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ABOUT ME

- **MT-BC** (Board-Certified Music Therapist)
 - Trained in Neurologic Music Therapy (NMT)
- **Ed.S – Clinical Mental Health Counseling & Temp Licensed Professional Counselor**
 - Middle Tennessee State University
- **Manager of Clinical Services**
 - TriStar Skyline Madison Campus (Madison, TN) - 7 years



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OVERVIEW

Part 1: Origins of Music as a Therapeutic Tool

Part 2: Music in the Human Experience

Part 3: Music & Harm Model

Part 4: Promoting Safety (Trauma-Informed Care)

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OBJECTIVES

- Participants will be able to identify at least two multicultural/diversity considerations when using music with clients.
 - Participants will be able to identify at least one example of physical, cognitive, emotional, interpersonal, spiritual, and identity forms of music-induced harm.
 - Participants will learn of available research-based music protocols for trauma-informed care with clients.
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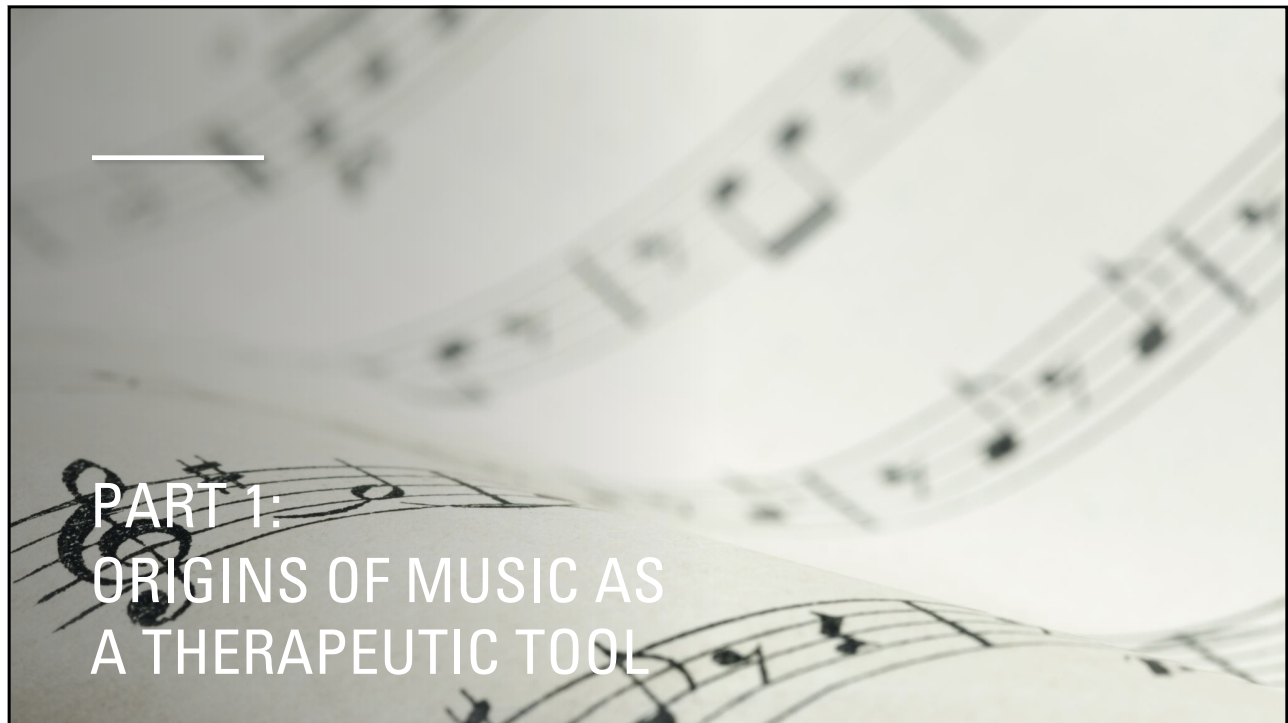
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IMPORTANCE OF TOPIC

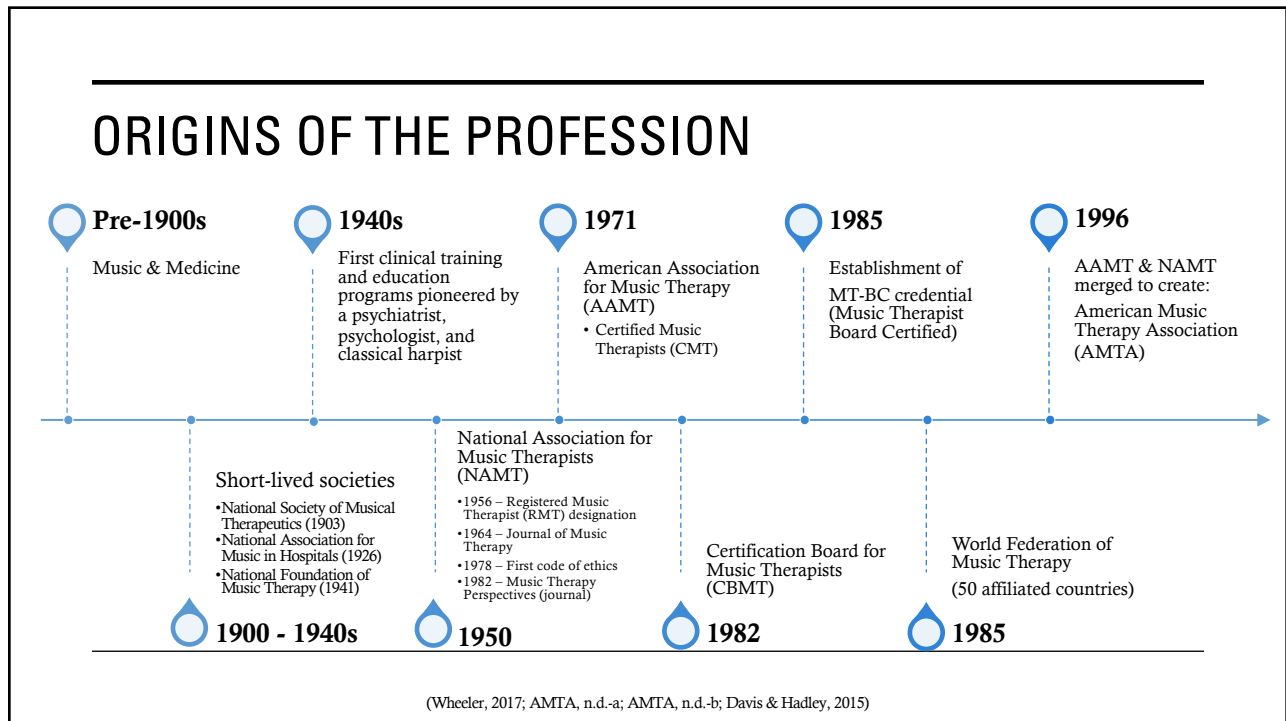
- Clients use music for coping, communication, identity formation, and so on
- Music holds different cultural contexts
- Music creates mental, emotional, physiological, and neurologic responses
- Music is not always a safe medium (Music-Induced Harm)
- Not enough music therapists available – let's share resources!



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MUSIC THERAPY (MUSIC AS 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

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WHAT IS NOT MUSIC THERAPY?

Bedside Musicians, Sound Healers, etc.

Celebrities performing at hospitals

Nurses playing background music

Piano player in the lobby

Escaping the world through headphones

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QUALIFICATIONS OF MUSIC THERAPISTS

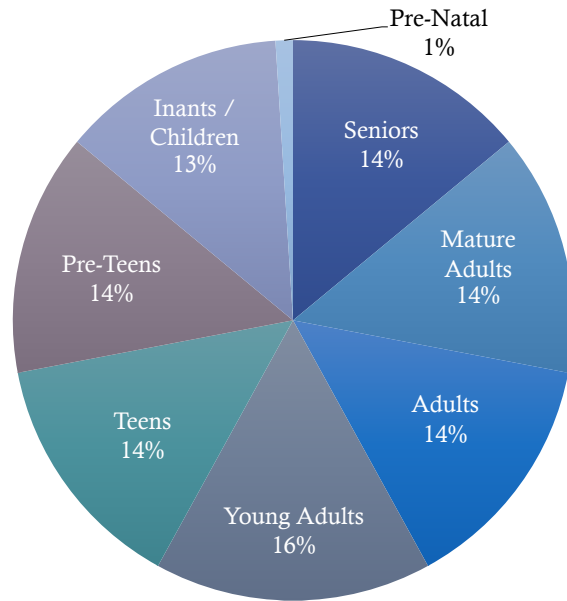


- Bachelors Degree
- 6-Month Internship
- Board Certification Exam
- Functional Skills in:
 - Piano
 - Percussion
 - Guitar
 - Voice
- Knowledge in:
 - Music Theory & History
 - Clinical Foundations
 - Music Perception and Production
 - Psychology of Music

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WHO BENEFITS FROM MUSIC THERAPY

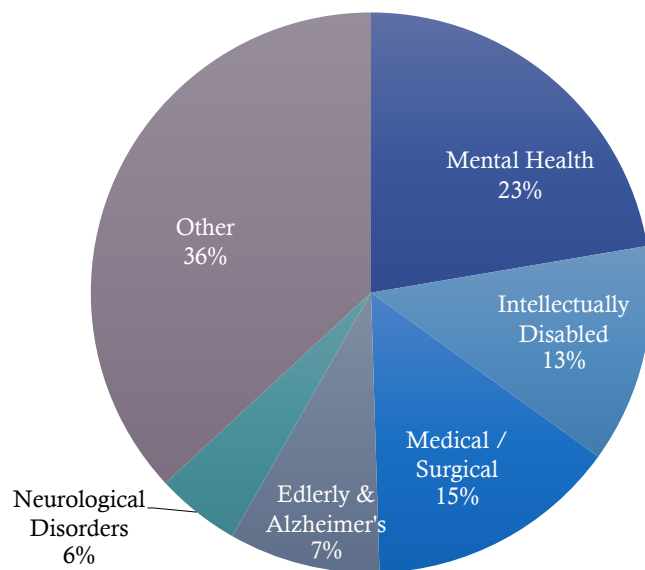
Age Ranges Served (2021)



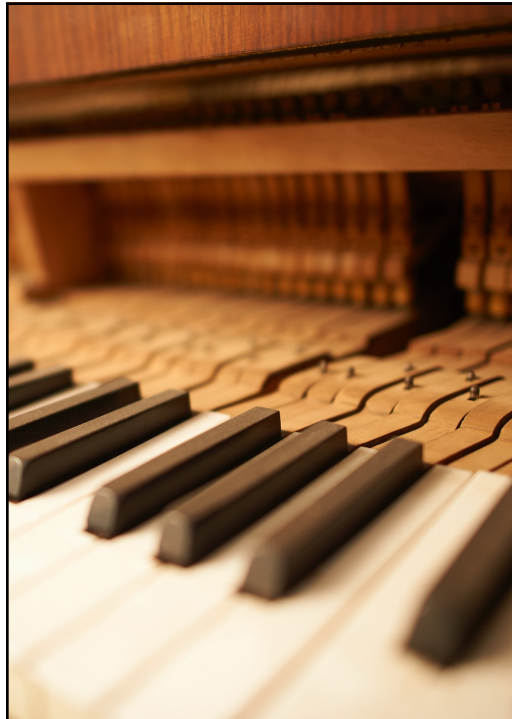
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WHO BENEFITS FROM MUSIC THERAPY

Major Populations Served (2021)



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WHAT CAN MUSIC THERAPY DO?

Example Goals

- Improve Communication
- Enhance Reality Orientation (e.g., psychosis & DOC)
- Define and Expand Identity
- Improve Coping Skills
- Decrease Tension & Enhance Relaxation

Example Interventions

- Songwriting
- Improvisation
- Music-Assisted Relaxation (e.g., PMR)
- Lyric Analysis or Song Reminiscence
- Use of Music & Technology

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WHAT IS MUSIC IN THERAPY?



Reality Orientation / Grounding

Music listening is a senses-based experience that can help clients focus on the present moment, providing reality orientation when needed.

Relaxation Tool

Research with music-assisted relaxation has been shown to lower heart rate, blood pressure, anxiety, levels of cortisol, and boosts one's immune system

Affect Regulation

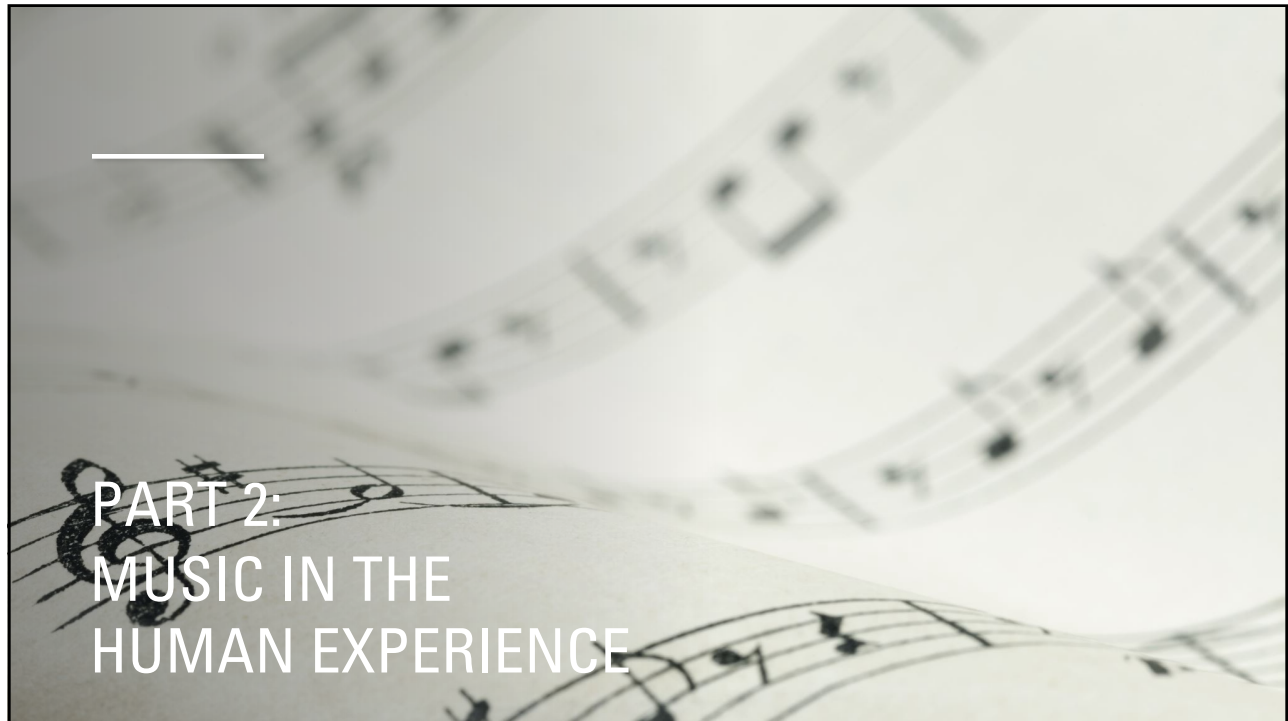
When people are distressed, they seek comfort in music that mirrors their state

Psychoeducation Tool

Music-induced changes in dopamine activity may help strengthen synaptic connections related to newly learned behaviors & educational content paired to music

(Hense, Silverman, & McFerran, 2018; Legge, 2015; Nilsson, 2014; Olf et al., 2009; Stegemöller, 2014; Walworth, 2003; Wooten, 1992)

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MULTICULTURAL & DIVERSITY CONSIDERATIONS

<p><i>Myth:</i> “Music is the universal language”</p>	<p><i>Fact:</i> “Music is a universal construct”</p>
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MULTICULTURAL & DIVERSITY CONSIDERATIONS

Music Psychology

- Western vs. Eastern tonality
- The Law of Prägnanz & Expectancy Theory
- Psychoacoustical considerations (pitch, loudness, timbre, duration)

Multicultural & Diversity Considerations

- Historical contexts of music
- Sacred music / traditions
- To censor or not to censor
- Neurodiversity issues
- Amusia

(Hodges & Sebald, 2019)

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MUSICAL PHENOMENA

- Musicogenic Epilepsy
- Musical Imagery
- Musical Hallucinations
- Amusia
 - Receptive and Interpretive
 - Dysharmonia
 - Cochlear Amusia
 - Diplacusis
- Absolute Pitch
- Synesthesia
- Aphasia

(Sacks, 2008)

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IMAGINE THIS...

- Did you have a choice as to whether or not you wanted to hear the music?
- Were you able to choose what music you wanted to listen to?
- Did you like the music?
- Were you familiar with the music?
- Was anything else happening in that moment that influenced your reaction? Were you calm or stressed? Happy or angry? Focused or distracted?
- Did the music remind you of anyone?
- Who was performing the music? Do you have any connections or associations (good or bad) with that artist?



(Sena Moore, 2020)

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MUSIC-INDUCED HARM

Physical & Physiological

Cognitive

Emotional

Interpersonal

Spiritual

Identity

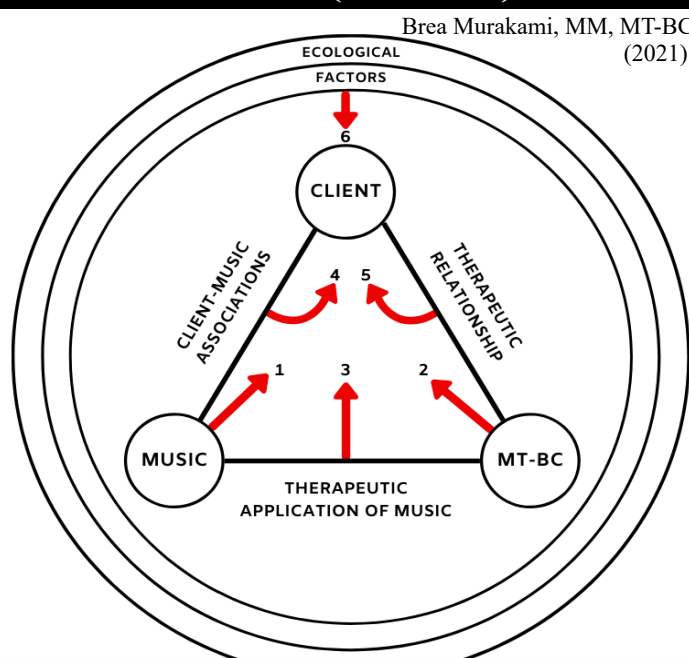
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Music Therapy and Harm Model (MTHM)

Brea Murakami, MM, MT-BC
(2021)

HARM ARISING FROM:

1. The Music Stimulus
2. The Music Therapist
3. The Application of Music Interventions
4. The Therapeutic Relationship
5. Client Associations with the Music
6. Ecological Factors



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PART 4: PROMOTING SAFETY (TRAUMA-INFORMED CARE)

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A photograph of a nurse in purple scrubs with a stethoscope around her neck, sitting and holding the hand of a patient who is wearing a grey and black plaid hospital gown. The patient's hand is resting on their lap.

PROMOTING SAFETY

- Client-Preferred Music
- Disclaimers of Content
 - Individual vs. Group Delivery
- To Censor or Not to Censor
 - (Joplin & Dvorak, 2016)
- Fading Music
- Assessing Music Use
 - Healthy-Unhealthy Music Scale
 - (Saarikallio, 2015; Hense et al., 2018)

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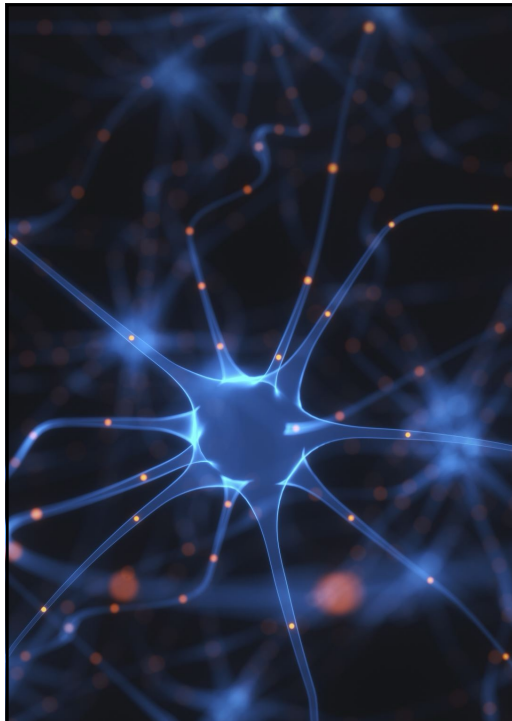
HEALTHY-UNHEALTHY USES OF MUSIC SCALE (HUMS)

Never, Rarely, Sometimes, Often, Always

1. When I listen to music, I get stuck in bad memories
2. I hide in my music because nobody understand me, and it blocks people out
3. Music helps me to relax
4. When I try to use music to feel better, I actually end up feeling worse
5. I feel happier after playing or listening to music
6. Music gives me the energy to get going
7. I like to listen to songs over and over even though it makes me feel worse
8. Music makes me feel bad about who I am
9. Music helps me to connect with other people who are like me
10. Music gives me an excuse not to face up to the real world
11. It can be hard to stop listening to music that connects me to bad memories
12. Music leads me to do things I shouldn't do
13. When I'm feeling tense or tired in my body, music helps me to relax

(Saarikallio, 2015; Hense et al., 2018)018

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ADVANCED TRAINING FOR MT-BC

Advanced Specialties

- Neurologic Music Therapy (NMT)
- Bonny Method Guided Imagery and Music (BMGIM)
- Analytical Music Therapy (AMT)
- Nordoff-Robbins Music Therapy
- NICU Music Therapy (NICU-MT)
- Hospice & Palliative Care Music Therapy (HPMT)

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AVAILABLE TRAININGS FOR COUNSELORS

- Counselor Training
 - Safe & Sound Protocol
 - Reduce auditory hypersensitivities
 - Improve auditory processing
 - Calm physiological states
 - Support spontaneous social engagement
 - EMDR
 - Brainspotting

(Blake & Bishop, 1994; Geller & Porges, 2014; Porges, 2018)

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FUTURE RESEARCH NEEDS

- **Music-Induced Harm**
- **Contraindications for Interventions**
- **New NMT Techniques**
 - SMAART
- **BMGIM – Complex PTSD**
- **Safe & Sound**

(Geller & Porges; 2014; Hakvoort et al., 2020; Macfarlane, Masthoff, & Hakvoort, 2019)

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RESOURCES

Free Downloadable Resources:

- Music-Induced Harm Handout
 - Tips for Using Music in Counseling
 - Music & Mental Health Benefits Handout
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