



NEIL ABERCROMBIE  
GOVERNOR

BRIAN SCHATZ  
LT. GOVERNOR

STATE OF HAWAII  
OFFICE OF THE DIRECTOR  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
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P.O. Box 541  
HONOLULU, HAWAII 96809  
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[www.hawaii.gov/dcca](http://www.hawaii.gov/dcca)

KEALI'I S. LOPEZ  
DIRECTOR

**PRESENTATION OF THE  
PROFESSIONAL AND VOCATIONAL LICENSING DIVISION**

TO THE HOUSE COMMITTEE ON LEGISLATIVE MANAGEMENT

TWENTY-SIXTH LEGISLATURE  
REGULAR SESSION OF 2012

Friday, March 30, 2012  
2:00 p.m.

**WRITTEN TESTIMONY ONLY**

**TESTIMONY ON HOUSE CONCURRENT RESOLUTION NO. 41, REQUESTING THE  
AUDITOR TO PERFORM A SUNRISE ANALYSIS OF THE REGULATION OF THE  
PROFESSION OF MUSIC THERAPY.**

TO THE HONORABLE KYLE T. YAMASHITA, CHAIR,  
AND MEMBERS OF THE COMMITTEE:

My name is Celia Suzuki, Licensing Administrator for the Professional and Vocational Licensing Division, Department of Commerce and Consumer Affairs ("Department"). The Department appreciates the opportunity to offer comments on H.C.R. No. 41.

The concurrent resolution requests that the Auditor perform a sunrise analysis pursuant to section 26H-6, Hawaii Revised Statutes ("HRS"), of the regulation of the profession of music therapy, as proposed under House Bill No. 2062, introduced during

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To: Representative Kyle T. Yamashita, Chair, and the members of  
House Committee on Legislative Management

Hearing Date: Friday, March 30, 2012  
Hearing Time & Place: 2PM, Conference Room 423

Re.: HCR41, relating to Music Therapy

Thank you for your dedicated public service and this hearing, following the last year's hearing for the preceding measures HCR20 and HB559 and this year's hearings for HCR41 and HB2062, to express my support for regulating our profession in Hawaii. I am a board-certified music therapist (MT-BC), providing varieties of Hawaii residents with music therapy since 2000. As an allied health profession, recognized by the National Institutes of Health, and other major federal organizations, music therapists must earn a bachelor's degree or higher in music therapy from one of over 70 American Music Therapy Association (AMTA) approved colleges and universities. Upon successful completion of academic requirements, clinical training, and the national board certification exam, graduates are issued the credential necessary for professional practice, Music Therapist - Board Certified (MT-BC).

The music therapists in Hawaii are part of a task force seeking to pursue State recognition of the profession and the board certification required for practice. We understand the importance of obtaining official State recognition in order to increase access to services for the citizens of our State. Although the State of Hawaii has previously provided funding for music therapy through the Department of Education, Department of Health, Department of Human Services, and other local agencies, we are seeking support for more formal inclusion in the State's occupational listings.

Over the past 11 years, I have witnessed greater needs of State regulation of our field, as music therapy services are substituted by individuals from other disciplines, denied for our kids when they mostly need them, and often inaccessible due to lack of 3<sup>rd</sup> party reimbursements in Hawaii. At this time, I would like to ask the State to take a good look at our profession, NOT A MUSIC PROFESSION, requires and abides in specific educational and professional standards and ethics that ultimately protect our clients. To possibly help starting this investigation, I have attached following documents for your convenience to my testimony:

1. Joint brochure of AMTA and Certification Board for Music Therapists (CBMT)
2. Brochure of Sounding Joy Music Therapy, Inc.
3. PDF document, "Music Therapy: Facts & Qualifications", an overview of our profession
4. Copy of Proclamation by the City of Honolulu
5. Copy of Certificate by the State House of Representatives, the Senate, and the Governor

I am more than happy to assist the State's effort to examine our profession in any ways the legislative sessions want. We are so confident that AMTA, CBMT and our local organization, Sounding Joy Music Therapy, Inc., can provide enough evidence to prove Hawaii music therapists' professional qualification as ALLIED HEALTH PROFESSION without any cost to the State. And most of all, we, Hawaii's music therapists, want to serve our people the best possible way we can through our special knowledge and skills, for which the State recognition is inevitable. Thank you for your time and attention.

Sincerely,

Keiko Kajiwara, MME, MA, MT-BC  
President  
Sounding Joy Music Therapy, Inc.  
Email: [kkajiwara@soundingjoymt.org](mailto:kkajiwara@soundingjoymt.org)

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## WHAT IS MUSIC THERAPY?

Music therapy is a well-established health profession consisting of clinical and evidence-based uses of music interventions to accomplish individualized goals. After assessing clients' strengths and needs, Board-Certified Music Therapists design sessions specifically tailored to individuals. Research in music therapy supports the effectiveness of interventions that target cognitive, physical, social, emotional, behavioral, and/or communication needs.



### Music Therapists Help Individuals With:

- \* Alzheimer's Disease and Dementia
- \* Autism and Developmental Disabilities
- \* Brain Injuries, Parkinson's, and Stroke
- \* Cancer
- \* End of Life Issues
- \* Learning Disabilities
- \* Mental Health Concerns
- \* Pain and Chronic Illness
- \* Physical Disabilities
- \* Sensory Impairments
- \* Substance Abuse

For more information on specific initiatives, on music therapy, or on board certification, contact:

#### American Music Therapy Association

8455 Colesville Road, Suite 1000  
Silver Spring MD 20910  
[www.musictherapy.org](http://www.musictherapy.org)

Phone: 301-589-3300

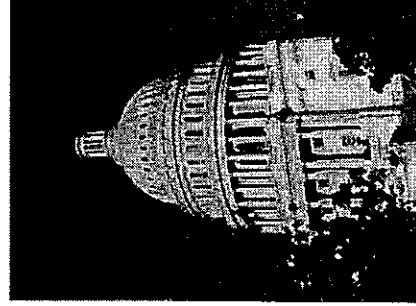
Email Contact: Judy Simpson  
[simpson@musictherapy.org](mailto:simpson@musictherapy.org)

#### Certification Board for Music Therapists

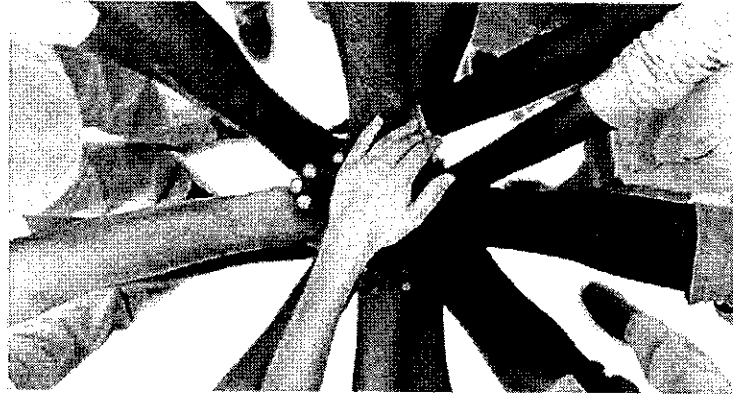
506 E. Lancaster Avenue, Suite 102  
Downingtown PA 19335  
[www.cbmt.org](http://www.cbmt.org)

Phone: 800-765-CBMT (2268)

Email Contact: Dr. Dena Register  
[dregister@cbmt.org](mailto:dregister@cbmt.org)



# MUSIC THERAPY



## AMTA & CBMT

Working Together to  
Increase Access to Quality  
Music Therapy Services

## WHAT IS CBMT?

The Certification Board for Music Therapists (CBMT) is a certifying agency and non-profit 501(c)(6) corporation fully accredited by the National Commission for Certifying Agencies. Established in 1983, its role is to create a Scope of Practice representing competent practice in the profession of music therapy and to administer a credentialing program to evaluate initial and continuing competence. CBMT is committed to ensuring public protection by administering disciplinary action as outlined in the CBMT Code of Professional Practice, if necessary.



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AZ music therapists thank Senator Al Melvin for sponsoring SB1376 on music therapy services and persons with disabilities.

## AMTA & CBMT

### WORKING TOGETHER

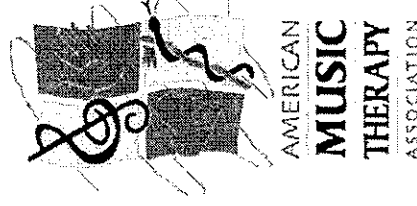
The American Music Therapy Association (AMTA) and the Certification Board for Music Therapists (CBMT) collaborate on a national initiative designed to achieve state recognition of the music therapy profession and the MT-BC credential required for competent practice by:

- \* *Educating the public about music therapy*
- \* *Recommending accurate language for legislation and regulations*
- \* *Assisting local legislators and communities with insuring access to quality music therapy services*
- \* *Protecting the rights of Board-Certified Music Therapists to practice*

There are over 30 states with task forces that are working on this national initiative.

## WHAT IS AMTA?

The American Music Therapy Association (AMTA) is a non-profit 501(c)(3) educational organization established in 1950 to advance music therapy education, training, professional standards, and research. AMTA's mission is to advance public knowledge of music therapy benefits and increase access to quality music therapy services. AMTA provides technical support to consumers and professionals and represents the profession to federal and state legislators and agencies. Members of AMTA adhere to a Code of Ethics and Standards of Clinical Practice in their delivery of music therapy services.



# MUSIC THERAPY

... consists of therapeutic uses of music to address behavioral, social, psychological, physical, communicative, sensory-motor, and/or cognitive functioning. It is an allied health profession similar to occupational and physical therapy.

Music therapy may include the use of behavioral, biomedical, developmental, educational, humanistic, adaptive music instruction, and/or other models. It enhances one's quality of life, involving human relationships, which are structured and adapted through the elements of music to create a positive environment and set the occasion for successful growth and changes.

Because music therapy is a powerful and non-threatening medium, unique outcomes are possible. Music therapy is used successfully with all ages and disabilities.

## *We provide:*

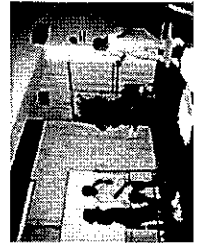
- Music Therapy direct services:
  - Consultations & session planning
  - Assessments & evaluations
  - Individual & group music therapy sessions.
- Music Therapy seminars and conferences.
- Educational services in Music Therapy.
- Studies & research in music therapy.

Please contact us for more information.

## OUR MISSION

... is to enhance public awareness of benefits of music therapy, to increase accessibility to music therapy services, and to advance music therapy research, in order to improve quality of life through therapeutic uses of music.

We believe the power of music can transform people's lives significantly.



*Sounding Joy Music Therapy, Inc. is Hawaii's first and only nonprofit organization, with IRS code 501(c)(3), promoting music therapy here in Hawaii. We depend on public support for fulfilling our mission. We appreciate your generosity.*

*Your contributions are 100% tax deductible.*

*Please check, if you'd like to be a volunteer.*

## Contribution Form

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Please make check payable to:

Sounding Joy Music Therapy, Inc.  
1314 South King Street, #711  
Honolulu, HI 96814

Mahalo nui!

# Music Therapy: Facts & Qualifications

House Committee Hearing

HB2062

February 4, 2012

What is Music Therapy?

MUSIC THERAPY IS:

MUSIC THERAPY IS NOT:

# MUSIC THERAPISTS ARE

## NOT:

- MUSIC EDUCATORS (product vs. process)
- MUSIC/SOUND HEALERS
- MUSIC PERFORMERS
- RECREATIONAL THERAPISTS
- ACTIVITY THERAPISTS
- CERTIFIED MUSIC PRACTITIONERS
- COUNSELORS



# DEFINITION OF MUSIC THERAPY

“Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program.”  
(American Music Therapy Association definition, 2005)

# Federal and National Recognition 60 Years of Clinical History in the U.S.

- National Institutes of Health (NIH)
- Centers for Medicare and Medicaid Services (CMS)
  - Partial Hospitalization Programs (PHP) Billing Code for Music Therapy
  - Inclusion in Medicare Prospective Payment Systems (PPS)
- International Classification of Diseases-9th Revision Manual (ICD-9)
  - Music Therapy Procedure Code
- General Services Administration (GSA) Schedule
  - Music Therapy Code under *Professional And Allied Healthcare Staffing Services*
- National Provider Identifier (NPI) System
  - Music Therapy Taxonomy Code
- The Joint Commission
- Commission on Accreditation of Rehabilitation Facilities (CARF)

# Nationwide Music Therapy Environments

- Psychiatric hospitals
- Rehabilitative facilities
- Medical hospitals
- Outpatient clinics
- Day care treatment centers agencies
- Agencies serving developmentally disabled persons
- Community mental health centers
- Drug and alcohol programs
- Senior centers
- Nursing homes
- Hospice programs
- Correctional facilities
- Halfway houses
- Schools
- Private Practice

# Who can benefit from music therapy?

- **Infants**
  - **Preschoolers**
  - **School-aged**
  - **Teenagers**
  - **Adults**
  - **Older Adults**
  - **People of all ages!**
- **Individuals with:  
mental health needs,  
developmental and  
learning disabilities,  
substance abuse  
problems,  
brain injuries,  
physical disabilities,  
acute and chronic  
pain,  
Alzheimer's disease  
and other aging  
related conditions.**

# Education & Clinical Training Standards for Music Therapists

- Minimum Academic Requirement:
  - Bachelor's degree in Music Therapy
  - 72 Universities in the U.S. offer music therapy degree programs, accredited by American Music Therapy Association (AMTA) and National Association of School of Music (NASM), but none in Hawaii.
  - Master's and Doctoral degrees offered at 20 universities.
- Minimum Clinical Training Requirement:
  - Supervised music therapy internship for 1,200 clinical hours at approved sites.

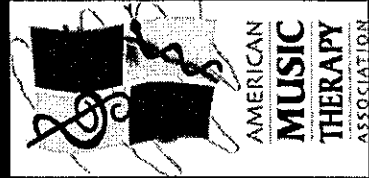
# Education & Clinical Training Resources

AMTA Standards for Education and Clinical Training  
<http://www.musictherapy.org/handbook/edctstan.html>

AMTA Professional Competencies  
<http://www.musictherapy.org/competencies.html>

AMTA Standards of Clinical Practice  
<http://www.musictherapy.org/standards.html>

AMTA Code of Ethics  
<http://www.musictherapy.org/ethics.html>



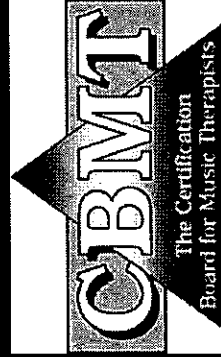
# National Credential for Music Therapists

- **Certification Board for Music Therapists (CBMT)** administers a national exam that tests potential therapists in, among other things, the areas of music knowledge, clinical interventions, and professional ethics.
- **Board Certified Music Therapist (MT-BC)** is awarded upon passing the exam.
- **Continuing Education:** 100 credits of continuing education in every five-year cycle thereafter in order to maintain the nationally accepted.

# National Credential Resources

CBMT Scope of Practice  
[http://www.cbmt.org/CBMT\\_Scope\\_of\\_Practice.pdf](http://www.cbmt.org/CBMT_Scope_of_Practice.pdf)

CBMT Code of Professional Practice  
<http://www.cbmt.org/codeofprofessionalpractice.pdf>





# Music Therapists in Hawaii

- 8 Board Certified Music Therapists (MT-BCs) working in Hawaii whereas more than 5,000 MT-BCs working nationwide.
- 3 full-time and 3 part-time MT positions currently in Hawaii.
- Since 2000, Hawaii MTs have provided more than 600 individuals with music therapy.
- Hawaii MTs also provide the public education sessions to an estimated 6,000 people each year.

# Where has music therapy been provided in Hawaii?

## OAHU:

- 5 senior centers, 33 public & private schools, 3 hospitals, 2 homeless shelters, 6 foster homes, 2 half-way clinics, 10 community facilities, 25 private homes, and Sounding Joy's clinic

## KAUAI:

- 1 senior center, 2 private homes, 1 community facility and 1 private school

## MAUI & MOLOKAI:

- 1 private clinic, 1 public & 1 charter schools, and 1 community facility

## BIG ISLAND:

- 1 private school, 2 community facilities, 1 private home

# Who has received music therapy in Hawaii?

- About 120 at-risk youths and 25 families per year (funded by TANF grants from 2008 to 2010)
- About 50 elderly a year in day care or nursing facilities (funded by 2 facilities and SFCA grant)
- 15 school-age children in Special Education (paid by DOE from 2000 to 2010 )
- 10 school-age children in Special Education (paid by PICL funds from 2001 to 2006)
- 8 children (by awards & scholarships)
- 50 Children and adults (Self-Funded)

And, more than 200 individuals and 50 facilities referred to music therapy are on-hold due to non-funding.

# 3rd Party Insurance Reimbursements

## Hawaii versus National

|                     | <u>National</u> * | <u>Hawaii</u> |
|---------------------|-------------------|---------------|
|                     | In 2009           | 2001 - 2010   |
|                     | among 1,970 pt    | among 670 pt  |
| ■ Medicaid          | 5.4 %             | 0 %           |
| ■ Medicare          | 4.4 %             | 0 %           |
| ■ Private Insurance | 4.4 %             | 0 %           |
| ■ TRICARE           | 0.4 %             | 0 %           |
| <b>TOTAL:</b>       | <b>14.6 %</b>     | <b>0 %</b>    |

\*AMTA Member Source Book 2010. Hawaii data collected by  
Sounding Joy Music Therapy, Inc.

# Music Therapy Research

- *Journal of Music Therapy (AMTA)*
  - *Music Therapy Perspectives (AMTA)*
  - *Music Therapy Today (WFMT)*
  - Music therapy journals from Europe, Latin-America, Canada, Australia, and Asia.
  - US Senate Hearing *Forever Young* 1992
- And more...

# Evidence Based & Cost Effective

- Cost Implications and Cost Effectiveness
  - Address Multiple Domains in One Session
  - Communication, Motor, Cognitive, Social & Relational
  - Reduced Medication Costs
  - Reduce Behavioral and Psychosocial Barriers to Treatment
  - Support Generalization to Other Environments
- Preliminary Cost Studies
  - Coordinated Interventions Result in Rapid Gains in Outcomes
  - Increased Costs When Access Denied



# Labor Substitution Cost Analysis

- MT clients with communication, gross motor and/or fine motor goals but no ST, PT or OT.
- Scenario assumes 30 hours therapy, uses 1:1 client base rate in clinic setting, uses HAM rate of \$40.10 (Pre Feb 2010 rate reset)
- Net savings with Music Therapy and no Therapy Substitution: \$938,896

|    | Base Rate/hr | # Clients | Cost MT    | Cost Substitute Therapy if MT Discontinued | Net Savings w/ MT and No Therapy Substitution |
|----|--------------|-----------|------------|--|---|
| ∅  | \$ 56.52     | 662       | \$ 796,386 | \$ 1,122,487                               | \$ 326,101                                    |
| OT | \$ 56.52     | 613       | \$ 737,439 | \$ 1,039,403                               | \$ 301,964                                    |
| PT | \$ 56.52     | 631       | \$ 759,093 | \$ 1,069,924                               | \$ 310,831                                    |
| ST | \$ 40.10     | ∅         |            |  | \$ 938,896                                    |

# More Information

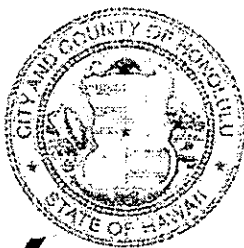
American Music Therapy Association  
<http://www.musictherapy.org>

Certification Board for Music Therapists  
<http://www.cbmt.org>

Sounding Joy Music Therapy, Inc.  
<http://www.soundingjoymt.org>

World Federation of Music Therapy  
<http://www.musictherapyworld.de>





# Proclamation

**WHEREAS**, music therapy is a process in which a qualified therapist uses music and all of its facets – physical, emotional, mental, social, aesthetic and spiritual – to help clients improve or maintain their health; and

**WHEREAS**, music therapists believe that all individuals, regardless of age or musical background, have a basic capacity for musical expression and appreciation, and music therapy interventions can be designed to promote wellness, manage stress, alleviate pain, express feelings, enhance memory, improve communication and promote physical rehabilitation; and

**WHEREAS**, music therapy is used to treat individuals of all ages with a variety of conditions, including psychiatric disorders, medical problems, physical and developmental disabilities, sensory impairments, communication disorders and aging; and

**WHEREAS**, music therapy is also applied to improve learning, build self-esteem, reduce stress, support physical exercise and facilitate a host of other health-related activities; and

**WHEREAS**, music therapists work in general hospitals, psychiatric facilities, schools, prisons, community centers, training institutes, private practices and universities; and

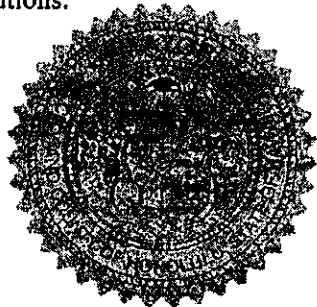
**WHEREAS**, every session with clients involves some type of musical experience, such as improvising, re-creating, composing and listening to music, and clients may also be encouraged to express themselves through other arts, such as drawing, painting, dance, drama or poetry; and

**WHEREAS**, the mission of the American Music Therapy Association is to advance public awareness of the benefits of music therapy and increase access to quality music therapy services in a rapidly changing world,

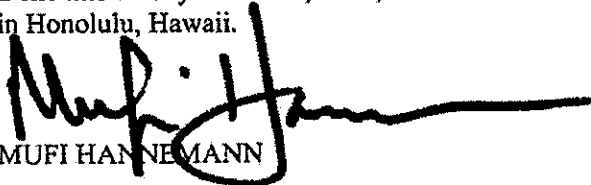
**NOW, THEREFORE, I, MUFU HANNEMANN**, Mayor of the City and County of Honolulu, do hereby proclaim March 9 - 16, 2008, to be

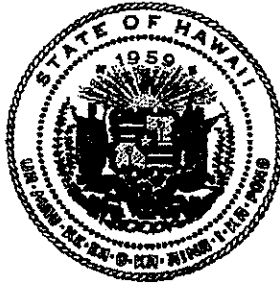
## MUSIC THERAPY WEEK

in the City and County of Honolulu, to increase awareness of the benefits of music therapy and its potential for health, wellness and healing, and to thank music therapists for their invaluable contributions.



Done this 7<sup>th</sup> day of March, 2008,  
in Honolulu, Hawaii.

  
MUFU HANNEMANN



*The House of Representatives  
State of Hawaii*

hereby presents this certificate to

**SOUNDING JOY MUSIC THERAPY, INC.,  
"Sounds of Joy"  
6th Annual Benefit Concert**

WHEREAS, the Legislature proudly acknowledges organizations in the community that have touched so many lives in a positive manner and have made numerous contributions to the well-being of the State of Hawaii; and

WHEREAS, established in September 2002, SOUNDING JOY MUSIC THERAPY, INC., is Hawaii's first and only non-profit organization, Medicare and Medicaid participating provider that promotes music therapy and that also is an approved continuing education provider by the Certification Board for Music Therapists and the National Board for Certified Counselors; and

WHEREAS, SOUNDING JOY MUSIC THERAPY, INC.,'s mission is to enhance public awareness of the benefits of music therapy, to increase accessibility to music therapy services, and to advance music therapy research; and

WHEREAS, similar to occupational and physical therapy, SOUNDING JOY MUSIC THERAPY, INC., promotes music therapy in response to a growing therapy demand in our community, and uses music to enhance the quality of life of individuals with behavioral, social, emotional, psychological, communicative, and sensory-motor concerns through a structured, yet positive environment that encourages success; and

WHEREAS, on Sunday, January 18, 2009, SOUNDING JOY MUSIC THERAPY, INC., celebrates its 6th Annual Benefit Concert entitled "Sounds of Joy" at the YMCA - Fuller Hall, hosting the pioneer of music therapy from New York University, Dr. Clive Robbins; now, therefore,

The House of Representatives of the State of Hawaii hereby commends and applauds SOUNDING JOY MUSIC THERAPY, INC., for their continuing commitment to the people of Hawaii, and extends to them its warmest aloha and best wishes for continued success in all future endeavors.

*Tom Brown*

*Calvin K.Y. Say*

Calvin K.Y. Say, Speaker of the House

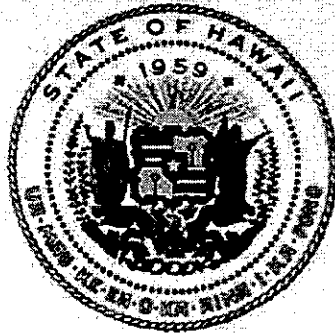
*Patricia Mau-Shimizu*

Patricia Mau-Shimizu, Chief Clerk

*John M. Mizuno*

Representative John M. Mizuno

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# The Senate

## COMMENDING AND RECOGNIZING SOUNDING JOY MUSIC THERAPY, INC. FOR OUTSTANDING CONTRIBUTIONS TO HAWAII

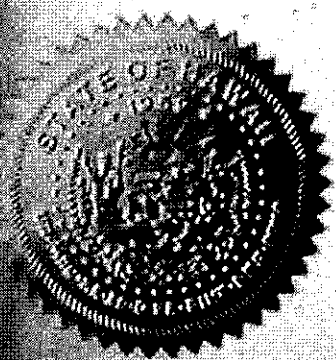
The spirit of Aloha in Hawaii helps to bring our people together through caring, support, and mutual respect. This spirit has carried our islands through good times and bad times, enabling all of us to be one Ohana. The people of the State of Hawaii recognize and honor the contributions of special organizations and individuals who help inspire a better community by their example of character, caring and commitment. It is a pleasure and a privilege for the Hawaii State Legislature to formally recognize **SOUNDING JOY MUSIC THERAPY, INC.** as one such organization.

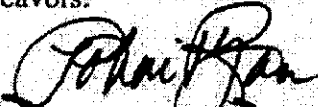
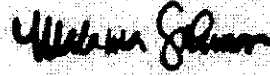



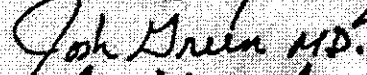



Established in September 2002, **SOUNDING JOY MUSIC THERAPY, INC.**, is Hawaii's first and only non-profit organization, Medicare and Medicaid participating provider that promotes music therapy. They are an approved continuing education provider by the Certification Board for Music Therapists and the National Board for Certified Counselors.

**SOUNDING JOY MUSIC THERAPY, INC.**'s mission is to enhance public awareness of the benefits of music therapy, to increase accessibility to music therapy services, and to advance music therapy research. Similar to occupational and physical therapy, **SOUNDING JOY MUSIC THERAPY, INC.**, promotes music therapy in response to a growing therapy demand in our community, and uses music to enhance the quality of life of individuals with behavioral, social, emotional, psychological, communicative, and sensory-motor concern through a structured, yet positive environment that encourage success. Their contributions to the community and their commitment to Hawaii's families is greatly appreciated.




On October 23, 2011, Sounding Joy Music Therapy, Inc. will hold its 2<sup>nd</sup> Annual Honoree Gala, "A Morning of Music", at the Mission Houses Museum from 11 a.m. to 2 p.m. for the community to enjoy.

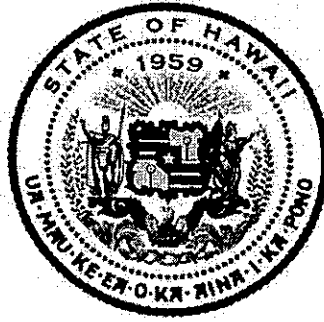
The Twenty-Sixth Legislature of the State of Hawaii hereby recognizes and commends **SOUNDING JOY MUSIC THERAPY, INC.** for its dedication and service to the people of the State of Hawaii, and extends warmest Aloha and best wishes in all its future endeavors.



Done this 23rd day of October 2011  
State Capitol, Honolulu, Hawaii

  
 Sharon Chun Oskane  
 Secretary, Chair Oakland, Sponsoring Senator  
  
 State S. Treasurer, President of the Senate  
  
 Carol Yonaga, Clerk of the Senate



# Proclamation

*Presented to the*

## **Sounding Joy Music Therapy, Inc.**

**WHEREAS**, Sounding Joy Music Therapy, Inc., established in 2002, is Hawai'i's first & only non-profit organization dedicated to promoting music therapy; and

**WHEREAS**, Sounding Joy Music Therapy, Inc.'s mission is "to enhance public awareness of benefits of music therapy, to increase accessibility to music therapy services, and to advance music therapy research, in order to improve quality of life through therapeutic uses of music"; and

**WHEREAS**, Sounding Joy Music Therapy, Inc. understands the valuable benefits of music therapy; music therapy consists of therapeutic uses of music to address behavioral, social, psychological, physical and communicative functioning; it enhances one's quality of life, involving human relationships, which are structured and adapted through the elements of music to create a positive environment and set the occasion for successful growth and change; and

**WHEREAS**, Sounding Joy Music Therapy, Inc. was able to successfully provide music therapy to more than 200 Hawai'i families, as well as thousands of others through public education and resource programs; and

**WHEREAS**, Sounding Joy Music Therapy, Inc. will be celebrating its 2<sup>nd</sup> Annual "A Morning of Music" on October 23, 2011 at Mission Houses Museums of Hawaii; the event will feature a champagne brunch, live musical entertainment, a silent auction, orchid sale, and more; and

**WHEREAS**, Sounding Joy Music Therapy, Inc. will honor Pamela Young, Anchor of KITV, for her dedication and commitment to promote music therapy through media outreach in Hawai'i;

**THEREFORE I, NEIL ABERCROMBIE, Governor, and I, BRIAN SCHATZ, Lieutenant Governor of the State of Hawai'i, do hereby proclaim October 23, 2011 as**

### **"SOUNDING JOY MUSIC THERAPY DAY"**

in Hawai'i and urge the people of the Aloha State to join us in recognizing Sounding Joy Music Therapy, Inc. for its valuable contributions to our communities.

**DONE** at the State Capitol, in the Executive Chambers, Honolulu, State of Hawai'i, this third day of October, 2011.



**NEIL ABERCROMBIE**  
Governor, State of Hawai'i



**BRIAN SCHATZ**  
Lt. Governor, State of Hawai'i

000050

To whom it may concern,

I am a board certified music therapist working in Hawaii, and I would like to support this bill for professional recognition of music therapists. I work for Sounding Joy Music Therapy, Inc., currently the only organization in Hawaii that provides music therapy services by trained professionals for individuals with special needs. We are currently funded through grants and private pay clients, which allows us to reach some clients in Hawaii, but does not nearly cover services for all the potential clients in Hawaii who could benefit from music therapy services. Music therapy has many health benefits, such as improving motor skills for individuals with physical disabilities, increasing emotional expression in people with emotional disorders or who have experienced trauma, increasing social interactions and communication skills in children with autism, and increasing reminiscing and memory in adults with Alzheimer's and dementia. I realize that services such as speech therapy, occupational therapy, and counseling are available for these individuals. However, many of these same goal areas can be reached more effectively by using musical interaction with a trained music therapist. I have seen music therapy open doors for clients who otherwise cannot communicate with the outside world. It is essential that this service be available in Hawaii for those clients, parents, and facilities who want it, regardless of their ability to pay for sessions out of pocket. The only way to do this on a long-term basis is for board certified music therapists to become licensed by the state of Hawaii, as many other health care professionals currently are.

As a board certified music therapist (MT-BC), I have received a four-year degree in music therapy, completed a clinical training internship consisting of 1,200 hours of supervised music therapy work, and passed an examination administered by the Certification Board for Music Therapists (CBMT). I am also required by CBMT to meet re-certification requirements every 5 years, which involves taking continuing education courses and training. All these educational and professional requirements are met by all board certified music therapists. Because a national certification process already exists for music therapists, there would be relatively little cost to the state of Hawaii to recognize this existing certification and implement licensing for music therapists at the state level. The standards for music therapy education and certification are already established to ensure that those practicing music therapy are using current techniques for therapy and documentation and follow a code of ethics and standards of practice.

I encourage you to visit [www.musictherapy.org](http://www.musictherapy.org) to learn more about the scope of practice of music therapy and the education and certification requirements.

Thank you for your time.

Sincerely,

Patricia Blair, MT-BC  
[pkaraffa@soundingjoymt.org](mailto:pkaraffa@soundingjoymt.org)  
(808) 593-2620

000051

Regarding: HCR41

Hearing scheduled on 3/30/12 at 2pm in room 423

Referred by CUA, LMG, FIN

To whom it may concern:

Aloha. My name is Yoshimi Otake, a program coordinator at Sounding Joy Music Therapy, Inc. I would like to share information about how we maintain our professionalism as a board certified music therapist.

There is the national board certification and credentialing system already in place in the US, the Certification Board for Music Therapists (CBMT). When we meet all the qualifications below, we will receive a title, MT-BC (Music Therapist - Board Certified)". The details of the qualification are below:

- Successful completion of an American Music Therapy Association (AMTA) approved academic and clinical training program.
- Successful completion of a written objective examination demonstrating current skills in the profession of music therapy.
- Recertification every five years through re-examination or upon the successful completion and documentation of 100 recertification credits, and through the completion of the CBMT Application for Recertification and payment of an annual certification maintenance fee.

We also have an organization called American Music Therapy Association (AMTA), which promotes the progressive development of the therapeutic use of music in rehabilitation, special education, and community settings. Since music therapists are strictly monitored by the Certification Board for Music Therapists (CBMT), there is no need for the State to create licensing board for the music therapists.

For more information about the above organizations please visit the following website:

CBMT: [www.cbmt.org](http://www.cbmt.org)

AMTA: [www.musictherapy.org](http://www.musictherapy.org)

This bill is extremely important to enhance people's quality of life in Hawaii. I appreciate your time reading this testimony and if you have any question, please feel free to contact me by call (808) 593-2620 or email at [yotake@soundingjoymt.org](mailto:yotake@soundingjoymt.org)

Sincerely,

Yoshimi Otake, MA, NRMT, MT-BC  
Program Coordinator  
Sounding Joy Music Therapy  
[www.soundingjoymt.org](http://www.soundingjoymt.org)

(808) 593-2620

000052

## Amy Luke

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Thursday, March 29, 2012 8:25 PM  
**To:** LMGtestimony  
**Cc:** r.haus@kinderklinik-datteln.de  
**Subject:** Testimony for HCR41 on 3/30/2012 2:00:00 PM  
**Attachments:** European Medical Association 2012 R Haus\_Music-therapy.doc

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Testimony for LMG 3/30/2012 2:00:00 PM HCR41

Conference room: 423  
Testifier position: Support  
Testifier will be present: No  
Submitted by: Dr. Dr. h.c. Reiner Haus  
Organization: University Witten-Herdecke / Germany  
E-mail: [r.haus@kinderklinik-datteln.de](mailto:r.haus@kinderklinik-datteln.de)  
Submitted on: 3/29/2012

### Comments:

I would like to recommend the music therapy service provided by Sounding Joy Music Therapy Inc. Hawaii (in the following text SJMT) for the hearing regarding the licensure of Music Therapists in the State of Hawaii.

### Personal background:

I got to know Sounding Joy Inc. since 2006 due to my position as EU Commissions paediatric network co-ordinator for music therapy.

As part of a profound transatlantic strategy concept for music therapy academic and infrastructure development in the State of Hawaii SJMT invited me as guest lecturer for music therapy supported by the German Academic Exchange Service ([www.daad.de](http://www.daad.de)) in 2006, 2007, 2008, 2009, 2010, 2011 and 2012 at the University of Hawaii (John A. Burns School for Medicine and Faculty for Music) and the Hawaii Pacific University (College for humanities and College for Nursing and health science).

### Scientific and political background:

Music Therapy is a WHO acknowledged health care profession with a 40 years period of academic and research development world wide as well as with focus in the USA and in Europe. Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. (American Music Therapy Association, 2005)

There is no question, that recent findings of music therapy research (significant efficacy in treatment of several diseases / disorders, such as in i.e. neurology, neurorehabilitation and neuropaediatrics, developmental disorders like ASD, audiology and cochlea implant

rehabilitation, psychosomatics, psychiatry and geriatric, perinatal medicine and intense care, ) are acknowledged by the medical and psychotherapeutic professional community and meet in all respects the scientific standards of evidence proof. The licensure of Music therapist has been already proceeded in many European countries; I had the honor to be responsible for the acknowledgement in the Republic of Latvia (Chair of Music therapy at the University Liepaja / Latvia).

In the past 6 years I had the privilege to talk to several parents, whose children got music therapy treatment from music therapists of Sounding Joy Inc. All of the parents I met talked in every respect very positive about the way, how the therapists worked with their children. They told me, that they had somehow been already on long journeys through hospitals, clinics and examinations before coming to SJMT, where they found the first time real support and help for their kids through the music therapy approach, which was evaluated and documented as significant progress in development and recovering.

Since I am responsible for the academic and infrastructure development of music therapy in the EU paediatric network EUROPET ([www.europet.org](http://www.europet.org)) I can state the high value of music therapy treatment in social and health care stationary and outpatient clinic services. I have documented the efficacy of music therapy methods in health care proofed in recent clinical studies in an official recommendation published by the European Medical Association ([www.emanet.org](http://www.emanet.org)) in "Health care overview-new perspectives" edited by the President V. Costigliola at Springer in May 2012 ( see attachment).

Due to this background I can strongly recommend Music Therapy as WHO acknowledged health care profession for the Licensure in the State of Hawaii

For any further questions do not hesitate to contact me.

With highest regards,

Dr. Dr. h.c. Reiner Haus  
EU Pediatric Network EURO-PET Co-ordinator Music Therapy

Dr. rer.medic. (Univ. Witten-Herdecke)

Dr. h.c. (Univ. Liepaja / Lettland)

Music Therapist (M.A.) Rehab. Scient. (M.A.)



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# Music-therapy, a personalised bridge towards healing beyond surgery and medication: European paediatrics overview

Dr. Dr. h.c. Reiner Haus

University of Witten-Herdecke Germany, University of Liepaja, Latvia  
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## Abstract:

Music therapy as WHO acknowledged health care profession can optimize the quality of life for people of any age and can improve their physical, social, communicative, emotional, intellectual, and spiritual health. In particular, children have a natural interest in music; -this can be utilized by the fact that they experience the stimulating motor and auditory activities in music more associated with play or fun than work or treatment. The efficacy of music therapy methods in paediatric fields as neuropaediatric care, social paediatrics, neonatology, paedaudiology and CI-rehabilitation, oncology, palliative care / pain management and paediatric psychiatry and psychotherapy has been evaluated in clinical studies in the last three decades with great success, so that this approach can be considered as important part in the health care in general. The article offers an overview on all different practice methods used in those areas linked with recent research findings and gives with the Music Therapy Master Program at the University Liepaja / Latvia an example, how to implement music therapy including academic training, practice service and research development in the health care system of a whole country. The practice experiences of this approach and the research work performed so far in combination with a model of implementation, offers a new perspective for the healthcare, which is beneficial and practicable.

## I Introduction

The benefits of music in emotional and physical health have been well described over the centuries and across cultures. In more recent times, studies have shown the effects of music therapy in alleviating symptoms in a wide variety of physical and psychological conditions. However, there are still misunderstandings of what music therapy is in terms of professionalism (theories of science, academic structure / training courses), what it deals with (concepts of methods), how it functions (research/efficacy) and whom it helps (field of application). To offer a border to non professional use of music therapy in healthcare the community of music therapy lecturers, clinicians and researchers has set a definition given by the World Federation of Music Therapy (WFMT), which is been acknowledged as standard in the European Higher Education an Research Area, as well.

*“Music therapy is the professional use of music and its elements as an intervention in medical, educational, and everyday environments with individuals, groups, families, or communities who seek to optimize their quality of life and improve their physical, social, communicative, emotional, intellectual, and spiritual health and wellbeing. Research, practice, education, and clinical training in music therapy are based on professional standards according to cultural, social, and political contexts”(WFMT 2011).*

## II Practice and Research

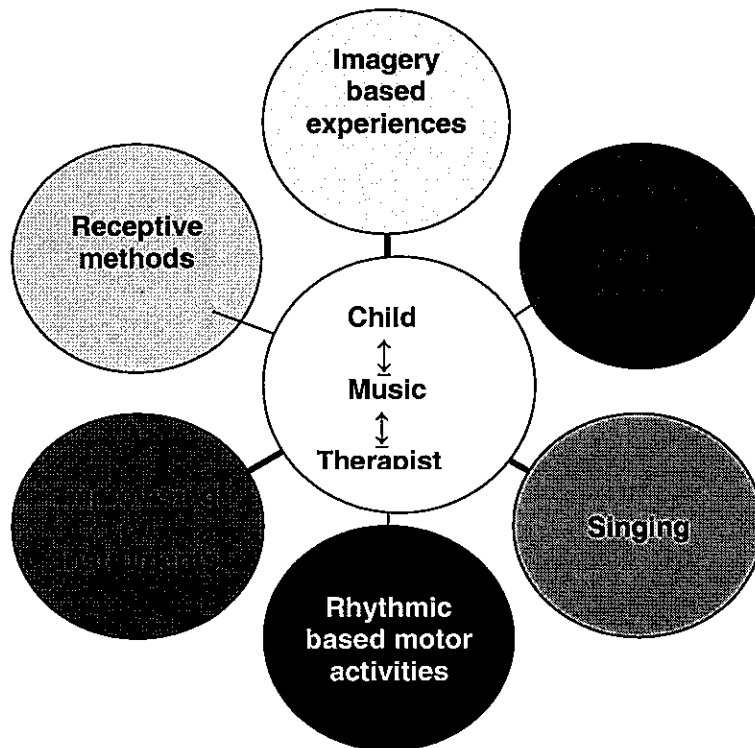
Looking to the different approaches of music therapy one can see a brought spectrum of different theoretical background following concepts of psychoanalytic, behavioural or humanistic psychology, which have been developed in Europe since the 1950ies and implemented in the healthcare supply and so in paediatric care, too. Now, the purpose of this section of the book is not to give the whole picture on those approaches and schools in all details, but more to introduce clinicians of any healthcare profession working in the field of paediatrics to the basic meaning of the daily work, which many music therapists do in children hospitals and outpatient services for children. Therefore this following overview is meant to give examples of practice and research in the field of music therapy and is not intended to be exhaustive. Not every single field of paediatric care is listed and not every author who might be important for the theory of science, clinical work or research development in the area of music therapy in paediatrics is quoted in the following passages. First the spectrum of interventions utilized by a music therapist is described to give the reader a conception how it practically looks like, when music therapy is offered. Secondly the recent development in research in different paediatric fields will be focussed on to demonstrate, that it would be a misconception to consider music therapy as a “sounding well-being framework” for children in hospitals- but still fare away to claim efficacy of its methods on the healing process or development disorders. Music therapy methods obviously can meet the standard of efficacy proofed by clinical trials in many paediatric fields. The quoted literature may give some examples out of many, where to go into it more intense.

### 1. What is a music therapist doing and why?

According to the definition of music therapy a music therapist uses various active and receptive intervention techniques in individual and group work with children to improve their physical, social, communicative,

emotional, intellectual, and spiritual health. These techniques are presented in Figure 1, which, however, are not limited to the interventions given.

**Figure 1** Approaches by music therapy



Improvising on instruments can improve motor coordination of children with motor impairments or neurological trauma related to head injury or a degenerative disease process. It can enhance attention and focus the activity on self-perception as well as interaction to others (i.e. providing opportunities for practicing various leadership-participant roles). Playing instruments in a creative improvisation opens the creative inner being of the child beyond any impairment or limitation caused by a disease or disorder. This part of the personality of every person one of the pioneers of music therapy in Europe has called the “music child” (Nordoff and Robbins 1986), an inner personal quality of participation in creative processes with a self-enabling dynamic, which strengthens hidden recourses of empowering own emotional and physical state and supporting the healing process. Improvising offers creative, nonverbal means of expressing thoughts and feelings. Improvisation is non-judgmental, easily approached, and requires no previous musical training. As such, it helps the therapist to establish a three-way relationship between the client, themselves and the music. Although there is no music education requested to experience this benefits of music therapy, instrumental play may assist those children with prior musical experience to revisit previously learned skills, thereby allowing the individual to experience a renewed sense of pleasure and enjoyment. It can also develop increased well-being and self-esteem in those who are learning to play an instrument for the first time.

**Rhythmic based motor activities** can be used to facilitate and improve children range of motion, joint mobility/agility/strength, balance, coordination, gait consistency and relaxation. This for example is a tool for the first learning field in Cochlea-Implant rehabilitation, where the children start to relate between their motions and in synchronicity improvised sounds. Rhythm and beat are important in “priming” the motor areas of the brain, in regulating autonomic processes such as breathing and heart rate, and maintaining motivation or activity level following the removal of a musical stimulus. The use of rhythmic patterns can likewise assist those with receptive and expressive processing difficulties (i.e. posttraumatic aphasia) to improve their ability to tolerate and successfully process sensory information.

**Singing** is a therapeutic tool that assists in the development of articulation, rhythm, and breath control. Singing in a group setting can improve social skills and foster a greater awareness of others. For those children with psycho-emotional disorders related to a severe disease like cancer singing can reduce anxiety and fear. For children with language development delays music may stimulate the language centers in the brain promoting the motor coordination in the speech planning processes.

**Composing / Songwriting** is utilized to facilitate the sharing of feelings, ideas and experiences. For example, with hospitalized children writing songs is a channel of expressing and understanding fears. For children with a terminal illness, songwriting is a vehicle for examining feelings about the meaning of life and death. It may also

provide an opportunity for creating a legacy or a shared experience with a caregiver, child or loved one, prior to death. Finally, lyric discussion and songwriting can help adolescents deal with painful memories, trauma, abuse, and express feelings and thoughts that are normally socially unacceptable, while fostering a sense of identification with a particular group or institution.

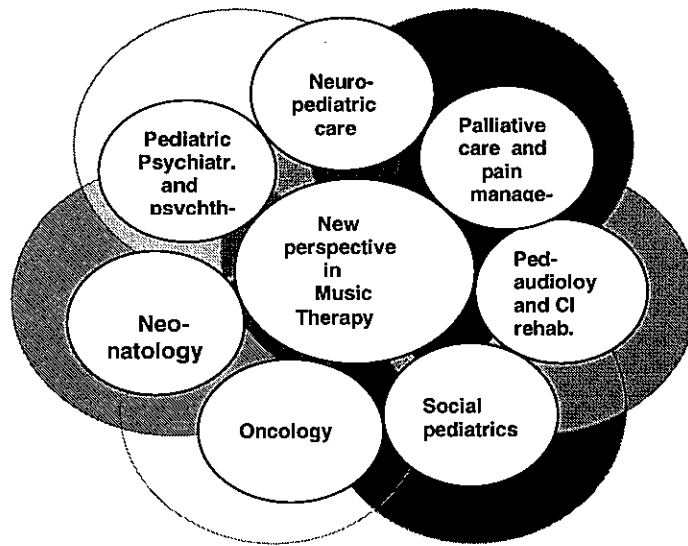
**Imagery based experiences** and music related to painting provide opportunities to reflect, process, and interact with unconscious or conscious material that may be reflected in an individual's life. Other expressive modalities, such as artwork and movement, can be used in combination with the music. One important section of the music therapy approaches, Guided Imagery and Music (GIM) offers here the theory of science and concepts of methods (Bonney 1975)

**Receptive methods:** Listening to music has many therapeutic applications. It helps to develop cognitive skills such as attention and memory. In situations where cognitive perceptions are comprised, such as in palliative care, listening can provide a sense of the familiar, and increase orientation to reality. In the area of child and youth psychiatry for those with mental illnesses such as early emotional traumatic disorders or juvenile schizophrenia, music listening can facilitate increased openness to discussion and provide motivation for engaging in social activity.

## 2. Music therapy methods and research in the paediatric fields of application:

Music therapy offers new perspectives for health care, especially in paediatrics. This statement would be only a bold claim, if this is given without proofing the evidence of it. Surgery, medication and other common therapy approaches like physiotherapy will sooner or later have to face their limitations, when it comes to the complexity of the interdependent psycho-emotional and physical factors in the child affecting the healing process. The development of special music therapy methods and the research on their efficacy can provide this evidence. The picture may give an overview, where this research work has been done successfully:

**Figure 2** Music therapy offers new perspectives for health care, especially in paediatrics: the fields of potential application of music therapy



### 2.1. Neuropaediatric care

If there is a therapy approach, which combines all perception areas of a child in one activity and offers self-perception in time and space as well as relationship in interaction, "music therapy is the most powerful therapy for impaired children, what ever exists": This statement was given by one of the pioneers of music therapy in Europe, Dr. Clive Robbins ( † Dec. 2011), who developed together with Dr. Paul Nordoff in the 50ies and 60ies of the last century the "Creative Music therapy" (Nordoff and Robbins 1977). He lived in New York as founding Director of the Nordoff-Robbins Center for Music Therapy at New York University. He leaves a huge heritage of practice experience, research work and, what is most important, a world wide network of higher education training centres offering an excellent professional training in music therapy. Based on this approach many controlled trials have shown significant efficacy of music therapy methods for children with neuropaediatric diseases or disorders.

### Developmental delay:

Aldridge and Neugebauer present findings of a RTC done in 1994 at the Institute of Music therapy, University Witten-Herdecke / Germany, which proofed the efficacy of the creative Nordoff-Robbins-music therapy. Motor (eye-hand)-coordination, language development and social awareness as subtest of the Griffith-scales are significant improved in a treatment setting in a cross-over design (Aldridge and Neugebauer 1994). Orff describes in numerous case studies the concept of methods of her music therapy approach (Orff 1989), in which efficacy has been evaluated with high significance later in a RTC done by Plahl (Plahl 2006).

### Down-syndrom:

The delay of language acquisition due to the hypotonia of mouth, hyperplasia of the tongue and the retarded cognitive development is one of the most crucial factors of the therapeutic interventions offered for children with down-syndrom. Music therapy practice has improved this in an uncountable number of cases through special improvisation methods using singing and instrumental play. Carol (Carol 1996) presents "an effect on the children's total verbal output and rate of response..." which music therapy causes when offered with this combination of singing and drum playing. Those intervention is an "effective method for stimulating verbal speech in the way it mirrored early language development by exploiting the prosodic characteristics of speech." (Carol 1996). There is no question, that music therapy is an effective method for facilitating the verbal output of young children with Down-syndrom, who are in the very first stage of language development with explorative vowels as well as for those, whose mean length of utterance have already one -two word sentences structure, what will improve the syntactic growth and cognitive development, too.

### Rett-syndrome:

Every clinician working with young girls suffering from this disease will have got to the conclusion that music activity would not be possible due to the lack of planned motor activity and intentional action in common. One the other hand in the literature females with Rett-syndrome are often reported to be responsive to music. Consequently, music therapy has been indicated as a relevant treatment where practitioners have demonstrated that intervention promotes and motivates their desire to interact and communicate, as well as to stimulate many aspects of development including „choice making, enhancing vocalization, improving eye contact, and opening channels for emotional and communicative expression.“ (Cochavit 2002). The key is how to offer instruments, how to lead hands on drums meeting the structure of a song, how to include the child vocal activity into the improvisation, even if sounds meaningless.

### Neuro-rehabilitation:

Children with acquired brain injury most often have to undergo a multidisciplinary rehabilitation process, in which the lack of experiences like "play" or "creativity" might limit the motivation to go on with the daily process of re-establishing lost language and motor functions. Bower and Shoemark present a clinical case study in which a paediatric patient with an acquired brain injury and a sensory aphasia, who had the ability to talk but was unable to successfully interact with people. They showed that the prosodic elements of music were successfully used to initially engage the patient in musical interactions. Subsequently combined music therapy methods and speech pathology interventions provided the patient with a non- verbal medium to rehearse interactive skills. This focus on increasing social capacity was fundamental in promoting engagement in functional speech rehabilitation for this patient (Bower and Shoemark 2009) The research on this phenomenon called cerebral plasticity or neuroplasticity is often published in the neurological journals as an growing concept related to functional recovery showing, how specific training models in music therapy utilize this relatively recently identified phenomenon. Baker and Roth give an overview on the music therapy research dealing with the significant efficacy of special music therapy methods improving this re-establishing of neurological functions (Baker and Roth 2004).

## **2.2. Social paediatrics**

Autism spectrum disease (ASD) is on of the disorders related to this field, on which music therapy might have the most obvious impact, although this disorder expresses the extreme opposite of what music is mostly appreciated and evaluated for: this is empathy, understanding without words, meeting in time and space beyond the physical existence; this all are competences or experiences, which a child, who is effected by ASD, .will not present. However, music can offer the door to step into this intra-personal and inter-relational qualities; this implicates, that the immanent conversation taking place between keys, melodies, harmonies and rhythms can open a path for the child to leave the prison of limited understanding of human verbal communication. This does not consequently mean, that any kind of music activity will bring this improvement,- in opposite to that, music activity can cause even more irritation and withdrawal, if used with pressure and without high introspection for the sensitivity for the child and the level of its inner self-determination.

These methods have shown significant efficacy in disturbing and breaking through rigid patterns of musical behaviour and play (Wigram 2006). Looking to the different levels of his research, the core piece of the findings in his studies is the significant improvement of joint attention, which speaks about the frequency and duration of eye contact, joy and emotional synchronicity, musical synchronicity, imitation and turn-taking. Kim presents similar findings in her study on music therapy on joint attention. Under music therapy as described under II of

this article stereotype behaviour decreased measured by Pervasive Developmental Disorder Behavior Inventory (PDDDBI) and scores in the Early Social Communication scales (ESCS) increased with high significance in relation to just free play with the mother. "The results from both standardized measurements (PDDDBI and ESCS) and non-standardized measurements (session analysis) were generally in favour of music therapy over free play." (Kim 2006).

### 2.3. Neonatology

Music therapy is effective in the very first moments of life, too, - moreover even then, when this life has begun much too early. In this field of paediatric care one has to quote first the pioneer of music therapy interventions for prematures, Dr. Monika Nöcker-Ribaupierre, former general secretary of the European Music Therapy Confederation (EMTC) and clinician and teacher as well as researcher with highest international reputation. In her work on "short- and long-term effects of auditive stimulation on premature infants and their mothers" she has shown the efficacy of mothers voice and singing on the physical and activity state of the premature child (Nöcker-Ribaupierre 2005)

Her approach of auditive stimulation combines two different approaches:

1. psychodynamic area; "a therapeutic-functional approach of retaining or replacing something lost and a psychotherapeutic approach, addressing the developing subjective experience within the relationship between mother and child." (Nöcker-Ribaupierre, M. 2005)
2. improving of the physical state: there has been a significant physiological and developmental support for the infant, an essential approach of the study, which has to be acknowledged as the psychological and emotional impact of the voice.

The results of her studies showed high significance in both areas:

#### short term:

"Without stimulation, there was no difference in increase and decrease of activity and in transcutaneous oxygen pressure (tcPO<sub>2</sub>). During the stimulation period, infants showed significantly decreased activity ( $p < 0.001$ ) and increased tcPO<sub>2</sub> of mean 5 Torr ( $p < 0.02$ )" (Nöcker-Ribaupierre 2005)

#### long term:

"Data analysis found that, at the corrected age of 5 months, the children in the experimental group showed significantly advanced motor and verbal development". (Nöcker-Ribaupierre 2005). Haus showed similar findings with a different approach, using singing improvisation in synchronicity and/or dialogue with sensoric stimulation. In his research on the prematures' reactions on specific synchronization of motoric, sensory and acoustical stimulation are obvious and statistically significant, as well (Haus 2003). On the level of involuntary motional actions in the area of head-, face- and hand movements increased directly reactions of awareness on the co- ordination of sensomotoric and acoustical stimulation have been observed. Significant increase of oxygen partial pressure and re-duction of heart/pulse -rate during music therapy sessions seem to cause positive physiological effects" (Haus 2007).

### 2.4. Pedaudiology and CI-rehabilitation

Hearing impaired children and children with disorders or delays in language acquisition is compared to other working areas one of the earliest included population group, where music therapy practice documentation and research has taken place with the result of an enormous number of publications. Beside this a huge number of controlled studies on the efficacy of music therapy methods in the therapy for children with language development disorders and delays can convince, that music therapy as approach is as important in this field as speech therapy, since it effects directly the supra-segmental factors of speech like pitch flexibility (intonation), tense (accentuation) and rhythmic structure (Haus 2005)

#### CI-Rehabilitation:

After almost 20 years use in medical practice the Cochlea implant (CI) for deaf children has become standard everywhere in Europe (see Figure 4). Even if it does require various time-consuming measures, the significance of music therapy methods in the overall rehabilitation concept is confirmed by a wealth of positive experiences in the rehabilitation process of CI children (Neuhäusel 2008). In spite of some limitations at sublevels of hearing perception, CI children benefiting from music therapy show marked progress and reach a higher level of language perception and expression development than children provided with conventional hearing aids (Haus 2002). Although the recent software and technical concept of the CI-speech processor this could be seen paradigm shift in the language perception (Kim 2008), there is no doubt, that the CI-system still can not replace the tonal perception ability of the normal ear. Haus showed in his study, that the overtone spectrum of some instruments and of the human voice, too, is transferred in a completely different way as in the normal physiological hearing perception due to the signal processing algorithm via the electric array. To reach an optimal hearing perception and understanding of pitch and melodies as prerequisite of the active prosodic elements of language acquisition requires certain methods with a special set of instruments. This are music examples (descending or ascending intervals, little melodies) played in a structured improvisation setting on instruments with low overtone spectrum like xylophone, single wooden tone bars, wood bells and tuneable bongos or congas (Haus 2002).

**Music-therapy, a personalised bridge towards healing beyond surgery and medication: European paediatrics overview**

Dr. Dr. h.c. Reiner Haus

University of Witten-Herdecke Germany, University of Liepaja, Latvia

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**Abstract:**

Music therapy as WHO acknowledged health care profession can optimize the quality of life for people of any age and can improve their physical, social, communicative, emotional, intellectual, and spiritual health. In particular, children have a natural interest in music; -this can be utilized by the fact that they experience the stimulating motor and auditory activities in music more associated with play or fun than work or treatment. The efficacy of music therapy methods in paediatric fields as neuropaediatric care, social paediatrics, neonatology, paedaudiology and CI-rehabilitation, oncology, palliative care / pain management and paediatric psychiatry and psychotherapy has been evaluated in clinical studies in the last three decades with great success, so that this approach can be considered as important part in the health care in general. The article offers an overview on all different practice methods used in those areas linked with recent research findings and gives with the Music Therapy Master Program at the University Liepaja / Latvia an example, how to implement music therapy including academic training, practice service and research development in the health care system of a whole country. The practice experiences of this approach and the research work performed so far in combination with a model of implementation, offers a new perspective for the healthcare, which is beneficial and practicable.



## **I Introduction**

The benefits of music in emotional and physical health have been well described over the centuries and across cultures. In more recent times, studies have shown the effects of music therapy in alleviating symptoms in a wide variety of physical and psychological conditions.

However, there are still misunderstandings of what music therapy is in terms of professionalism (theories of science, academic structure / training courses), what it deals with (concepts of methods), how it functions (research/efficacy) and whom it helps (field of application).

To offer a border to non professional use of music therapy in healthcare the community of music therapy lecturers, clinicians and researchers has set a definition given by the World Federation of Music Therapy (WFMT), which is been acknowledged as standard in the European Higher Education an Research Area, as well.

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Music therapy in Europe has to meet certain standards to ensure high quality of training, practice and research, which is the prerequisite to remain in the position as WHO acknowledged health care profession. To give a legal framework to this, the European Music Therapy Confederation (EMTC, official asbl status at EU) was founded in 1990 as a confederation of professional music therapy associations, working actively to promote the further development of professional practice in Europe, and to foster exchange and collaboration between member countries.

## **II Practice and Research**

Looking to the different approaches of music therapy one can see a brought spectrum of different theoretical background following concepts of psychoanalytic, behavioural or humanistic psychology, which have been developed in Europe since the 1950ies and implemented in the healthcare supply and so in paediatric care, too. Now, the purpose of this section of the book is not to give the whole picture on those approaches and schools in all details, but more to introduce clinicians of any healthcare profession working in the field of paediatrics to the basic meaning of the daily work, which many music therapists do in children hospitals and outpatient services for children. Therefore this following overview is meant to give examples of practice and research in the field of music therapy and is not intended to be exhaustive. Not every single field of paediatric care is listed and not every author who might be important for the theory of science, clinical work or research development in the area of music therapy in paediatrics is quoted in the following passages. First the spectrum of interventions utilized by a music therapist is described to give the reader a conception how it practically looks like, when music therapy is offered.

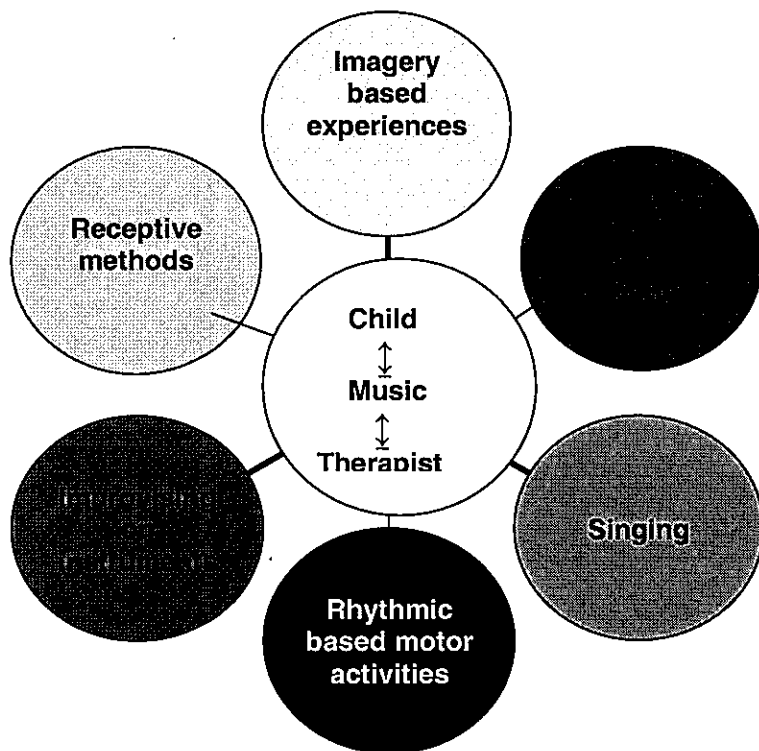
Secondly the recent development in research in different paediatric fields will be focussed on to demonstrate, that it would be a misconception to consider music therapy as a “sounding well-being framework” for children in hospitals- but still fare away to claim efficacy of its methods on the healing process or development disorders. Music therapy methods obviously can meet the standard of efficacy proofed by clinical trials in many paediatric fields. The quoted literature may give some examples out of many, where to go into it more intense.

## 1. What is a music therapist doing and why?

According to the definition of music therapy a music therapist uses various active and receptive intervention techniques in individual and group work with children to improve their physical, social, communicative, emotional, intellectual, and spiritual health.

These techniques are presented in Figure 1, which, however, are not limited to the interventions given.

Figure 1 Approaches by music therapy



**Improvising on instruments** can improve motor coordination of children with motor impairments or neurological trauma related to head injury or a degenerative disease process. It can enhance attention and focus the activity on self-perception as well as interaction to others (i.e. providing opportunities for practicing various leadership-participant roles). Playing instruments in a creative improvisation opens the creative inner being of the child beyond any impairment or limitation caused by a disease or disorder. This part of the personality of every person one of the pioneers of music therapy in Europe has called the “music child” (Nordoff and Robbins 1986), an inner personal quality of participation in creative processes with a self-enabling dynamic, which strengthens hidden resources of empowering own emotional and physical state and supporting the healing process. Improvisation offers creative, nonverbal means of expressing thoughts and feelings. Improvisation is non-judgmental, easily approached, and requires no previous musical training. As such, it helps the therapist to establish a three-way relationship between the client, themselves and the music. Where words fail or emotions are too hard to express, music can fill the void. Where trust and interaction with others has been comprised due to abuse or neglect, improvisation provides a safe opportunity for restoration of meaningful interpersonal contact. Where learning ability is limited, the opportunity to try different instruments, musical sounds, timbres and mediums may provide an opportunity for mastery of a new skill and increase life satisfaction. Although there is no music education requested to experience this benefits of music therapy, instrumental play may assist those children with prior musical experience to revisit previously learned skills, thereby allowing the individual to experience a renewed sense of pleasure and enjoyment. It can also develop increased well-being and self-esteem in those who are learning to play an instrument for the first time.

**Rhythmic based motor activities** can be used to facilitate and improve children range of motion, joint mobility/agility/strength, balance, coordination, gait consistency and relaxation. This for example is a tool for the first learning field in Cochlea-Implant rehabilitation, where the children start to relate between their motions and in synchronicity improvised sounds. Rhythm and beat are important in "priming" the motor areas of the brain, in regulating autonomic processes such as breathing and heart rate, and maintaining motivation or activity level following the removal of a musical stimulus. The use of rhythmic patterns can likewise assist those with receptive and expressive processing difficulties (i.e. posttraumatic aphasia) to improve their ability to tolerate and successfully process sensory information.

**Singing** is a therapeutic tool that assists in the development of articulation, rhythm, and breath control. Singing in a group setting can improve social skills and foster a greater awareness of others. For those children with psycho-emotional disorders related to a severe disease like cancer singing can reduce anxiety and fear. For children with language development delays music may stimulate the language centers in the brain promoting the motor coordination in the speech planning processes.

**Composing / Songwriting** is utilized to facilitate the sharing of feelings, ideas and experiences. For example, with hospitalized children writing songs is a channel of expressing and understanding fears. For children with a terminal illness, songwriting is a vehicle for examining feelings about the meaning of life and death. It may also provide an opportunity for creating a legacy or a shared experience with a caregiver, child or loved one, prior to death. Finally, lyric discussion and songwriting can help adolescents deal with painful memories, trauma, abuse, and express feelings and thoughts that are normally socially unacceptable, while fostering a sense of identification with a particular group or institution.

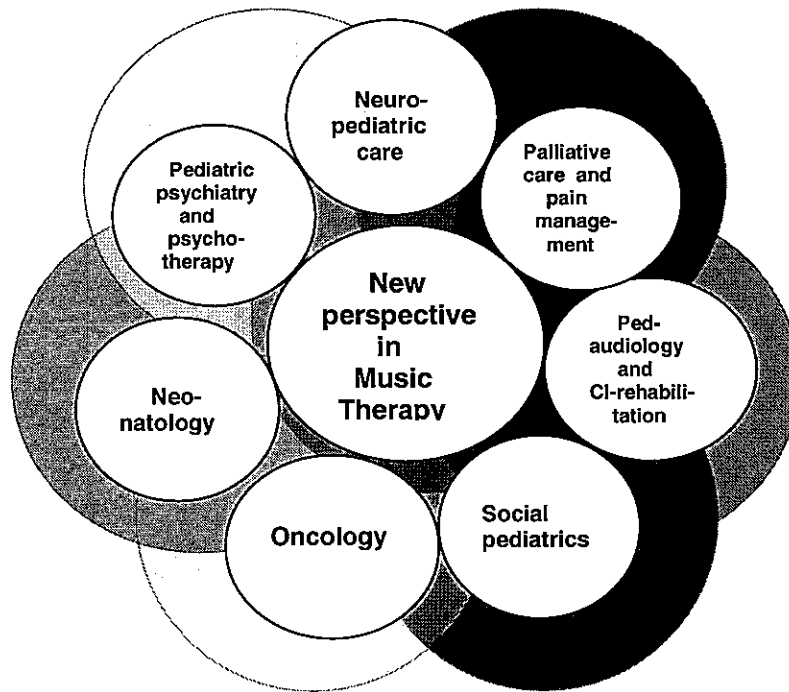
**Imagery based experiences** and music related to painting provide opportunities to reflect, process, and interact with unconscious or conscious material that may be reflected in an individual's life. Other expressive modalities, such as artwork and movement, can be used in combination with the music. One important section of the music therapy approaches, Guided Imagery and Music (GIM) offers here the theory of science and concepts of methods (Bonney 1975)

**Receptive methods:** Listening to music has many therapeutic applications. It helps to develop cognitive skills such as attention and memory. In situations where cognitive perceptions are comprised, such as in palliative care, listening can provide a sense of the familiar, and increase orientation to reality. In the area of child and youth psychiatry for those with mental illnesses such as early emotional traumatic disorders or juvenile schizophrenia, music listening can facilitate increased openness to discussion and provide motivation for engaging in social activity.

## **2. Music therapy methods and research in the paediatric fields of application:**

Music therapy offers new perspectives for health care, especially in paediatrics. This statement would be only a bold claim, if this is given without proofing the evidence of it. Surgery, medication and other common therapy approaches like physiotherapy will sooner or later have to face their limitations, when it comes to the complexity of the interdependent psycho-emotional and physical factors in the child affecting the healing process. The development of special music therapy methods and the research on their efficacy can provide this evidence. The picture may give an overview, where this research work has been done successfully:

**Figure 2** Music therapy offers new perspectives for health care, especially in paediatrics: the fields of potential application of music therapy



### **2.1. Neuropaediatric care**

If there is a therapy approach, which combines all perception areas of a child in one activity and offers self-perception in time and space as well as relationship in interaction, “music therapy is the most powerful therapy for impaired children, what ever exists”: This statement was given by one of the pioneers of music therapy in Europe, Dr. Clive Robbins ( † Dec. 2011), who developed together with Dr. Paul Nordoff in the 50ies and 60ies of the last century the “Creative Music therapy” (Nordoff and Robbins 1977). He lived in New York as founding Director of the Nordoff-Robbins Center for Music Therapy at New York University. He leaves a huge heritage of practice experience, research work and, what is most important, a world wide network of higher education training centres offering an excellent professional training in music therapy. Based on this approach many controlled trials have shown significant efficacy of music therapy methods for children with neuropaediatric diseases or disorders.

#### Developmental delay:

Aldridge and Neugebauer present findings of a RTC done in 1994 at the Institute of Music therapy, University Witten-Herdecke / Germany, which proofed the efficacy of the creative Nordoff-Robbins-music therapy. Motor (eye-hand)-coordination, language development and social awareness as subtest of the Griffith-scales are significant improved in a treatment setting n cross-over design (Aldridge and Neugebauer 1994). Orff describes in numerous case studies the concept of methods of her music therapy approach (Orff 1989), in which efficacy has been evaluated with high significance later in a RTC done by Plahl (Plahl 2006).

### Down-syndrom:

The delay of language acquisition due to the hypotonia of mouth, hyperplasia of the tongue and the retarded cognitive development is one of the most crucial factors of the therapeutic interventions offered for children with down-syndrom. Music therapy practice has improved this in an uncountable number of cases through special improvisation methods using singing and instrumental play. Carol (Carol 1996) presents "an effect on the children's total verbal output and rate of response..." which music therapy causes when offered with this combination of singing and drum playing. Those intervention is an "effective method for stimulating verbal speech in the way it mirrored early language development by exploiting the prosodic characteristics of speech." (Carol 1996). There is no question, that music therapy is an effective method for facilitating the verbal output of young children with Down-syndrom, who are in the very first stage of language development with explorative vowels as well as for those, whose mean length of utterance have already one –two word sentences structure, what will improve the syntactic growth and cognitive development, too.

### Rett-syndrome:

Every clinician working with young girls suffering from this disease will have got to the conclusion that music activity would not be possible due to the lack of planned motor activity and intentional action in common. One the other hand in the literature females with Rett-syndrome are often reported to be responsive to music. Consequently, music therapy has been indicated as a relevant treatment where practitioners have demonstrated that intervention promotes and motivates their desire to interact and communicate, as well as to stimulate many aspects of development including „choice making, enhancing vocalization, improving eye contact, and opening channels for emotional and communicative expression.“ (Cochavit 2002). The key is how to offer instruments, how to lead hands on drums meeting the structure of a song, how to include the child vocal activity into the improvisation, even if sounds meaningless.

### Neuro-rehabilitation:

Children with acquired brain injury most often have to undergo a multidisciplinary rehabilitation process, in which the lack of experiences like "play" or "creativity" might limit the motivation to go on with the daily process of re-establishing lost language and motor functions. Bower and Shoemark present a clinical case study in which a paediatric patient with an acquired brain injury and a sensory aphasia, who had the ability to talk but was unable to successfully interact with people. They showed that the prosodic elements of music were successfully used to initially engage the patient in musical interactions. Subsequently combined music therapy methods and speech pathology interventions provided the patient with a non- verbal medium to rehearse interactive skills. This focus on increasing social capacity was fundamental in promoting engagement in functional speech rehabilitation for this patient (Bower and Shoemark 2009) The research on this phenomenon called cerebral plasticity or neuroplasticity is often published in the neurological journals as an growing concept related to functional recovery showing, how specific training models in music therapy utilize this relatively recently identified phenomenon. Baker and Roth give an overview on the music therapy research dealing with the significant efficacy of special music therapy methods improving this re-establishing of neurological functions (Baker and Roth 2004) – see Figure 3.

## **2.2. Social paediatrics**

Autism spectrum disease (ASD) is on of the disorders related to this field, on which music therapy might have the most obvious impact, although this disorder expresses the extreme opposite of what music is mostly appreciated and evaluated for: this is empathy, understanding without words, meeting in time and space beyond the physical existence; this all are competences or experiences, which a child, who is effected by ASD, .will not present. However, music can offer the door to step into this intra-personal and inter-relational qualities; this implicates, that the immanent conversation taking place between keys, melodies, harmonies and rhythms can open a path for the child to leave the prison of limited understanding of human verbal communication. This does not consequently mean, that any kind of music activity will bring this improvement,- in opposite to that, music activity can cause even more irritation and withdrawal, if used with pressure and without high introspection for the sensitivity for the child and the level of its inner self-determination.

**Figure 3.** A Latvian music therapist working with the young boy affected by tetraparetic palsy



The name, who has to be mentioned first related to the field, is Prof. Dr. Tony Wigram († 2011), former chair of the PhD program in Music Therapy at the University of Aalborg, Denmark, international lecturer with highest reputation and maybe the world most important researcher in this field. He has published numerous of excellent studies proofing the efficacy of music therapy in the work with autistic children. Methodically he has set standards with the terms of “dialoguing”, a process where therapist and child communicate through their musical play and “musical framework”, where the therapist provides a functional and consistent musical structure within which the child’s musical play fits in (Wigram 2004). These methods have shown significant efficacy in disturbing and breaking through rigid patterns of musical behaviour and play (Wigram 2006). Looking to the different levels of his research, the core piece of the findings in his studies is the significant improvement of joint attention, which speaks about the frequency and duration of eye contact, joy and emotional synchronicity, musical synchronicity, imitation and turn-taking.

Kim presents similar findings in her study on music therapy on joint attention. Under music therapy as described under II of this article stereotype behaviour decreased measured by Pervasive Developmental Disorder Behavior Inventory (PDDBI) and scores in the Early Social Communication scales (ESCS) increased with high significance in relation to just free play with the mother. “The results from both standardized measurements (PDDBI and ESCS) and non-standardized measurements (session analysis) were generally in favour of music therapy over free play.” (Kim 2006).

### **2.3. Neonatology**

Music therapy is effective in the very first moments of life, too,- moreover even then, when this life has begun much too early. In this field of paediatric care one has to quote first the pioneer of music therapy interventions for prematures, Dr. Monika Nöcker-Ribaupierre, former general secretary of the European Music Therapy Confederation (EMTC) and clinician and teacher as well as researcher with highest international reputation. In her work on “short- and long-term effects of auditive stimulation on premature infants and their mothers” she has shown the efficacy of mothers voice and singing on the physical and activity state of the premature child (Nöcker-Ribaupierre 2005)

Her approach of auditive stimulation combines two different approaches:

1. psychodynamic area; “a therapeutic-functional approach of retaining or replacing something lost and a psychotherapeutic approach, addressing the developing subjective experience within the relationship between mother and child.” (Nöcker-Ribaupierre, M. 2005)

2. improving of the physical state: there has been a significant physiological and developmental support for the infant, an essential approach of the study, which has to be acknowledged as the psychological and emotional impact of the voice.

The results of her studies showed high significance in both areas:

short term:

“Without stimulation, there was no difference in increase and decrease of activity and in transcutaneous oxygen pressure (tcPO<sub>2</sub>). During the stimulation period, infants showed significantly decreased activity ( $p < 0.001$ ) and increased tcPO<sub>2</sub> of mean 5 Torr ( $p < 0.02$ )” (Nöcker-Ribaupierre 2005)

long term:

“Data analysis found that, at the corrected age of 5 months, the children in the experimental group showed significantly advanced motor and verbal development”. (Nöcker-Ribaupierre 2005). Haus showed similar findings with a different approach, using singing improvisation in synchronicity and/or dialogue with sensoric stimulation. In his research on the prematures' reactions on specific synchronization of motoric, sensory and acoustical stimulation are obvious and statistically significant, as well (Haus 2003). On the level of involuntary motional actions in the area of head-, face- and hand movements increased directly reactions of awareness on the co-ordination of sensomotoric and acoustical stimulation have been observed. Significant increase of oxygen partial pressure and reduction of heart/pulse –rate during music therapy sessions seem to cause positive physiological effects” (Haus 2007).

#### **2.4. Pedaudiology and CI-rehabilitation**

Hearing impaired children and children with disorders or delays in language acquisition is compared to other working areas one of the earliest included population group, where music therapy practice documentation and research has taken place with the result of an enormous number of publications. On of the pioneers in this section, Claus Bang, could show already in the 70ies the, that music therapy could improve with high significance the voices, prosody and communication possibilities of the hearing impaired children through music therapy. Facing one of the main consequences of deafness and hearing impairment, -a total or partial lack of control of the voice which leads to limited pitch variability (monotonous or tensed and forced voices), Bang used tone bars with low frequency played simultaneous to singing improvisation with words or sentences. The voice treatment and the speech therapy based on the use of tone bars became objects of substantial research by Claus Bang in cooperation with Copenhagen University and Aalborg University. The research resulted in detailed analyses of the voice improvements gained from the work with the tone bars. Some of the noise in the voices disappears at the same time as the voices gain a richer overtone content, which makes them easier to understand (Bang 1998). Beside this a huge number of controlled studies on the efficacy of music therapy methods in the therapy for children with language development disorders and delays can convince, that music therapy as approach is as important in this field as speech therapy, since it effects directly the supra-segmental factors of speech like pitch flexibility (intonation), tense (accentuation) )and rhythmic structure (Haus 2005)

#### **CI-Rehabilitation:**

After almost 20 years use in medical practice the Cochlea implant (CI) for deaf children has become standard everywhere in Europe (see Figure 4). Even if it does require various time-consuming measures, the significance of music therapy methods in the overall rehabilitation concept is confirmed by a wealth of positive experiences in the rehabilitation process of CI children (Neuhäusel 2008). In spite of some limitations at sublevels of hearing perception, CI children benefiting from music therapy show marked progress and reach a higher level of language perception and expression development than children provided with conventional hearing aids (Haus 2002). Although the recent software and technical concept of the CI-speech processor this could be seen paradigm shift in the language perception (Kim 2008), there is no doubt, that the CI-system still can not replace the tonal perception ability of the normal ear. Haus showed in his study, that the overtone spectrum of some instruments and of the human voice, too, is transferred in a completely different way as in the normal physiological hearing perception due to the signal processing algorithm via the electric array. To reach

an optimal hearing perception and understanding of pitch and melodies as prerequisite of the active prosodic elements of language acquisition requires certain methods with a special set of instruments. This are music examples (descending or ascending intervals, little melodies) played in a structured improvisation setting on instruments with low overtone spectrum like xylophone, single wooden tone bars, wood bells and tuneable bongos or congas (Haus 2002).

**Figure 4.** The author of the approach working on hearing perception skills (pitch discrimination) on wooden tone bars with the 5-year old boy with Cochlea Implant.



### **2.5. Oncology**

Children and cancer is a topic, which is too multilayered and sensitive than it would be appropriate to design easily music therapy as a mono-causal improvement of the emotional and physical disorders related to this life-threatening disease or the secondary side effects of the chemo therapy. Cancer and its huge strain for emotions and communication effects the whole family, where anxiety and the imbalance between rage and depression determines the parents, which is immediately transferred to the child. Therefore, anxiety reduction is identified as an important clinical objective for caregivers, and one that can be addressed by music therapy, since it supports reducing the intensity or duration of pain, alleviating anxiety, and decreasing the amount of analgesic medication needed (Standley 1992). There are many practice reports and clinical trials on music therapy methods in oncology describing findings, that music therapy with active improvisation including song-writing as well as receptive methods reduces anxiety, strengthens physical power and helps to overcome nausea and tiredness. Most directly is the effect of music therapy on the child play activity in common. A randomized controlled trial published by Barrera shows a significant improvement of the motivation and creativity of the child under oncologic care, which is definitely necessary to prevent from hospitalism (Barrera et.al 2002).

### **2.6. Palliative care and pain management**

Music therapy has an immanent factor accelerating the process of healing, but this in only one of many other sides. It also offers comfort, where no healing can take place anymore, in a more intense way, than words can do it. There are quotes of parents stated in the literature as comment after their child process of dying being supported by music therapy, which underlines the "catharsis factor" although one can't talk about healing anymore. "It was something that we could all share together since music is a universal language and reaches all of us regardless of our age or cognitive level." (Lindenfeller 2005). Music therapy offered with the different interventions mentioned above focus on ... "the child's preserved healthy sides . . . in the middle of sickness and process of death" (Aasgaard 2001). One good example is songwriting, which Aasgaard describes as "interplays of loveable acts between patients, parents and music therapist" which reflected that the moments shared in music therapy can be



highly emotional and remembered throughout time (Aasgaard 2003). The area of alternative therapeutic approaches in the field of paediatric pain management beside medication has obviously experienced an enormous interest in the scientific community in the last 10 years. Many European music therapists have been publishing their practice experiences as well as research work related to the question, whether music therapy methods can be effectively offered for children with chronic pain. Hoffmann showed, that free improvising can effect positively the perception and intensity of pain concerning and the secondary state of anxiety and depression. (Hoffmann 1997). Haus offers an overview on several successful interventions in the daily work with children in palliative care and chronic pain (Haus 2008).

## **2.7. Paediatric psychiatry and psychotherapy**

The inner world of children can become ill due to many psychosocial or clinical reasons. To meet the need of the multi-layered structure of psychiatric disease in childhood, a concept of methods with a broad spectrum of nonverbal interventions has to be included. Verbal psychotherapy as in common use in the psychiatric care for adults has many limitations if it is used as the approach non-reflected for children. Beside the systemic approach of family therapy additional interventions like play therapy, motion therapy art therapy and music therapy can support the therapy process. Erkkilä describes the combination of music and art therapy in his work with psychotic children. Including drawing as expression field for emotions and thoughts under the influence of one's own improvisation "represents a level of consciousness that is nearer secondary process thinking as compared with the improvisation that is more abstract. The picture, in this method, also condenses the abstract form of the music, that flows through time, into one particular moment — a moment that can not be without significance." (Erkkilä 1997). For patients that may be unable to communicate about their inner conflicts verbally, music therapy is beneficial, because it uses musical interaction as a means of nonverbal communication. On the other hand it offers for those children, who use verbal language to rationalise what they cannot address emotionally a field, which allows them to express their feelings directly. Therefore music therapy is applied to a much larger spectrum of mental disorders. The different approaches of music therapy are based on various theoretical backgrounds, including psychodynamic, behavioural, and humanistic theory concepts. The techniques used in music therapy in child psychiatry and psychotherapy can be categorized like described under II as active or/and receptive methods in free or/and structured improvisation. The most prominent models of music therapy with a psychodynamic orientation are Analytical Music Therapy (Priestley 1994) and Guided Imagery and Music (GIM) (Bonny 1975). An excellent overview on recent research on the efficacy of music therapy methods in the work with children with psychiatric diseases can be found in the meta – analysis done by Gold, Voracek and Wigram, who listed and proofed 11 of the most important clinical trials in this area. "Music therapy produces a clinically relevant effect of a considerable size and is therefore recommended for clinical use. Specifically, clients with behavioural or developmental disorders, or with multiple psychopathologies, may benefit from music therapy. For children and adolescents - both with psychopathologies, music therapy appears to be especially helpful, when techniques from different music therapy approaches are combined (Gold, Voracek, Wigram, 2004).

## **III Music Therapy education and training in Europe; a new perspective on an important profession group in health care.**

Music therapists in Europe work at highest level of music competences, medical and psychological knowledge, acquisitions and research skills. The profession requires a secondary postgraduate higher education, mostly based on the graduation as musician, psychologist, rehabilitation scientist and other health care professions. Many of the music therapists working in paediatric hospitals have a doctoral degree and are able to fill out the scientific side of their work through clinical studies. They are involved in supervision to get an optimal balance in their own inner psychodynamic processes being challenged by the daily work. The great number of training courses in the EU is mostly linked to faculties for Music, Psychology or even medicine at many European Universities and are connected in the European Music Therapy Confederation, Brussels. Under <http://emtc-eu.com/courses> all training courses in Europe are listed, recent number is about 60 higher education courses. The European Music Therapy Confederation was founded in 1990, as a forum for exchange between music therapists in Europe. The EMTc is a confederation of professional music therapy associations, working actively to promote the further development of professional practice in Europe, and to foster exchange and

collaboration between member countries. The overall purpose of the EMTC is to nurture mutual respect, understanding and exchange between music therapists in Europe. In the following part an example for a Master program Music therapy is introduced, which can be seen as standard for the high quality of music therapy training courses in Europe in common. It has been founded in 1998 and chaired at the University Liepaja / Latvia by the author (2002-2006) and has included many of the most important clinicians and researchers in Europe quoted in this article as guest lecturer (Erkillä J., Hoffmann P. Neuhäusel R., Nöcker- Ribaupierre M., Wigram, T.). Linked to this study program the author has implemented a sustain network for music therapy supply in paediatric hospitals, outpatient clinics, rehabilitations centres and institutions for special education in Latvia, which got numerous grants for docent mobility projects from the EU-ERASMUS programs as well as from the EU paediatric network EUROPET.

### Music therapy master program

One example is presented in Figure 3.

Fig.3 The programme is overview for University of Liepaja, Latvia

|   |   |
|---|---|
| <b>Aim:</b>   | to theoretically and practically educate a music therapist meeting the level of professional qualification, who would be able to conduct classes of Music Therapy with special needs children and adults with the purpose of promoting their integration into society and of improving their life quality   |
| <b>Objectives:</b>                                  | to impart theoretical knowledge of Music Therapy, of Special Needs Pedagogy and Psychology and give basic knowledge of medicine;<br>to acquire practical competences in methods of diagnostics, in planning activities in music, in preparing documentation and in evaluation;<br>to use scientific abilities of reflection in the practical work of a music therapist;<br>to acquire the skills at organising work in music therapy, its management and communication. |
| <b>Duration of studies</b>                          | 3 years part time   |
| <b>Value of the programme</b>                       | 110 CP (1 CP = 10 contact hours)  |
| <b>Entrance requirements</b>                        | higher education degree (Music, Psychology, Special Education)  |
| <b>Entrance examinations</b>                        | playing piano, instrumental and vocal improvisation,<br>interview on the motivation for acquiring the qualification   |
| <b>Qualification to be acquired</b>                 | music therapist (Master of arts)  |
| <b>Requirements for obtaining the qualification</b> | fully covered general education study courses, basic theoretical courses in the field, and courses of specialisation in the field, the requirements for the practice fulfilled, the qualification paper written and defended;   |
| <b>Forms of work:</b>                               | lectures, seminars, practical work, group work, video analysis, supervisions, individual work, reports, practice.   |
| <b>Forms of assessment</b>                          | credits, examinations and tests.  |



#### **IV Expert recommendations**

Children have a natural interest in music; -this can be utilized by the fact that they experience the stimulating motor and auditory activities in music more associated with play or fun than work or therapy. The careful and repetitious combination of music activity with multisensory experiences in the context of a creative self-expression and nurturing relationship has a remarkable range of clinical benefits. In most of the paediatric fields numerous clinical studies have been given answer to the question: Is there evidence in the obvious improvement of so many conditions of disease or disorders, when music therapy is offered? Yes, there is. And one can not only measure it with highest standard of clinical studies, -the concepts of methods and the theories of science standing behind the efficacy of music therapy is as coherent as medical science itself. This rational can convince, that music therapy is an important part of the paediatric service in general and can be without any doubt considered as an crucial factor in the healing process of diseases in many paediatric fields as in health care in general.

The remaining question, where the answer still is to be found and to be developed is: why is the dimension of music therapy supply in paediatric hospitals, outpatient service and rehabilitation institutions in so far away from the clinical requirement? Looking to the music therapy service supply in paediatric facilities in Europe in general we do not see a homogenous picture at all. In UK, Austria and the Netherlands the reimbursement of costs for music therapy has its legal framework, since in this countries it is a State recognized health care profession. In Scandinavian countries the costs for music therapy in the paediatric area is partly covered by either insurance or social care system. In many other countries in Europe the music therapy service in paediatric hospitals can get its financing only through charities or fundraising. On the other hand outpatient service is sometimes covered by health insurance, when it is linked to the reimbursement context of psychotherapy. If music therapy claims to offer a new perspective for the health care system, one has to find an answer to the question, what is necessary to achieve a sustain framework of those complementary factors like academic training, music therapy supply and research. The republic of Latvia is a good example, that one should not wait too long on the States generosity in a time after the world wide financial collapse, where the budgets of the health care systems in many European countries had to face heavy cuts. In Latvia it has been possible in the time of 10 years to build up a Master study program with 59 graduates until today in total: Moreover a music therapy network in health care institutions in all regional centres has been implemented only through fundraising and donation of German charities. This project of the largest German Children Hospital, the Vestische Child and Youth Hospital in Datteln, University Witten-Herdecke ([www.kinderklinik-datteln.de](http://www.kinderklinik-datteln.de)) was awarded as "best practice model" for east Europe from the German Charity for people with disabilities in 2008 and offers hundreds of children in Latvia music therapy service every day. The research work done in this field in the Latvian health care system underlines the necessity but also the practicability of this new health care approach.

To provide this new perspective for a whole country is of course not only a question of academic specialisation or only a matter of money. This needs a professional concept of strategies including all levels involved, i.e. profile of academic training with international docent mobility programs for continuing education, development of therapy service accessible for everyone in every region regardless financial situation of the clients, and last but not least sustain finance and communication structures for research work. This strategy work was not possible without professional help from outside. In the case of Latvia, a highly recommendable European wide working consulting agency ([www.xpand.eu](http://www.xpand.eu)) was invited with reference from the German Embassy in Riga to support this process,- obviously very successful, if You look to the dimension of music therapy service in hospitals, rehabilitation centres and outpatient facilities in Latvia ([www.muzikasterapija.lv](http://www.muzikasterapija.lv)). This consulting agency XPAND has extensive experience in co-operating with ministries of several other countries in East – and South-east Europe and is very open to support similar projects in the health care area in this region.

#### **Conclusion:**

1. There is a rational for music therapy in as part of predictive, preventive and personalised medicine based on evidence proofed research.
2. There is an obvious need to implement more music therapy service in paediatric care.
3. New perspectives in health care like music therapy can become substantially, if there is a long term strategy concept, which includes academic, infrastructure, finance and research development as it has been developed for the country of Latvia.

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**Amy Luke**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Friday, March 30, 2012 7:10 AM  
**To:** LMGtestimony  
**Cc:** akocurtiss@gmail.com  
**Subject:** Testimony for HCR41 on 3/30/2012 2:00:00 PM

Testimony for LMG 3/30/2012 2:00:00 PM HCR41

Conference room: 423  
Testifier position: Comments Only  
Testifier will be present: No  
Submitted by: curtiss ako  
Organization: Individual  
E-mail: [akocurtiss@gmail.com](mailto:akocurtiss@gmail.com)  
Submitted on: 3/30/2012

**Comments:**

Music therapy should be supported in Hawaii; I am an educator in the State of Hawaii.

000078

**Amy Luke**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Thursday, March 29, 2012 10:09 PM  
**To:** LMGtestimony  
**Cc:** guamchristine@gmail.com  
**Subject:** Testimony for HCR41 on 3/30/2012 2:00:00 PM

Testimony for LMG 3/30/2012 2:00:00 PM HCR41

Conference room: 423  
Testifier position: Support  
Testifier will be present: No  
Submitted by: Christine Choe  
Organization: Individual  
E-mail: [guamchristine@gmail.com](mailto:guamchristine@gmail.com)  
Submitted on: 3/29/2012

Comments:

000079



For the past 29 years, I have enjoyed a variety of occupations in the state of Hawaii. I have been an attorney in private practice as well as employed by the State of Hawaii in several capacities including social services and the Attorney General's Office. Then I returned five years ago to teaching and instructing students at Sacred Hearts Academy in the area of engineering and robotics. My entire work life has been about helping people. Now I am the one needing assistance!

On December 27, 2009, my world changed dramatically. While in Wisconsin for a family Christmas visit, I suffered a 4 cm blood clot caused by a torn carotid artery caused by coughing when I had bronchitis. My wife was told that the artery was not repairable and there was "nothing that can be done". After being in ICU for two weeks, spending a week in in-patient therapy and three weeks in daily speech therapy, another CT scan was taken. The neurologist said that I was a "miracle" because my carotid artery had healed. However, I was left with expressive aphasia.

Expressive aphasia means that my ability to read, write and verbally express myself is severely limited. (My wife had to write this for me, it took us an entire week to produce.) I cannot read an instruction manual, understand email, order at a restaurant without assistance or even write a check. At age 53, I thought my life was over. When I returned to Oahu and continued speech therapy at Queens', a very inept speech therapist told me that the best job I could have would be "to drive a plow". The last time I looked around, there were very few field plowing jobs available on Oahu.

Expressive aphasia allows you to relearn skills every single day of your life. Something you took for granted before the stroke, is relearned to day and relearned tomorrow and relearned next week. You never get to keep that thought or emotion of relearned skill. It evades you on a daily basis!

The only thing I can do is to read music, and I can still play my tuba. The right side of my brain is still working, and it will hopefully, one day, assist the left side of my brain to improve my speaking, writing and reading abilities. My twelve speech therapy visits a year is not nearly enough to help me to improve my life. Music therapy would be a godsend for me, but it is not covered at all by insurance.

At age 56, I can no longer adequately provide financial support for my family. My wife has to take care of all daily matters of living. I cannot read, write or speak on my own. While I am not physically challenged, my ability to communicate with the outside world is almost non-existent. I need therapy to improve my life and my ability to actively participate in the world. I don't want to plow fields, I want to go back to teaching and encouraging our students to dream outside of the box and to do great things with their lives. I just wish mine was back to normal, but that won't happen without increasing my ability to participate in speech and music therapy.

Carl Debo

000080

**IN SUPPORT OF HCR 41 Sunrise Analysis: Profession of Music Therapy**

Hearing: Friday, March 30, 2012, 2:00pm

Testimony Submitted by: Linda Elento, Hawaii resident

Chair Yamashita, Vice Chair Tokioka, and Members of the Committee on Legislative Management:

**Music therapy provided by certified music therapists has health and educational benefits for individuals with disabilities. Music therapists help many children reach their Individualized Education Program (IEP) goals, especially with the on-going *shortage of speech language therapists.***

My son Jason, who was born with Down syndrome, has received music therapy to meet goals such as behavior, speech and language, social interaction and following directions. Like other students born with Down syndrome, he has strengths that include responding to music and developing skills through music. His greatest need is communication and language development. Music therapy has proven to help him understand and to be understood by others.

Recently, the Department of Education's speech language pathologist no longer recommended her individual therapy sessions for my son because they were not effective. Music therapy has proven effective. But without the state's recognition and licensing of a music therapist, students such as my son will not be able to benefit from a special education as mandated under federal special education law.

Attachment: **Music Therapy** ([www.cec.sped.org](http://www.cec.sped.org))

**music therapy**    **Speech & Language**    ***motivation***  
**children with Down syndrome learning**    **Follow Directions**  
***Cooperation***    **social skills**    **cognitive support**

# Music Therapist

Making  
A

## DIFFERENCE in the lives of students with special needs

*Rachel, a sixth grader, is hard of hearing and wears two hearing aids. She likes music and wishes she could play an instrument in the school band next year. Her parents, however, have reservations about whether their daughter can hear well enough to play with a group of students. Can Rachel look forward to band in middle school?*

*Pablo, age eight, is physically active and has excellent hearing and sight. Because of severe cognitive disabilities, Pablo does not read or write yet and he has difficulty following directions. Can he benefit from a school music program?*

*Cory's dream is to perform with the school choir on its spring concert tour in six months. This 15-year-old who has cerebral palsy has been singing in general music class for years, but he's worried about the logistics of traveling with a wheelchair. He doesn't know the choir director and is afraid to ask questions. Is there someone who can help him realize his dream?*



## CAREERS

### in Special Education and Related Services



The answer is yes to all three questions, and the person most qualified to address these issues is a music therapist. Music therapists plan, organize, and direct music activities that may produce behavior changes in persons who have mental, emotional, or physical disabilities.

### Nature of Work

Music enriches a person's life, regardless of age, race, or mental and physical abilities. While many music therapists are employed in psychiatric hospitals and rehabilitative facilities, school systems are increasingly recognizing the value of including music therapy in their curriculum. Music therapists often foster and develop an appreciation and love for music with students who have disabilities.

From their clinical knowledge, music therapists develop both short-and long-term programs for students with disabilities. For some students, music therapy goals are included in the student's Individualized Education Program (IEP). Often these goals assist students to develop musical interests or other talents they might not have had the opportunity to develop before. Examples of some model music therapy interventions show the effects of music therapy.

- Students with mental disabilities will stand and sit on cue with other members of the high school chorus.
- Students with vision impairments will improve their spatial awareness.
- Students who are deaf or hard of hearing may show an awareness, understanding and appreciation of music.
- Students with physical disabilities will improve their fine motor skills by grasping, holding, and manipulating musical instruments or other objects.
- Students in preschool classes will increase their ability to recognize letters and numbers.

How are these objectives met? With teamwork. Requests for music therapy come from administrators, classroom teachers, speech-language pathologists, occupational therapists, general and special education music instructors, and parents. Depending on how the school's program is structured, music therapists serve only students with disabilities, all students in selected integrated/inclusive classrooms, or a combination of both.

In the examples above with Rachel, Pablo, and Cory, a music therapist might:

- Consult with Rachel's audiologist for a current audiological assessment of her hearing loss with hearing aids. If learning an instrument is an option, the therapist would meet Rachel and her parents and possibly demonstrate the choice of available instruments. A future visit could be arranged between Rachel and another band member with a hearing loss to help her understand that there are deaf and hard of hearing students in bands. The music therapist could be available to attend band rehearsals and provide additional practice sessions, if necessary, to ensure Rachel had a successful experience in the band. If Rachel decides to enroll in band, her school study team will also be notified.
- Review Pablo's medical records and IEP with his counselor and primary special education teacher. The music therapist may decide to observe Pablo in one or more classes before developing a program for him. Since Pablo likes physical activity and has good vision and hearing, he might enjoy dancing, clapping to music, or playing instruments. Pablo might also enjoy identifying high or low sounds in music. Calming types of music might increase Pablo's ability to concentrate.
- Meet Cory to learn more about his concerns. First, is he eligible for the school choir that will be touring? Does he need to audition? If so, the music therapist could meet with Cory's music teacher and/or choir director to obtain

additional details. The music therapist would know, or could research, which type of wheelchairs are best suited for the touring vehicles and whether the concert facilities are accessible. Regardless of whether Cory participates in the tour, the music therapist would encourage Cory to continue singing, because the music therapist's primary goal is to encourage students to experience music.

One of the benefits of music therapy in schools is that children with disabilities are offered new ways in which to excel. Some youngsters, for example, have convinced themselves that they "can't sing." Perhaps reading notes is a struggle or maybe following a director's motions is confusing.

If these students with disabilities are enrolled in a general music class, they may become even more withdrawn. Joining a band or chorus is unthinkable for students who have no confidence and are sure they have few if any, musical skills. A music therapist can give a child individual attention and stress the repetition that's needed to acquire certain skills. Students with disabilities may need more practice time than their classmates: Through creative teaching, music therapists can help them experience pride and success in band or music class.

After students achieve a degree of skill in music, some join performing groups at school or in the community. "I've observed students perform, and the benefits are amazing," remarked one music therapist. "Many cry the first time they get a standing ovation or applause. They are so overwhelmed at that type of approval. People talk to them after the performances, and the students respond. These students often learn new social and academic skills that can be applied and used later in jobs."

"Our hard of hearing daughter loves music and rhythm," said one mother whose daughter is now a young adult. "In one school she attended, the principles of eurhythmics were taught; and the whole student body would assemble for singing and dancing. These sessions became a real sensory-motor high; and of all the classes she ever took, the music classes are the ones she talks about the most."

## Education Required

A bachelor's degree is the minimum requirement. Most music therapists have undergraduate degrees in music, education, music therapy, psychology, or special education. In addition, completion of an approved music therapy program is a requirement in many school systems.

In 1996, approximately 70 colleges and universities offered undergraduate degrees in music therapy; 12 offered master's degrees. Graduates are accomplished in piano, voice, and guitar, and have completed a supervised internship. Certification has become increasingly important in this profession. The Certification Board for Music Therapists offers the Board-Certified Music Therapist (MT-BC).



**Brenda J. Rice**  
**Music Therapist**  
**Tallahassee, Florida**

Brenda Rice is a full-time music therapist in the Tallahassee, Florida school system. During the 1996-97 school year, approximately 1,300 students received music therapy services. Brenda works with both exceptional children and general education students in educational settings. Trained as a violinist, but also active in community choral groups, Brenda received a bachelor's degree in music education in 1979 from Boston University. During her first years as a music teacher, Brenda's class included students with disabilities. She wanted them to have richer musical experiences, so she later entered a graduate program in music therapy. Brenda earned a master's degree in music education and certification in music therapy from the University of Kansas.

For her contributions to the field of music therapy, Brenda has received the Florida Federation "Teacher of the Year Award" and the "Teacher of the Year" from The Council for Exceptional Children. She is a contributing author to *Models of Music Therapy Interventions in School Settings*, published in 1996, by the National Association for Music Therapy, Inc.

Brenda is a member of a music therapy staff that consists of another board certified music therapist and includes as many as four music therapy interns at any time of the year. Since the music therapy staff participates in the American Music Association Clinical Training Program, it is able to obtain interns from universities throughout the United States. Brenda divides her time among classroom teaching, supervising the interns, and consulting with music and special education teachers.

**Daily Schedule:** At the beginning of the school year, classroom teachers are invited to request the services of a music therapist. From this list, music therapy schedules are

*"It's very rewarding as a music therapist to see the difference in a child's life"*

determined. Brenda and the music therapy staff may spend six weeks or six months in a single school. Brenda might work with a second grade class comprised of exceptional students and general education students. While studying Native American music and playing instruments, one child might have difficulty keeping a steady rhythm. Brenda might suggest that he play a rattle or shaker along with some of his classmates. Such instruments, even if they are not played precisely to the beat, would blend in nicely with the style of the music.

"Regardless of age or ability, all of our students benefit from music," stated Brenda. "I have had wonderful opportunities to see music come alive in our exceptional children — students who are blind singing in choruses, playing piano and guitar; students who are deaf or hard of hearing performing in school bands, choruses, and other ensembles. Students with disabilities and exceptionalities who can perform music with a group benefit by feeling part of a team and experiencing the thrill of accomplishment."

**Challenges:** "Maybe the biggest frustration is too many meetings and not having enough time to accomplish everything I want to do in this job! In addition, it's a big challenge to stay current in this profession, because special education and music therapy research is constantly bringing us new and exciting materials, methods, and techniques."

**Satisfaction:** "I love the variety in my job. In school, I work with children from birth to young adults. It's very rewarding as a music therapist to see that I can make a difference in a child's life. When preschoolers who are deaf or hard of hearing sing in a class program, for example, I often see the parents in the audience near tears. Sometimes it takes a long time for me to get a response from a child who has a disability. But when you see a child understanding and enjoying music, it's very exciting."

For some of these parents, it is an eye opening experience to see their child singing and enjoying music the same way as other children. Students learn and do different activities at different rates. Music therapy is a wonderful way to see them learn, grow, and develop new skills from learning just one musical beat!

## Personal Qualities

Music therapists genuinely enjoy a wide range of musical styles and are technically competent in music theory and composition. They are patient, creative, and resourceful, and they are committed to helping others benefit from musical experiences. Music therapists work well independently but collaborate willingly with many special education professionals. They have excellent organizational skills and can quickly improvise therapy treatment if necessary.

## Job Outlook and Advancement

Employment of all special education teachers, including music therapist positions, is expected to increase much faster than the average for all occupations through the year 2005. According to the U.S. Department of Labor, special education and related services job openings will result from educational reform, legislation, growing public interest in individuals with special needs, and the continued growth in the number of students needing services.

Music therapists with advanced degrees can move into supervisory positions in school systems, do research, or teach at the college level. Private practice is also an option for music therapists.

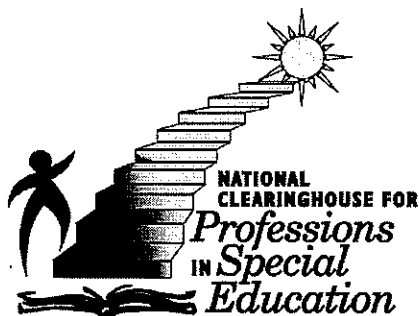
## How to Prepare for a Career

Participate in as many school and community music activities as possible. Sing and learn to play at least one instrument. Volunteer to work with children and music in day care centers, summer recreation programs, and community theater events. Contact the special education administrator in your school system and ask if a music therapist is on the staff. If so, request an appointment with the music therapist and ask about the profession.

High school students interested in music therapy should take a variety of music classes (including music theory) as well as courses in science, English, communications, and psychology.

## RESOURCES

American Music Therapy Association, Inc.  
8455 Colesville Road, Suite 1000  
Silver Spring, MD 20910  
301-589-3300  
301-589-5175 Fax  
info@musictherapy.org  
www.musictherapy.org



1110 N. Glebe Road, Suite 300  
Arlington, Virginia 22201-5704  
800.641.7824  
TTY: 866.915.5000  
FAX: 703.264.1637  
ncpse@cec.sped.org  
www.special-ed-careers.org



The Clearinghouse thanks Martha Bokee, Project Officer, Aneeta Brown, author, and Mark A. Regan, photographer, for their assistance with this career profile.

The National Clearinghouse for Professions in Special Education is the descriptive title for the National Clearinghouse on Careers and Professions Related to Early Intervention and Education for Children with Disabilities; Cooperative Agreement H326P980002 between the U.S. Department of Education and the Council for Exceptional Children. The contents of this publication do not necessarily reflect the views or policies of either the U.S. Department of Education or the Council for Exceptional Children. This information is in the public domain unless otherwise indicated. Readers are encouraged to copy and share it, but please credit the National Clearinghouse for Professions in Special Education.

158.00

Spring 2000

# CAREERS

In special education and related services

## Amy Luke

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Thursday, March 29, 2012 4:18 PM  
**To:** LMGtestimony  
**Cc:** nvgc@hawaii.rr.com  
**Subject:** Testimony for HCR41 on 3/30/2012 2:00:00 PM

Testimony for LMG 3/30/2012 2:00:00 PM HCR41

Conference room: 423  
Testifier position: Support  
Testifier will be present: No  
Submitted by: Dr. Nancy Graber Canubida  
Organization: Individual  
E-mail: [nvgc@hawaii.rr.com](mailto:nvgc@hawaii.rr.com)  
Submitted on: 3/29/2012

**Comments:**

This is a request for the state to audit the profession of music therapy.  
I support HCR41. This measure needs to pass and be referred to the next committee.  
We want to make music therapy available to everyone. As a psychologist who has referred patients for music therapy over the past four years I can attest to its therapeutic value for both adults and children. Sincerely, Nancy Canubida, Psy.D.

000086

**Amy Luke**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Thursday, March 29, 2012 3:19 PM  
**To:** LMGtestimony  
**Cc:** mhookano@hawaii.edu  
**Subject:** Testimony for HCR41 on 3/30/2012 2:00:00 PM

Testimony for LMG 3/30/2012 2:00:00 PM HCR41

Conference room: 423  
Testifier position: Support  
Testifier will be present: No  
Submitted by: Marissa Hookano  
Organization: Individual  
E-mail: [mhookano@hawaii.edu](mailto:mhookano@hawaii.edu)  
Submitted on: 3/29/2012

Comments:



Lisa Kehmeier  
711 Kamuela Avenue  
Honolulu, HI 96816

HOUSE OF REPRESENTATIVES  
THE TWENTY-SIXTH LEGISLATURE  
REGULAR SESSION OF 2012

Re: HCR 41  
(HSCR659-12)

Dear Sir,

I am currently a student undergoing my third year in clinical psychology. Previous to my studies I was a paraprofessional for 3 years working with children with autism and mental retardation. I have had the opportunity of helping to instill and maintain adaptive skills to help children become more independent and fully-functioning. I can testify that music has been one of the largest factors to these children's success. One individual was initially non-verbal. The client was not able to communicate and resorted to violence replace her deficit. The treatment team found that she was able to verbalize music she heard with proficiency. By applying music to every skill we taught her she was able to learn to brush her teeth, change her clothes, use the bathroom independently, ask for food, and communicate her feelings. As a result her aggressive behaviors decreased, her ability to complete tasks increased, and her self-sufficiency also increased. I do not think that the treatment team would have been to accomplish as much as we did without the use of music.

From the perspective of a clinical psychologist student, there are many studies that testify to the utility of music in improving mental health. Mental health is important to everyday functioning as it influences our physical productivity and overall well-being. Stress is a common threat to everyday functionality and a major indicator of many fatal diseases. Mental health fitness requires adaptable skills in dealing with stress. Numerous studies provide evidence that music reduces stress and increases intellectual functions. Interesting, the data also suggests that music increases the ability for permanent encoding and retrieval for new learning material if the individual learns to play music. The process behind the last statement involves the concept of cortical plasticity. Learning a musical instrument allows more neurons to activate and create networks for quicker processing before the normal process of apoptosis (where unused neurons die). If more pathways are built and more neurons are kept alive, in the absence of a musical instrument learned the brain can now use those pathways to learn other things or in the case of brain damage, the brain will be able to use whatever pathways are developed to compensate those losts, the more the better!. I have provided a literature review of all the studies that demonstrate the necessary utility of music therapy in mental health treatment, and just overall wellbeing among different institutions. Therefore, is important that music therapists are recognized by the state to improve the access to music therapy services in Hawaii

000088

Schellenberg, E. (2005). Music and Cognitive Abilities. *Current Directions In Psychological Science (Wiley-Blackwell)*, 14(6), 317-320.

Abstract:

Does **music** make you smarter? **Music** listening and **music** lessons have been claimed to confer intellectual advantages. Any association between **music** and intellectual functioning would be notable only if the benefits apply reliably to nonmusical abilities and if **music** is unique in producing the effects. The available evidence indicates that **music** listening leads to enhanced performance on a variety of cognitive tests, but that such effects are short-term and stem from the impact of **music** on arousal level and mood, which, in turn, affect cognitive performance; experiences other than **music** listening have similar effects. **Music** lessons in childhood tell a different story. They are associated with small but general and long-lasting intellectual benefits that cannot be attributed to obvious confounding variables such as family income and parents' education. The mechanisms underlying this association have yet to be determined. [ABSTRACT FROM AUTHOR]

Petress, K. (2005). THE IMPORTANCE OF MUSIC EDUCATION. *Education*, 126(1), 112-115.

**Music** is shown to be beneficial to students in four major categories: success in society, success in school, success in developing **intelligence**, and success in life. Select examples of each of these benefit groupings are offered from cited publications and testimony of various experts. It is advocated that **music** be included to some extent in all school curricula. [ABSTRACT FROM AUTHOR]

Mahalo for your time. I hope that my letter has convince you of the benefits music therapy serves. I have seen it myself and within myself. I encourage you to turn on and play your favorite song, or Enya for 30 minutes. I encourage you to peruse the peer reviewed articles. I encourage you observe the utility of music in therapy.

Sincerely,

Lisa Kehmeier, M.A  
Clinical Psychology Student  
Professional School of Psychology at Argosy

000089

**Amy Luke**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Thursday, March 29, 2012 3:36 PM  
**To:** LMGtestimony  
**Cc:** klein@m4law.com  
**Subject:** Testimony for HCR41 on 3/30/2012 2:00:00 PM

Testimony for LMG 3/30/2012 2:00:00 PM HCR41

Conference room: 423  
Testifier position: Support  
Testifier will be present: No  
Submitted by: Robert G. Klein  
Organization: Individual  
E-mail: [klein@m4law.com](mailto:klein@m4law.com)  
Submitted on: 3/29/2012

Comments:

Thank you for the opportunity to submit written testimony IN FAVOR of HCR 41, which authorizes a sunrise analysis for music therapists. As the father of an autistic child who has benefitted from therapy delivered by trained music therapists, I believe it is in the best interests of the public to have the industry evaluated for the purpose of regulation. Given that the disabled population is at risk from charlatans and the unqualified, the state ought to protect them by insuring that the services they receive are regulated and licensed. Anything less would be irresponsible and detrimental to those in need of assistance. Mahalo, Robert G. Klein

**Amy Luke**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Friday, March 30, 2012 12:31 AM  
**To:** LMGtestimony  
**Cc:** carolkozdesigns@aol.com  
**Subject:** Testimony for HCR41 on 3/30/2012 2:00:00 PM

Testimony for LMG 3/30/2012 2:00:00 PM HCR41

Conference room: 423  
Testifier position: Support  
Testifier will be present: No  
Submitted by: Carol Kozlovich  
Organization: Individual  
E-mail: [carolkozdesigns@aol.com](mailto:carolkozdesigns@aol.com)  
Submitted on: 3/30/2012

**Comments:**

Music Therapy works. Please pass this measure to make music therapy available to everyone.  
Thank you.

Richard A. Kuykendall, MS, RMT

2905 Iolani Street

Pukalani, HI 967688503

808 573-0424

[www.rakrmt@maui.net](mailto:www.rakrmt@maui.net)

29 March 2012

Attention, Legislators,

I have been a Registered Music Therapist for over fifty years.

I have practiced Music Therapy on Maui Island for seventeen years.

The State of Hawaii has not recognized Music Therapy as a legal ancillary treatment program, even though we have been recognized by the American Medical Association for about thirty years. Congress of the United States approved Music Therapy many years ago. The equating of Music Therapy to Horse Therapy was a telling ignorance statement by the Hawaii Department of Education several years ago. Their active campaign to eliminate Music Therapy from IEPs hit this therapist in the stomach and pocketbook very hard.

It is time Hawaii supports the effective mode of treatment, carried out by competent therapists and skill trainers. There is a compendium of evidence-based Research from Universities all over the world, and published by the AMTA (American Music Therapy Association) that supports the use of Music Therapy to change behaviors. This therapist has seen the fruits of his labor change many deeply-regressed clients to a better life.

Please do not continue to "bite the hand of a Friend."

Sincerely, Richard A. Kuykendall, MS, RMT

000092

**Amy Luke**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Thursday, March 29, 2012 10:32 PM  
**To:** LMGtestimony  
**Cc:** aoh@hawaii.edu  
**Subject:** Testimony for HCR41 on 3/30/2012 2:00:00 PM

3

Testimony for LMG 3/30/2012 2:00:00 PM HCR41

Conference room: 423  
Testifier position: Support  
Testifier will be present: No  
Submitted by: Alicia Oh  
Organization: Individual  
E-mail: [aoh@hawaii.edu](mailto:aoh@hawaii.edu)  
Submitted on: 3/29/2012

Comments:

**Amy Luke**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Thursday, March 29, 2012 3:36 PM  
**To:** LMGtestimony  
**Cc:** kazumiy@hawaii.edu  
**Subject:** Testimony for HCR41 on 3/30/2012 2:00:00 PM

Testimony for LMG 3/30/2012 2:00:00 PM HCR41

Conference room: 423  
Testifier position: Support  
Testifier will be present: No  
Submitted by: Kazumi Yamaura  
Organization: Individual  
E-mail: [kazumiy@hawaii.edu](mailto:kazumiy@hawaii.edu)  
Submitted on: 3/29/2012

Comments:

**Amy Luke**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Friday, March 30, 2012 7:09 AM  
**To:** LMGtestimony  
**Cc:** lisaparker808@aol.com  
**Subject:** Testimony for HCR36 on 3/30/2012 2:05:00 PM

Testimony for LMG 3/30/2012 2:05:00 PM HCR36

Conference room: 423  
Testifier position: Support  
Testifier will be present: No  
Submitted by: Lisa Parker  
Organization: Individual  
E-mail: [lisaparker808@aol.com](mailto:lisaparker808@aol.com)  
Submitted on: 3/30/2012

Comments:  
Please pass this resolution.



**Amy Luke**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Friday, March 30, 2012 6:33 AM  
**To:** LMGtestimony  
**Cc:** ToniRuss@ymail.com  
**Subject:** Testimony for HCR41 on 3/30/2012 2:00:00 PM

Testimony for LMG 3/30/2012 2:00:00 PM HCR41

Conference room: 423  
Testifier position: Support  
Testifier will be present: No  
Submitted by: Toni Russ  
Organization: Individual  
E-mail: [ToniRuss@ymail.com](mailto:ToniRuss@ymail.com)  
Submitted on: 3/30/2012

Comments:  
Strong supporter of the use of Music .

**Amy Luke**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Thursday, March 29, 2012 8:23 PM  
**To:** LMGtestimony  
**Cc:** janeyana@hotmail.com  
**Subject:** Testimony for HCR41 on 3/30/2012 2:00:00 PM

Testimony for LMG 3/30/2012 2:00:00 PM HCR41

Conference room: 423  
Testifier position: Support  
Testifier will be present: No  
Submitted by: Jane Yanagida  
Organization: Individual  
E-mail: [janeyana@hotmail.com](mailto:janeyana@hotmail.com)  
Submitted on: 3/29/2012

**Comments:**

I have observed and studied the positive effects of music therapy, and support the sunrise analysis of the regulation of the profession of music therapy.