33(3), 1996, 164-188.
- Cassidy, J. W., & Standley, J. M. (1995). The effect of music listening on physiological responses of premature infants in the NICU. *Journal of Music Therapy*, 32(4), 208-227.
- Clair, A. A. (1996). *Therapeutic Uses of Music With Older Adults*. Baltimore, MD: Health Professions Press.
- Edwards, J. (1998). Music therapy for children with severe burn injury. *Music Therapy Perspectives*, 16, 21-26.
- Hurt, C. P., Rice, R. R., McIntosh, G., & Thaut, M.H. (1998). Rhythmic auditory stimulation in gait training for patients with traumatic brain injury. *Journal of Music Therapy*, 35(4), 228-241.
- Lane, D. L. (1991). The effect of a single music therapy session on hospitalized children as measured by salivary Immunoglobulin A., speech pause time, and a patient opinion Lickert scale. *Pediatric Research*, 29, (4, part 2), 11A.
- Loewy, J. (1997). Music therapy pediatric pain management: Assessing and attending to the sounds of hurt, fear and anxiety. In J. Loewy (Ed.), *Music Therapy and Pediatric Pain*, (pp. 45-56). Jeffrey Books.
- Lorch, C., Lorch, V., Diefendorf, A., & Earl, P. (1994). Effect of stimulative and sedative music on systolic blood pressure, heart rate, and respiratory rate in premature infants. *Journal of Music Therapy* 31(2), 105-118.
- MacNay, S. K. (1995). The influence of preferred music on the perceived exertion, mood, and time estimation scores of patients participating in a cardiac rehabilitation exercise program. *Music Therapy Perspectives*, 13, 91-96.
- Malone, A. B. (1996). The effects of live music on the distress of pediatric patients receiving intravenous starts, venipunctures, injections, and heel sticks. *Journal of Music Therapy*, 33, 19-33.
- Rider, M., Floyd, J. W., & Kirkpatrick, J. (1985). The effect of music, imagery, and relaxation on adrenal corticosteroids and the re-entrainment of circadian rhythms. *Journal of Music Therapy*, 22, 46-58.
- Robb, S. L., Nichols, R. J., Rutan, R. L., Bishop, B. L., & Parker, J. C. (1995). The effects of music assisted relaxation on preoperative anxiety. *Journal of Music Therapy*, 32(1), 2-21.
- Standley, J. (1986). Music research in medical/dental treatment: Meta-analysis and clinical application. *Journal of Music Therapy*, 23(2), 56-122.
- Standley, J. (1991b). The role of music in pacification/stimulation of premature infants with low birth weights. *Music Therapy Perspectives*, 9, 19-25.
- Standley, J. (1992a). Clinical applications of music and chemotherapy: The effects on nausea and emesis. *Music Therapy Perspectives*, 10(1), 27-35.
- Standley, J. M. & C. A. Prickett (Eds.) (1994). *Research in music therapy: A tradition of excellence*. Silver Spring, MD: National Association for Music Therapy.
- Taylor, D. B. (1997). *Biomedical Foundations of Music as Therapy*. St. Louis, MO: MMB Music, Inc.
- Thaut, M., Schleiffers, S., & Davis, W. (1991). Analysis of EMG activity in biceps and triceps muscle in an upper extremity gross motor task under the influence of auditory rhythm. *Journal of Music Therapy*, 28, 64-88.
- Thaut, M.H. (1985). The use of auditory rhythm and rhythmic speech to aid temporal muscular control in children with gross motor dysfunction. *Journal of Music Therapy*, 22(3), 1-08-128.
- Wheeler, B. (Editor). (1995). *Music therapy research: Quantitative and qualitative perspectives*. Phoenixville, PA: Barcelona Publishers.

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