Music Therapy: Educate and Advocate

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Abstract

Music therapy is defined as a way of promoting health through music experiences. The field has emerged as a clinical profession in the mid 20th century, offering its services to a variety of ailed individuals. Music therapists seek to assist those with both physical and emotional needs. Neonatal patients, terminal patients with cancer, autistic children, and grieving individuals can all be helped via the services that music therapy has to offer. However, the lack of state recognition for music therapy precludes it from becoming an allied health profession, equitable with speech and physical therapies, amongst others. This threatens the security of patients as it fails to place restrictions on those who falsely claim to be music therapists, as well as it decreases access to music therapy due to the lack of funding being funneled into this field. The general public is called upon to advocate for state recognition, by appealing to legislators, as well as educating others about the definitive intricacies and parameters of the music therapy field.

Tracing the Emergence of Music Therapy as a Clinical Profession

The existence of music therapy can be traced back as early as the 1800's, however it did not emerge as an organized clinical field until the mid-20th century. Writings about the beneficial value of music therapy appeared in the medical dissertations of Edwin Atlee and Samuel Mathews, within the first decade of the 19th century. They were both influenced by Dr. Benjamic Rush who strongly believed in the use of music to treat physical and psychiatric diseases. This

was followed by an actual intervention of music therapy in an institutional setting by Blackwell, and an experiment by Corning that used music in correlation with psychotherapy. Subsequently, in the beginning of the 20th century, several short-lived associations sprang about contributing various journal articles, books, and educational programs. However, these associations were unable to nail down music therapy as a clinical profession. Finally, in the 1940's three important figures worked to facilitate the creation of music therapy as a clinical profession. These individuals were Ira Altshuler, MD, Willem van de Wall, and Thayer Gaston. As a result, many universities such as Chicago Musical College, College of the Pacific, and Alverno College, amongst others founded formal academic programs in the field. The field of music therapy developed into an organized profession in the mid 20th century. Associations were founded to give credibility to the field and place restrictions and requirements upon those seeking admittance. One such association was the National Association for Music Therapy (NAMT) founded in New York City itself in 1950, as it created a board-certification program for the field in 1985. Today the AMTA, an associated founded upon earlier such organizations, works to garner credibility for the field and educate the public about its salutary benefits. The therapeutic trio seeks to do just that in the gathering of evidence supporting the credibility of music therapy, ultimately conveying these findings to the general public.

Lack of State Recognition Pushes for Garnering Credibility for the Music Therapy Field

A major reason for the garnering of credibility for the field lies with state recognition of music therapy. Although there is current board certification of music therapists known as MT-BC, many states refuse to recognize this training and board certification, resulting in a lot of patients being denied access to the treatment. The lack of state recognition also threatens the security of patients as it fails to place restrictions on those who falsely claim to be music

therapists. As is noted in "Music Therapy in Texas: A Fact Sheet," state recognition is vital for creating a state license or registry that would "ensure the safety of our citizens and for increasing their access to services." Only several states have recognized music therapy, while 38 states are working to garner state recognition. As noted on the website for the Certification Board of Music Therapy, This can come in the form of state regulation through legislation, which includes: title protection, registration, state certification, or licensure. Music therapy can also be "added to lists of state agency-recognized providers." It is reported that this state recognition allows access to a funding stream previously denied due to lack of state recognition. This is because private and public funding streams hinge upon service providers having a state recognized credential. Various state agencies such as the Department of Education, Department of Health and Human Services, Department of Disabilities and Special needs require its service providers to be state recognized as well. Currently, the AMTA AND CBMT are working together on a State Recognition Operational Plan. The primary purpose of this plan, as noted by musictherapymaven.com, "is to get music therapy and our MT-BC credential recognized by individual states so that citizens can more easily access [music therapy's] services." This collaboration is hinged upon citizen advocacy of the topic to push such legislation onto state government agenda. The Therapeutic Treo has worked to assemble a body of knowledge supporting the effectiveness and potency of music therapy to illustrate its benefits and encourage advocacy of the institution, in hopes of aligning it with other allied health professions. This enlightenment of music therapy will hopefully materialize into a push for state recognition of this clinical field.

Establishment of the Parameters of the Field of Music Therapy

An interview was conducted with Professor Brian Abrams who is a fellow of the Association for Music and Imagery to establish a greater understanding of the parameters of the field of music therapy. Abrams has been a music therapist since 1995 and thus has an extensive background in this clinical field. He also serves on the board of directors for the American Music Therapy Association. Abrams defined music therapy as a "way of promoting health through music experiences." Music therapy is centered in the performing, listening, composing, and improvising of music. The therapy is systematic in nature, as the therapist must first perform an initial assessment of the client, establishing a profile, and creating a list of goals and objectives that they must work on. Music therapy centers around a wide array of clients; infants in neonatal care, special needs kids, children with autism, adults with psychiatric needs, individuals with dementia and chemical dependency, and those in end of life care, amongst others. Abrams specifically highlighted how music therapy works with adults in psychiatry who are depressed, unmotivated, and at times delusional. The music provides a sense of containment and community to bring them out of their internal preoccupation. It does this by creating a sense of shared reality, by connecting with them in the midst of the strange delusions and thoughts they may be having. As such, the music creates a container for focusing their experience. Abrams also showed the benefits of both live and pre-recorded music. Live is beneficial, as it allows the therapist to respond to what the patient is doing. For example, with an autistic child who is nonverbal, a music therapist can establish a bridge of communication unable to be accomplished verbally. The therapist can modify the tempo of the music according to the actions of the child, letting them know that he/she is here with that child in his/her world. However, recorded music can be used when an entire orchestral texture is needed. Another situation could be when the therapist would want to deal together with the patient in the context of a musical given as it

allows for working through a particular challenge that is relevant to life. Ultimately, this choice represents the careful consideration that must be paid in ascertaining the patient's needs. A successful music therapist applies a systematic approach while paying attention to the nuances in music, to promote the health of a wide array of clients.

Specific Effects of Music Therapy

i) Neonatal Settings

Upon wanting to elaborate upon Brian Abrams eluding to music therapy in the neonatal setting, Aniruddh Patel's lecture on the website known as TSN, the science network was explored. The lecture entitled "Music for NICU Infants: Effects and Mechanisms" focuses on the benefits that music therapy poses for neonatal infants. Dr. Patel notes that these newborns are subjected to living in a stressful environment during a crucial stage in their development. In the NICU ward, newborns are isolated, face unpredictable alarms and noise, and have frequent sleep interruptions. Because of this stressful environment, these babies undergo a rapid stress response with the sympathetic nervous system, accompanied by the slower stress response associated with the endocrine system (stress hormones such as cortisol). This could affect their metabolism in the short term, as well as their brain development in the long run. For instance, this could result in structural changes in neurons in brain regions that are rich in stress hormone levels. Thus, there is a hypothesis that this stress and stress related response can result in these babies having language delays, executive function delays, ADHD, and behavioral issues later on in life. In order to mitigate this stress response and thereby eliminate the negative effects it has on newborns, soothing music therapy sessions can be given to neonatal infants. In studies already conducted upon adults, music has the ability to lower the stress response by activating parts of

the limbic system that has strong projections to the autonomic nervous systems and neuroendocrine systems via the hypothalamus. This same method could be used with infants in NICU wards because both audition and the limbic system are precocious features that develop even before birth. Studies have also shown that newborn babies show a response to music. The music that would be played would be lullabies as this simulates a womb like environment, with its slow contours and soothing patterns. Recent studies have illustrated that such music therapy sessions have resulted in faster weight gain and earlier discharge, as the music mitigates the stress response, allowing for the energy that would have been diverted towards a stress response, to now being expended upon metabolism and digestion. The music can also stimulate brain development as it provides sensory stimulation. Ultimately, Patel articulated the multi-faceted benefits of music therapy in NICU settings.

ii) Preoperative Anxiety

The journal article titled "The Effects of Music Assisted Relaxation on Preoperative Anxiety" sought to describe the effects that listening to music had on calming 20 pediatric burn patients between the ages of 8 and 20 who were preparing to undergo surgery. This article sheds light on a different aspect of musical therapy's potential to affect people in need of recovery and discusses the idea that not only can music be used to improve medical, physical, emotional and psychological health, but it is also used to calm people prior to an operation. Most people inevitably experience anxiety prior to undergoing surgery due to emotional and physical distress as well as thoughts of fear, pain, and even potential death.

The purposes of this study were to determine whether or not there was a significant decrease in anxiety scores and physiological indications of stress following Music Assisted Relaxation

(MAR) interventions prior to surgery. This experiment was prompted by past advancements in the field of music therapy in which many studies were carried out in order to demonstrate the effects of music on an individual's physiological and emotional state in anxiety-causing situations. In a study conducted by Kaempf and Amodei, individuals who underwent arthroscopic surgery experienced a significant decrease in respiration rate, systolic blood pressure, and anxiety scores when being exposed to music listening interventions (*The Effects of Music on Anxiety,* 1989*)*. In a similar study, Moss found that patients who received music listening interventions had a significant decrease in their anxiety scores and experienced less of an increase in heart rate than the patients who did not receive music intervention (*Music and the Surgical Patient*, 1988). Additionally, Ralph Spintge compared groups of patients who received anxiolytic music as treatment with patients who received traditional psychopharmacologic treatments and concluded "music influenced all levels of the emotion 'anxiety' by reducing the need for drugs such as sedatives, analgesics, and anesthetics by 50% of the usual dosage" (*Towards a Research standard in Music Medicine/Music Therapy: A Proposal for a Multimodal Approach,* 1992).

The aforementioned studies aptly convey the beneficial effects of music listening and relaxation interventions for anxiety management, and although it has long been known that music produces behavioral, emotional and physiological changes, research is now focusing on what characteristics of music are responsible for affecting the mind and body in such specific ways. It has been determined that slow to moderate tempos that are at or below a resting heart rate of 60 beats per minute are most beneficial, as well as a smooth, flowing rhythm without sudden changes. In addition, melodies that are slow and sustained as well as low pitches that promote relaxation and elicit soft music are key in decreasing heart rate and conductance level.

The study that this particular journal addressed was designed to examine the effects of a music assisted relaxation program on the physiological and emotional status of pediatric burn patients undergoing a surgical procedure. In terms of the experimental group, music assisted relaxation (MAR) interventions were presented to patients in the evening prior to surgery in order to familiarize the patients with the instruments that would be used the following morning prior to surgery. The following morning, the subjects were asked to rest comfortably, the lights were dimmed, and music was played free field at an accommodating volume. The registered music therapist (RMT) lead the subject "through deep diaphragmatic breathing, progressive muscle relaxation, and imagery, which was used during breathing and muscle relaxation portions of the session, as well as ending with an imaginary trip that had been described by the subject the evening prior to interventions" (Robb, 11). On the way to the operating room and while undergoing anesthesia, subjects listened to music through headphones and the RMT served as a transitional figure that offered emotional support through the explanation of environment as well as supportive touch. In terms of the control group, patients received preoperative interventions that were normally given to all patients in hospitals and did not receive MAR interventions or music listening during any portion of their surgical experience.

The State-Trait Anxiety Inventory for Children (STAIC) was used to demonstrate the effectiveness of MAR intervention in decreasing anxiety and the scores revealed a significant decrease in anxiety from the pre to posttest period of the experimental group ($p=.0082$), while no significant difference was observed in the control group. Results of the study show that subjects who received MAR interventions preoperatively experienced a significant decrease in anxiety, as measured by the state portion of the STAIC. When compared with subjects who had not received these interventions, MAR subjects revealed significantly lower anxiety scale scores, and patients

even revealed that they experienced less anxiety, were better able to relax and sleep, and if given the opportunity, would use MAR for future surgeries (Robb, 17).

Although physiological measures of heart rate, respiration rate, blood pressure, and temperature showed no significant change from the pre to post intervention, a slight decrease in heart rate was seen for the experimental group. However, this study did succeed in conveying the benefits and effectiveness of MAR interventions preoperatively to manage stress and anxiety. The effects that were observed and proven included decreased perceived anxiety, increased relaxation, increased coping strategies, and emotional support to the patient and his/her family.

iii) Grieving individuals

Another article that discusses the eclectic benefits of Music Therapy is Russell E. Hilliard's article "The Effects of Music Therapy-Based Bereavement Groups on Mood and Behavior of Grieving Children: A Pilot Study", which sought to study the measure of the effects of Music Therapy bereavement groups on the mood and behavior of 18 grieving children. This study involved the formation of two groups- the experimental (which consisted of 8 sessions of group music therapy) and the control group (which featured children who were not exposed to group music therapy). The subjects then participated in a series of psychometric tests that measured behavior, mood and grief symptoms.

As difficult as it is for adults to cope and come to terms with the loss of a loved one, it is all the more painful for young children to cope with such a loss. Unfortunately, many children are unable to articulate and express their emotions when trying to cope with grief and are therefore unable to find a suitable and healthy method of expression and outlet for grief.

Music therapy has been used to affect behavior modifications in developmentally delayed children, behaviorally handicapped children, and even children with attention deficit disorder. Additionally, the emotional health of children has been treated successfully with music therapy when used in schools, homeless shelters, children's hospitals, and even psychiatric community mental health centers.

This study sought to test whether or not a significant decrease in grief symptoms among children would be observed and assessed via psychometric tests. The subjects used in this experiment were children between the ages of 6 and 11 who had experienced the death of a loved one within the past 2 years and an overall presence of grief had been measured at the time of the study. Because grief symptoms vary in children, a battery of four psychometric tests were used; The Behavior Rating Index for Children (BRIC) was used in two separate environments- the home (evaluated by parent/guardian) and at school (evaluated by a teacher). The BRIC measures the degree of children's behavior problems and measures the frequency in which children lose their temper, hit or push others, and say or do strange things. Additionally, the Bereavement Group Questionnaire for Parents/Guardians (BP) was designed to detect the type and severity of grief symptoms in children and measured emotions (guilt, sorrow, anxiety, anger, etc.), behaviors (over activity, withdrawing from others, avoiding reminders of the deceased, etc.), thoughts (disbelief of death, panic, sense of presence of deceased, etc.) and physical symptoms (headaches, stomach aches, lack of energy etc.). The BP also states the parent/guardian's perception of the effectiveness of treatment on the children (Hilliard, 294-295).

The experiential group sessions were 1 hour in length and consisted of singing, song writing, rap writing, rhythmic improvisation, structured drumming, lyric analysis, and music listening. These musical techniques were brought in during therapy sessions in which the

children not only shared their individual death story, but identified their loved one and were taught to express themselves by learning about what happens to the body after death, sharing something they enjoyed about the funeral or memorial service, and how their lives have change since the death of their loved one.

Throughout the process, children were engaged in evoking their emotions vocally through song and even through writing words that expressed how they felt after the loss of their loved ones. Throughout every session, songs wee brought in that related to the topic that was being discusses every day, and students would say how they think the song they are listening to relates to their current feelings and emotions, and seek to identify with a part of the song with which they personally relate to. Additionally, the therapist defined the word 'grief' and students would write emotions felt during their grieving experiences while playing the drums.

The music therapy sessions sought to cover and address different emotions that are felt when one experiences a loss such as grief, anger, pain, etc. were discussed, and songs pertaining to those specific topics were played so that the children would be able to relate to them and analyze the ways in which they too felt some of the emotions that were being evoked through the song. Music was identified as a healthy means of expressing anger and pain, and songs were written to relay the pain felt during grieving. Another idea that was touched upon was using music to celebrate and retain the memories of the persons who died. In addition, children replaced song lyrics with nostalgic memories of their loved ones.

In terms of the results, the BRIC test indicated a significant difference between the pre and posttest difference scores of the experimental and control groups and the mean posttest score for the experimental group was 7.22 points lower than the pretest whereas the control group

posttest was 1.45 points higher than the pretest. Additionally, in terms of the BP, the mean score of the experimental group lowered 14.89 points after group musical therapy sessions whereas the control group mean lowered by merely 1 point. Parent/guardian perceptions of effectiveness of the treatment indicated that 56% viewed it as "extremely effective" and 44% viewed it as "effective", and no guardians reported that the treatment was not effective. Also, 88% reported that they would "strongly recommend and 12% reported that they would "recommend" and "not recommend" was not indicated whatsoever (Hilliard, 300-301).

Overall, "music therapy seems to provide a positive medium through which children can work through the bereavement process" (Hilliard, 302-303). It was noticed that the children enjoyed attending the music therapy groups and verbalized their enjoyment of participation in the groups. The subjects that participated in the music therapy sessions showed significant reductions in grief symptoms and behavioral problems as measured by the BP and BRIC, and the guardians found the treatment to be overall effective and stated that they would recommend others to music therapy groups.

In terms of the future impacts that the music therapy session would have, "future studies which include several follow-ups of the subjects over their adolescence would be helpful in knowing if success achieved in music therapy group participation is sustained… this study serves as a plot study for designing research with grieving children being treated by music therapists. The study demonstrates that research is possible with this population and encourages future research" (Hilliard, 303).

IV) Terminal Cancer Patients

The paper entitled “The Effects of Music Therapy on the Quality and Length of Life of People Diagnosed with Terminal Cancer” by Russell E. Hilliard discussed an experiment conducted to observe the effect music therapy has on patients diagnosed with terminal cancer. In this experiment, all the subjects were diagnosed with various kinds of terminal cancer by at least two doctors and were only expected to live for an additional 6 months (or less). All the participants were newly admitted to the Big Bend Hospice, they were all adults, and they all lived at home. These individuals were about 65 years old. Because they were not exactly the same age, they were divided evenly between the experimental and control group. In addition, the same held true for the gender of the participants; there was an equal amount of males and females evenly distributed between the two groups. However, the race was not controlled. The participants gave their consent and the experiment began.

The first tool was the Hospice Quality of Life Index-Revised (HQLI-R). The way this worked was that the participants filled out a questionnaire after the music therapy session (for participants in the experimental group) to relay their quality of life. The questions asked fell under three main categories: functional (daily enjoyable activities), psychophysiological (anger, pain), and social/spiritual. The higher the score they received, the better their quality of life. The second tool was the Palliance Performance Scale (PPS) used to measure the physical stature of the patients. This tool takes several factors into account, including intake, activity, ambulation etc. If the patient receives 0%, that would be ranked as death, and 100%, ranked as normal activity and full ambulation. Between these two extremes there were 10% intervals to show any physical stature in between. The PPS was completed during all nursing visits. The final tool was the length of time, which was measured by recording the dates necessary.

All participants had a chance to complete the HQLI-R at least twice and therefore the first two were the ones studied. The results showed that the quality of life for those receiving music therapy was higher than those who were not. In addition, the quality of life for those individuals in the control group, lessened from the first to the second assessment. The first two scores of PPS were used as well. The results indicated that music therapy positively influences the patient's quality of life even when death seemed to be approaching. However, the amount of time they lived was not affected by music therapy. There also wasn't a relationship observed between the time of death and the therapist's last visit.

From the results, it is clear that the use of music therapy in a hospice care improved the quality of life of those diagnosed with terminal cancer. The scores measuring the patients quality of life showed an obvious increase for those receiving music therapy, while the individuals in the control group actually had lower scores following counselor's visits. The results and data provided are a clear indication that music therapy is beneficial for those diagnosed with terminal cancer.

V) Depressed Patients

Many magazine articles have come out over the years articulating the results of numerous studies that prove the benefits of music therapy. A new study came out in "Science Daily," an online source for the latest research news. It discusses a study that suggests that music therapy sessions can improve behavior in children living with autism. This study was reported in Pertanika journal. The study was conducted over a ten-month time period in which hour-long sessions of music therapy were conducted on two groups of children with autism, 2-11, and 11-22. Their behaviors were measured using a target behavior checklist developed especially for the

study. Behaviors such as restlessness, aggression toward other children, noisiness and tantrums improved by one or two points in more than half of the each group.

VI) Autistic Children

Another study conducted by researchers at the University of Jyväskylä in Finland found a connection between music therapy and its ability to alleviate depression. This was written about in an article on a website entitled News Medical Today by Catharine Paddock. 79 people of working age were recruited to receive 60-minute sessions of individual music therapy plus standard care, which includes anti-depressant medication. Trained music therapist played a mallet or percussion instrument in a one-on-one session with the patient. The participants were clinically assessed before and after the study (within 3 months and then 6 months afterwards). After 3 months, " the participants receiving music therapy and standard care showed greater improvement than those receiving standard care only in symptoms of depression. They ultimately concluded that:

> Individual music therapy combined with standard care is effective for depression among working-age people with depression. The results of this study along with the previous research indicate that music therapy with its specific qualities is a valuable enhancement to established treatment practices.

This is significant as it bolsters the claim of music therapy's ability to improve the mental health of an individual for whom it is conducted upon. The study also found that these results only lasted while the sessions were ongoing. Ultimately the article elucidates the "cathartic" qualities of music therapy. While these patients may not be able to fully express themselves, these emotions were released through the music therapy sessions as displayed with their drumming along.

Physical Engagement with Music Therapy

After learning much about the positive benefits that music therapy poses upon patients, we wanted to observe such effects first-hand. As part of the physical engagement component of the project, the Therapeutic Trio set out to perform live music to the patients of Beth Israel Medical Center. Adorned in our blue coats, we were ready to meet the musical needs of the bedridden patients. We teamed up with another volunteer in the Musical Department who served as the guitar accompaniment to Jennifer Mikhli's vocalist lead. Before setting out to the patient rooms, we practiced and prepared a queue of about ten songs. After some practice, we were ready to go out and perform. We began on the first floor of the hospital and started entering people's rooms asking if they wanted to hear some music. After performing for one room, we were more at ease and able to fall into a synchronized pattern as we traveled from one room to the next.

The reactions and emotions that were evoked on those two separate occasions of live performance have impacted us beyond our wildest imaginations. Elderly and foreign patients that were unable to express themselves with words were found humming along to the tunes, as the music spoke to them on a level that no language could. Patients that seemed skeptical upon our first arrival, barely agreeing to our request of performing for them, were thanking us profusely upon our exits. It seemed that we were speaking directly to their souls, as one patient was chanting to herself that we should be blessed for the "joy that we was bringin to her." I even found myself stifling back tears as the same lady went on to pray that "lord should bless us and lift our spirits." Upon exiting that room and hearing the shouts of gratitude and joy, I could not help but feel my own sense of gratitude for the joy that she had given me.

The music that we performed in each room created this removed shared experience where the patients could simply forget the dire medical situation that they were in and just enjoy themselves. The music was able to drown out the beeps and buzzes of the machines, the cries of pains emanating from other rooms, and the loud noise of their morbid thoughts. Patients that had been staring off into a dreadful abyss upon our entering were left with smiles and their faces and joy in their eyes. Music, had in a way revived them for just that short time and perhaps provides them with hope. One lady from Venezuela was so grateful for sharing that experience with her because it had "brought her up," as she says. Although very few words were exchanged in these short musical interactions, it felt as if an entire dialogue had transpired throughout.

The live music component played an important role in the interactions, as we were able to modify the music as we saw the reactions it evoked from a patient. For instance, when we saw one patient was not really responding to the slow ballad of "Halleluyah," we tired a more upbeat song like "Hey soul sister" and found the patient clapping her hands in a wild, enthusiastic way. The patients also liked that a guitar was involved, as this sparked a conversation with them about their prior preoccupation with musical instruments. Many of them had actually been very connected to music, one being a composer, another a professional piano player; thus, this music had brought back a little part of their youthful past.

Ultimately, those musical performances have allowed us to see what a powerful impact music can have on the minds and souls of patients. Although there is a myriad of rich experimental evidence to prove music therapy's efficacy in the treatment of patient's health, this experience allowed for that evidence to be solidified. If those short musical interactions could have such a profound effect upon those elderly patients, certainly a long-term musical treatment plan could bring amazing benefits to those same individuals.

Mechanisms to Achieve State Recognition

Upon our physical engagement with a simulation of music therapy, we established a greater identity or sense of belonging to the music therapy community. This caused us to want to learn more about the issues that preclude music therapy from achieving complete state recognition as an allied health profession. Thus, an interview was conducted with Ellen Whealton, a certified music therapist to clarify the details about state recognition and get further details on what simple citizens can do to advocate for music therapy. Interestingly enough, Whealton informed us that there is national certification, which mean that it should be recognized by all states; unfortunately though, that is not the case and many states do not recognize music therapy as an emerging field, as is the case with New York. She informed us that the lack of state recognition poses a danger to the field because it makes it harder to get reimbursements through insurance companies. We ended the interview with her informing us about what we can do to advocate for the music therapy field as ordinary citizens. She said that we could write letters to our legislators and also sign the occasional petitions that we may come across online. If people would do this, they will raise awareness and encourage state recognition.

To learn about the requirements and state recognition issues rampant in the field of music therapy, a dialogue was initiated with Board-Certified Music Therapist, Kalani. He provides music therapy services in the Los Angeles Area and works to educate others in his field. He spoke about the ways in which state recognition is being brought about. On a national level, the American Music Therapy Association meets and discusses strategies to bring about the recognition of music therapy as an allied health profession. On an individual level, simply educating the public as to the work of music therapists is advocacy in itself. Kalani also proposed writing letters and sending emails to local politicians to bring about state recognition. This will

be extremely helpful in proposing to the general public how they can advocate for state recognition of music therapy.

Conveying the Information to the Public

Ultimately, the digital deliverable that we have constructed is a two-fold endeavor that seeks to bring about several learning outcomes. The deliverable that is in the form of a podcast consists of educating the public about the topic at hand, with the intention of bringing about the audience's advocacy for the issue. Hence, the podcast is entitled "Music Therapy: Educate and Advocate." The deliverable is synthesized from a recording of the physical engagement conducted on our part with musical therapy, overlaid with vital portions of the interviews conducted with Brian Abrams, Ellen Whealton, and Kalani, all board-certified music therapists. The first learning goal is educating the audience as to what exactly constitutes music therapy. The voices of The Therapeutic Trio and Brian Abrams will bring about that learning outcome by providing a definition for the field, an explanation about the range of clients for whom it is used to treat, a description of the systematic way in which music therapy is utilized, and, ultimately, the creation of a distinction from it and other allied health professions. To help illustrate the impact of music therapy, a potent reflection will be made about our music therapy sessions with patients of Beth Israel Medical Center.The second learning outcome lies along educating the listeners about the issue of the lack of state recognition and the dangers it poses to the field of music therapy. Parts of Ellen Whealton's interview is used to convey this to the audience. Lastly, Whealton and Kalani's voices will be used to inform the public about how they can take part in advocating for music therapy itself. The first two learning outcomes should establish a concrete picture of the field within the audience's mind, allowing them to internalize the final message of the deliverable and take part in the advocacy endeavor.

The aforementioned learning outcomes are achieved through the use of the strands of learning. To encourage the audience to engage with the message being imparted from the podcast, the first strand of learning that involves sparking interest and excitement is utilized. The deliverable begins with an attention-grabbing sentence, alluding to music meaning everything to a wide variety of patients. A popular fast-paced song will also be used to incite excitement and curiosity within the listeners. As the audience is introduced to the podcast with the attention-grabbing statement that goes as follows: "*What does music mean to you? Well for some patients, music is their everything. Music is their medicine*," they will be more obliged to listen to the series of educating thoughts that proceed after. Music continues to run through the entire deliverable, breaking up and dividing the didactic portions of the podcast. Interest will also be piqued through the use of actual portions of recordings that we obtained from our music therapy sessions in Beth Israel Medical Center. The emotional reflection that follows the songs will impact the listeners, appealing to their emotion, and causing them to engage thoroughly with the deliverable. They will want to then learn more about music therapy, as the potent reflection will illustrate the powerful impacts music therapy has on patients. Through the use of Whealton, Kalani, and Abram's interview extracts we are generating understanding of scientific content and knowledge, which is characteristic of the second strand. Listeners will come away with an understanding of the actual contents and parameters of the music therapy field, being then able to impart this knowledge onto others. The sixth strand of identifying with the scientific enterprise is aimed to be achieved by the deliverable, stressing how all can advocate for music therapy. Through the suggestions listed by Whealton and Kalani, as to how ordinary citizens can work to promote state recognition, listeners can begin to think of themselves as individuals capable of contributing to the scientific realm of music therapy. This identity component will be enhanced through the

distribution of a template for an advocacy letter that anyone in the audience can send to a politician and bring about change in the field. This allows for the audience to further engage in the issue presented as the sample letter transforms the novel idea into a tangible activity.

Essentially, the deliverable conveys the overreaching goal of our final project. Our project is aimed at educating the public about music therapy, allowing them to advocate for state recognition. As these are our goals, the audience of this informal learning opportunity is non-exclusive as all can interpret the message and take part in this initiative, beginning with individuals at the high-school level. However, the students at Macaulay Honors College that will serve as the audience for this deliverable are optimal. This is because the deliverable is appealing to the advocacy nature of individuals; a trait college students typically exude. College is a time when students are most encouraged to take part in an important movement and bring about changes to our society. As the lack of state recognition precludes access to clients obtaining music therapy, students will feel prompted to bring about reform in this arena. The deliverable ultimately aims to appeal to the advocacy nature of students and catalyze their involvement in this initiative.

Conclusion

In conclusion, the field of music therapy, which aims at the promotion of patient health, has been emerging as a clinical field since the mid 20th century. A wide array of patients including neonatal patients, terminal patients with cancer, autistic children, and grieving individuals can all be helped via the services that music therapy has to offer. The lack of state recognition within the field poses risks to the future of music therapy. It threatens the security of patients as it fails to place restrictions on those who falsely claim to be music therapists, as well

as it decreases access to music therapy due to the lack of funding being funneled into this field. The deliverable that we have constructed aims at educating the public about the parameters of the field, in hopes of garnering their devotion to the advocacy of state recognition. They are encouraged to take what they have learned and educate others about music therapy. They are also urged to write letters to legislators who can make a direct difference. As more individuals become educated about the field of music therapy and join in on the advocacy movement, the hope of establishing music therapy as a field equitable with physical and speech therapies can soon be realized.

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