Greetings from a crisp and sunny Greymouth – who said it always rains on the Coast! For those of you not experiencing this gorgeous weather, I hope you are all keeping warm & dry. A favourite fixture here are the Mid-winter Xmas celebrations, many of which involve some kind of music and music making, which is guaranteed to lift spirits even in the coldest months. In the meantime, what to do on those long dark evenings?

Well, how about checking out the new look Music Therapy New Zealand website? Since the April issue of MusT, the website has undergone a major upgrade. We think it is now much easier to navigate your way around and there’s lots of interesting and useful information for newcomers to music therapy as well as old friends. In addition, work on the DVD is almost complete and will be available to view on the website shortly. Special thanks goes to IHC for their generous support with this project.

Work is also progressing with regard to improvements to the Registered Music Therapists Online Forum, including the development of a new Accessibility Theme for visually impaired members, which will be available soon. This has been developed in consultation with MThNZ members and independent parties with experience in this area.

Another exciting development is our collaboration with IHC in relation to establishing a music therapy library within
the IHC library, which will be accessible via the national library inter–loan service. Music Therapy New Zealand holds a small collection of books and resources and it is great that these will soon be more easily accessible for people to use. However, it would be wonderful to expand this resource and we welcome any contributions to help make this happen. You may wish to donate a music therapy book, or money to help purchase books. If you would like to help in this way, please contact our Administrator, Lynn Gestro.

Winter is also a good time for future planning so, although it may seem a wee while away, work is underway with regard to Music Therapy New Zealand’s Conference 2012. It is the North Island’s turn to host this event and Auckland has been suggested, in particular because of the high profile work coming out of the country’s largest city at present. There is of course the Raukatauri Music Therapy Centre and more recently the CeleBRation Choir, as well as the creation of a music therapy post within Counties Manakau DHB. This will be an excellent opportunity to showcase some of this work. Look out for updates of this as more details are confirmed.

In the meantime, the MThNZ 2011 AGM will be held on Saturday 30 July, 3:30pm–4:30pm at the New Zealand School of Music, Wallace Street, Wellington, Block 1, Room 1D11 (the music therapy room). I look forward to seeing as many of you as possible there.

I’m off now to enjoy the rest of the sunshine and the good news is that we can all look forward to longer days now that the shortest day has passed!

Music therapy for older people

by Daphne Rickson

Music plays a major role in the lives of older people, and is influential in their emotional, social, intellectual and spiritual well–being; it provides them with “ways of understanding and developing their self–identity; connecting with others; maintaining well–being; and experiencing and expressing spirituality” (Hays & Minichiello, 2005). Music therapists in New Zealand have found that there are various ways in which music can be used to promote the well–being of older people, including those who have dementia. As an individualised treatment, delivered by a trained professional, music therapy seems to be particularly promising for facilitating memory and language retention, to manage mood and depression, and to reduce aggression and agitation. Patients who have moderate or severe dementia are still able to participate in music therapy sessions when other forms of communication are difficult or impossible for them, by, for example, singing and playing simple percussion instruments.

There is increasing evidence of the importance of regular mental and physical exercise to maximize overall health and functioning in older adults (Sorrell & Sorrell, 2008). Music contributes to positive ageing by providing ways for people to maintain positive self–esteem, feel competent, independent, and avoid feelings of isolation or loneliness (Hays & Minichielo, 2005). For instance, music can support exercise, singing can encourage a sense of belonging and provide opportunities for emotional expression, and listening to music can lead to meaningful reflection. People who have dementia, however, take fewer initiatives and engage less in goal–directed activity which in turn affects their opportunities for rehabilitation. With this population music
therapy is particularly valuable because it is motivating and does not necessarily involve cognitive processing. It is perhaps not surprising then that Lane-Brown and Tate (2009) concluded that the strongest evidence in the management of apathy, for those with severe impairments, was for music therapy. After a close examination of small scale studies, Schmitt & Frolich (2007) found support for the use of creative therapies, including music therapy, to help patients with dementia accept and cope with their illness.

The published research can confuse readers however; studies of 'music' intervention, delivered by non-music therapists do not provide good information about the effects of 'music therapy'. For example, Ledger & Baker (2007) found that music therapy can contribute to short-term reductions in agitation while Cooke et al. (2010) found that patients' participation in music programmes did not have a significant effect on agitation and anxiety. While Cooke et al.'s study employed musicians to play live music to patients; the musicians did not use music therapy strategies. Specifically, although the music was chosen according to patient preference, which is what a music therapist would do, it was also chosen according to what the musicians had in their repertoire, and their programme of music was repeated over time, with large groups of patients. Music therapists try to work with groups of six to eight people, so they can respond to what group members need, or can offer, immediately. They have a very wide repertoire of music, so they can play the music that is right for the moment. If a song is suggested by a group member, they will either be able to play it immediately, or will bring it to the next session.

However, although the evidence from behavioural observations is positive, we don't yet fully understand the processes underlying the interventions and results of music therapy, and we need more rigorous evidence about the effect of music from systematic testing or randomised controlled trials (Spiro, 2010). A Cochrane Review of music therapy for people with dementia concluded that there was 'no substantial evidence to support, nor discourage the use of music therapy in the care of older people with dementia' (Vink, Birks, Bruinsma, & Scholten, 2006).

Nevertheless, measuring physiological changes when people are listening to music, or taking part in music sessions, has provided some helpful evidence for the therapeutic potential of music. Takahashi and Matsushita (2006) used physiological measures, as well as an intelligence assessment, to assess the long-term effects of group music therapy with patients who had moderate or severe dementia. By comparing the music therapy group with patients who did not have music therapy, they were able to determine that music therapy helped patients to maintain their physical and mental states over a two-year period. They noticed, for example that systolic blood pressure, which increases with aging, was significantly lower in participants who received music therapy after two years of music therapy, and concluded that this intervention might be effective in preventing cardiac and cerebral diseases (Takahashi & Matsushita, 2006).

So we know that using music for therapeutic purposes has certain effects on neuropsychiatric disorders (Fukui & Toyoshima, 2008). And while the mechanisms of action underlying music therapy remain unknown, we do know that music affects cranial nerves, levels of such steroids as cortisol, testosterone, and oestrogen, and possibly also affects the receptor genes related to these substances, and related proteins (ibid). Fukui & Toyoshima (2008) propose that listening to music facilitates the neurogenesis, the regeneration and repair of cerebral nerves by adjusting the secretion of steroid hormones, ultimately leading to cerebral plasticity. The
non-invasive nature of music, carefully planned and introduced, suggests it is a good alternative option to pharmacological treatment (Fukui & Toyoshima, 2008).

In New Zealand, a few music therapists who trained overseas, and a handful who trained with the New Zealand Society for Music Therapy, have worked in rest homes and hospitals for almost four decades. Since tertiary training in music therapy began in 2003, the number of registered music therapists has grown to almost sixty, and the latest New Zealand Music Therapists Directory suggests that approximately one third of music therapists work, part time at least, with older people, mostly with psychogeriatric patients. This rapid growth in clinical work is likely to also be accompanied by a rise in New Zealand-based research. For example, a pilot study by Castelino (2009) found that single sessions of music therapy significantly reduced the level of anxiety in older persons with psychiatric disorders. In another example, the CeleBRation choir, a Community Music Therapy Choir for people living with a neurological condition, has been initiated by the Centre for Brain Research (The University of Auckland). Researchers plan to grow and develop rehabilitation research for neurological conditions at the University, and the choir will form a central part of these developments.

“This article has also appeared in INsite, a bimonthly publication for the aged-care and retirement sectors. See www.insitenewspaper.co.nz.

References


The Southern Music Therapy Trust – one year on

by Penny Warren (on behalf of Southern Music Therapy Trust)

The Southern Music Therapy Trust (SMTT) has now been successfully running for a year and has managed to acquire funding for the continuation of the Music Connections early intervention music therapy programme as well as a pilot project; the Music Links Programme, for school age children up to the age of 10 years of age. There have also been some changes on the SMTT Board since the end of 2010. Natalie Nugent has now moved to Australia and is no longer working for the Trust or on the Board. Sue Gates has joined the Board and offers a wealth of experience and expertise from her role as Senior Researcher for the Donald Beasley Research Institute in Dunedin and her involvement in various community organisations for people who have a disability.

THE MUSIC CONNECTIONS PROGRAMME

This is a music therapy early intervention programme established in 2005 for children from 0–5 years with special needs and their families. The programme currently offers families up to two terms of sessions per year. There is a growing waiting list for the Music Connections Programme which is being carefully managed at present. A further evaluation of this project will occur this year to provide ongoing evidence about the benefits of the programme for funders.

It has been heartening to receive grants from a wide range of community trusts including the Lotteries Commission this year.

THE MUSIC LINKS PILOT PROGRAMME

This pilot programme was originally a six month project for children aged 5–10 years. Twelve children will participate in this programme, and not all children will be ORRS funded. The aim of this project is to evaluate how music therapy can foster, develop and enhance relationships between children who have a disability and significant people in their lives. At the end of the block of ten sessions, evaluations will be completed by the music therapist and by the adult accompanying the child during sessions. The evidence gathered will be used to evaluate the project and support further funding applications. Due to Natalie’s departure the project has taken longer to complete than the original six months and will be completed by the end of Term 3, 2011.

This pilot programme has been generously funded by the Lindgren Project Fund and the Timothy Blair Trust.

With Natalie’s departure it is hoped that another music therapist who wishes to develop working with children might be drawn to Dunedin as there is the opportunity to be contracted to work for the Music Connections Programme for half a day per week (this is with the proviso that funding has been accessed by the trust) and opportunities for developing further work as there are many enquiries being made.

For any further information please contact Penny Warren at pennywarren@clear.net.nz.

Research project at Raukatauri

by Claire Molyneux, Head of Clinical Services, RMTC

June 2011 saw the completion of a research project at Raukatauri Music Therapy Centre (RMTC) which was funded by a grant from the Lottery Community Research Committee. The project used action research to review
collaborative goal setting and review processes for clients. Information was gathered through questionnaires and focus groups, documentary analysis, team workshops and reflective journaling.

The main outcome of the project is: a refined collaborative goal setting and review process that reflects Raukatauri values, is individualised, and fits with the developmental and improvisatory approach to music therapy at Raukatauri. Best practice guidelines for goal setting and review at Raukatauri have been created that reflect the main findings of the project. While the main impact on clinical practice was the refinement of the goal setting and review process, other impacts and benefits were identified including: increased confidence; increased sharing of strategies; more effective communication and collaboration; more effective sharing of video footage; and increased openness about the challenges of music therapy practice.

The project has been an exciting opportunity to increase the research capability of the clinical team who worked in partnership with Unitec Associate Professor Eileen Piggot-Irvine. Furthermore, the participation of parents, carers and other professionals has increased awareness of the importance of collaborative goal setting in music therapy.

For more information about the project, please contact the Raukatauri Centre: www.rmtc.org.nz; info@rmtc.org.nz; 09 360 0889.

ETPP Forum Portfolio update – Special Education
by Ruth Armstrong and Karen Twyford

With an increasing number of music therapists entering the New Zealand workforce we have continued to focus on remuneration issues for the profession. We are interested to learn how music therapy services in special education are currently funded with a view towards making a policy visit in the near future to address the disparity that appears to exist in this area. Our aim is to have music therapy included as part of suitable education and health pay scales. Work has begun to compare structures of existing education and health pay scales to determine an appropriate position for music therapy. A short survey has been devised to gather information relating to this topic and in particular to find out pay scale types and compensation structures for those music therapists employed on salaries. All New Zealand music therapists are encouraged to respond to this survey, which can be found on the music therapist’s forum on the MThNZ website.

Register your interest for the NZSM Music Therapy Conference – Nov 2011

During 11th to 13th November the New Zealand School of Music is hosting a music therapy conference, “Performing and Inquiring – Celebrating Practice-based Research in Music Therapy and Related Professions”. Keynote speakers are Professor Denise Grocke from the University of Melbourne and Associate Professor Deborah Fraser from the University of Waikato. You can register your interest in attending this conference by emailing Sarah Smythe.