

**Getting to the Heart  
of  
MUSIC THERAPY**

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**A Guide  
For  
Co-Leaders**

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**GETTING TO THE HEART OF MUSIC  
THERAPY  
A Guide for Co-Leaders**

**Mobile Music Therapy Services of  
Orange County  
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## **About Music Therapy**

### What is Music Therapy?

If you are unfamiliar with music therapy, you might think that a music therapist simply plays music to make people feel better. That is true; however, music therapy is much more, and the therapist must earn an undergraduate degree and pass an examination in order to receive the Music Therapist/Board Certified credential. Music therapy is a parallel therapy to Occupational, and Physical Therapy, and Speech and Language Pathology.

The Certification Board for Music Therapists defines music therapy as:

*The specialized use of music by a credentialed professional who develops treatment and supportive interventions with people of all ages and ability levels to address their social, communication, emotional, physical, cognitive, sensory and spiritual needs.*

Music therapy interventions are planned to accomplish nonmusical goals such as:

- promote wellness
- manage stress
- alleviate pain
- meet emotional needs
- stimulate memory
- improve verbal and nonverbal communication
- reinforce physical rehabilitation and/or development
- reinforce neurologic rehabilitation and/or development
- stimulate movement
- enhance social interactions

So . . .what is a music therapist?

First, let's clarify what a music therapist is *not*. Therapists are not performers, teachers, or entertainers. Persons receiving therapy are not audience members, but active participants in a person-to-person process. A music therapist designs a session plan based on an assessment of the patient(s). Musical tasks are used to achieve the client's nonmusical goals during the session.

In addition to general music requirements, music therapy students take classes in psychology, anatomy, clinical applications, voice, piano, and guitar.

Each student declares a major instrument, such as violin, piano, clarinet, or voice. The student is required to gain clinical experience under the supervision of a professional working in the community. He or she must complete an internship lasting approximately 6 months. The student is now eligible to take the MT-BC (Music Therapist-Board Certified) examination. The examination is administered by the Certification Board for Music Therapists.

## **I. Co-Leading in Music Therapy**

### *What is the role of the Co-Leader?*

The Co-Leader supports the needs of the recipients during a music therapy session. Without a co-leader, many group therapy sessions cannot take place. Directions for assisting the patients are given by the music therapist during the session.

Your work during these sessions is critically important. Without you, the safety of patients and staff could be at risk, and the quality of therapy would not meet the profession's Standards and Scope of Clinical Practice.

You are SO IMPORTANT!

Because YOU have a personal daily relationship with the people under your care, YOUR input and opinions are invaluable. YOUR example of energy and commitment to the therapy process helps the group succeed in meeting their goals. Give us your feedback, your ideas, your questions. YOU work hard; we know it. YOU are valued and respected.

Thank you for choosing a path, along with us, of caring for and enriching the lives of those in need.

## **II. Special Considerations with Older Adults**

### *Communication*

Use simple, direct language; those with dementia may not be able to respond to more than a few words at one time. If the person can see, establish eye contact before speaking. For those unable to speak, take your cue from their facial expressions and body language. Help them make choices by using other methods, such as touching one instrument instead of another to indicate choice, or shaking an instrument to mean

“yes”. Be aware of hearing needs; a small white board is available to write on if a patient is unable to hear you but is able to read.

### Dignity

Always ask how the patient wishes to be addressed (Mr., Mrs., Miss, or by first name) if you do not already know. We are guests in their home. Respect their wishes. Most elders were raised when courtesy and social graces were taught by their parents early in life. They respond very positively to these approaches.

### Safety

Always take special precautions with individuals in wheelchairs. Be certain that their legs are unencumbered when moving them. Serious injury can result from a person’s feet dragging on the floor, including skin tears, falls, and fractures. Be cautious around any person at risk for putting objects in his/her mouth. Never provide food or drink to a patient unless you have verified their dietary orders and/or restrictions.

Follow all necessary ambulation precautions at all times. Hold chairs and assist someone in sitting down. Ask for assistance from staff if a patient needs to be repositioned in a wheelchair.

### Instruments

Offer choices whenever possible to indicate respect and self-determination. Select choices according to the person’s strength, range of motion, and safety considerations. If the person needs assistance playing an instrument, assist by becoming a gentle, positive partner. Ask the therapist for help if necessary.. *If a patient shows object-in-mouth behavior, provide only a large, smooth instrument with no sharp or chewable surface; perhaps a maraca instead of a tambourine.*

### Interruptions

Medically necessary interruptions, such as for illness or medications, or to escort a group member for related therapy, or meetings, require the courtesy and cooperation of the music therapist. Physical discomfort should be brought to the attention of the therapist as promptly as possible.

Routine procedures, such as monthly blood pressures, should not be

scheduled during any therapy, and that includes music therapy.

Please close the doors to the room if conversations outside can be heard in the therapy area. Recipients are unable to hear and respond to more than one conversation at a time.

### **III. Special Considerations with Persons with Developmental Needs**

#### Communication

Verbal people with various speech difficulties can be very difficult to understand. Be patient, respectful, and don't give up. Ask for help if necessary. For those who do not speak, take your cue from their body language and facial expression.

#### Dignity

A handshake and cheerful welcome go a long way in helping to establish a positive relationship with even the most severely needy person. We also expect that the group members will respect one another. Reinforce basic social skills such as using one's hands properly, waiting one's turn before speaking or receiving attention. Usually the group members will be accustomed to being addressed by their first name. Social graces such as "please", "thank you", "excuse me" should be modeled whenever appropriate.

#### Safety

Always take special precautions with persons in wheelchairs. Be certain their legs are unencumbered when moving them. Serious injury can result from a persons' feet dragging on the floor, including skin tears, falls, and fractures. Some recipients may be at risk of choking by putting objects in their mouths.

Follow appropriate ambulation precautions at all times. Hold the chair and assist the person when sitting down.

Be aware of any dangerous behaviors, such as hitting, throwing objects, self abuse, or any actions which may cause harm to others, including yourself. Ask the therapist how to manage the needs of the individual and the group.

#### Instruments

Persons with developmental needs often have very limited use of their hands, arms, and legs. Instruments must be chosen to avoid harm while holding and playing. Be extremely careful not to over stretch. If you need help deciding the best way to be a playing partner for the person you are working with, ask the therapist. *If a patient exhibits object-in-mouth behavior, provide only a large, smooth instrument which is safe.*

### Interruptions

Medically necessary interruptions require the immediate response and support of the music therapist. An example would be summoning nursing supervisor if an individual has a seizure; physical discomfort; or to cooperate with a therapist from a related discipline.

Please close the doors to the room if the outside area becomes noisy.

### **General Important Tips for Your Success**

- The lead therapist will cue you in ways to assist the participants, such as when to pass out/collect instruments, or show a picture or an object to the group to stimulate memory or discussion. Please stay alert.
- Approach participants from the front. Make sure you are looking at, and listening to each other before making a request or beginning to work together. Avoid startling.
- Avoid placing group members in front of one another, or in front of doors. (Blocking doors is illegal under California law.)
- If a group member needs to be re-directed to participate in the process, try approaching the person, pointing to the leader, and asking, "Can you hear \_\_\_\_\_?"
- When appropriate, stand next to or kneel in front of a participant (or use a stool if available), so the participant can also see the leader as you assist him/her.
- Report any health concerns or discomfort to the therapist immediately.
- Be a good motivator! Look around. . .somewhere, somehow, someone needs your help.

- Help avoid unnecessary distractions from any source.

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### MOBILE MUSIC THERAPY SERVICES OF ORANGE COUNTY

Roberta S. Adler, MT-BC, is a music therapist and Director of the practice. She is a Fellow of the Academy of Neurologic Music Therapy, and holds one patent. Bobbi received her degree from Wayne State University, Detroit, Michigan, and has 43 years of clinical experience. Mrs. Adler is a published author, a member of the American Music Therapy Association, and a Board Certified Music Therapist.

Mrs. Adler is an instructor through *Coastline College Special Programs and Services (Intellectual Disabilities Program)*. She has maintained a private practice for over thirty years. She has served clients with mental illnesses, and children with special needs.

All contacts with clients must conform to the Standards of Clinical Practice of the American Music Therapy Association, the Scope of Practice of the Certification Board for Music therapists, and related standards of ethics. A staff member from the facility should be present at all sessions.

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Maureen O'Neill, former Music Therapy Intern, is acknowledged for her contribution in the preparation of this document.