



Welcome to the 2020 issue of Music Therapy Times!

Every year, AMTS hosts a main event to advocate for the profession, usually in the form of Music Therapy Day. Due to the pandemic, AMTS has had to adjust and adapt our annual plans. Just as many events have been converted to an online platform, AMTS is following suit this year with a Zoom event for anyone who may be interested in finding out how to become a music therapist. More details to come – please check the AMTS Facebook page for updates.

ZOOM EVENT

24 OCT 2020

🕒 3 - 4.30pm

Stay tuned for another event that will be held in the first quarter of 2021.

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**AMTS EXCO
2018 - 2020**

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Dr Xueli Tan
Ms Ng Wang Feng
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MUSIC STRATEGIES FOR WELLBEING

Music may provide respite to our mind and body during this COVID-19 pandemic. While we all handle stress in our own ways, here are **3 music-based strategies** you may consider for your self-care plan.



1) PLAYLIST CREATION



A playlist with similar songs can 'set the mood' to evoke specific emotions.

You may create playlists with themes such as *peace* or *happiness*

Playlist lengths can range between **20 min** to **1 hour**.

HOW TO CREATE A PLAYLIST?



Find a piece of music that mirrors your current emotion.

Add songs with an intention to:

- amplify positive thoughts (e.g. motivation, courage), or
- regulate your emotions by finding songs at around 60-80 beats per minute

2) #KEEPMUSICALIVE

Live music is self-care. During this time, music needs us just as much as we need music.



Making time to attend a virtual concert can evoke positive memories of past concert experiences while supporting your favourite musicians through this trying time.



3) CREATIVITY FLOW



Learning to sing or play a simple song on an instrument can encourage being in a state of *flow*, the blissful state of concentration.

Being in the state of *flow* activates the parasympathetic nervous system, releasing a torrent of calming hormones associated with the rest-and-digest response[^].



More ways to evoke flow: through creative practice, making music with the help of apps, online videos, or music lessons.

Dr Suzanne Hanser, chair emerita and professor of music therapy at the Berklee College of Music*

Most importantly, self-care strategies may be adapted to suit your personal needs. They should be enjoyable to you, and result in an improved state of mind.



[^] CZIKSZENTMIHALYI, M. (1990). FLOW: THE PSYCHOLOGY OF OPTIMAL EXPERIENCE.
^{*} HANSER, S. B. (2020, APRIL 25). MUSIC STRATEGIES FOR WELLBEING. RETRIEVED FROM [HTTP://WWW.SUZANNEHANSE.COM/MUSIC-STRATEGIES-FOR-WELLBEING](http://www.suzannehanser.com/music-strategies-for-wellbeing)

Written by Evelyn Lee, RMT; Designed by Trudy Chua, RMT



For more information, or if interested in music therapy as a career, please email us at musictherapy.sg@gmail.com

You may also visit us online at <http://musictherapy.org.sg/>

PRESIDENT'S NOTE

On behalf of the Association for Music Therapy Singapore (AMTS), I thank all frontline workers for your care and support and am grateful for the sacrifices you and your family have made. I also thank the many artists, from musicians to theatre practitioners, dancers to visual artists, who have brought much respite to many. During this pandemic, we are reminded how crucial technology is, and how powerful the arts can be in bringing all of us together.



To all readers, I trust that you will enjoy the content that we have in this newsletter. Please continue supporting us by sharing our newsletter with your organisation, friends, and family.

To my fellow music therapy colleagues, I encourage all of us to further explore - how might we be able to utilise technology to further engage the community? Especially those in underserved communities, to access music therapy services.

A big Thank You to our partners - past and present - for your continued support to the association.

I thank Ms. Trudy Chua for leading us as editor in this issue, and all professional members who have contributed. Many thanks to the outgoing Executive Committee for all your efforts to the association and service to its members.

Calvin Eng
MT-BC
AMTS President

*"Alone we can do so little,
Together we can do so much"*
- Helen Keller

EDITOR'S NOTE

Welcome to the 14th Issue of Music Therapy Times! In this year of changes, uncertainty, and a roller coaster of emotions, music therapists have reached out and adapted their practices to support their clients and the community. We have shared our music therapists' works and experiences in a COVID-19 special feature, along with some music strategies for wellbeing.



We also bring you our conversations with friends of AMTS who have championed music therapy, some highlights from late 2019, and a sharing of advanced trainings and methods. Get to know five of our new and returning music therapists in the Up Close and Personal section too.

A big thank you to Eta Lauw and Lynn Koh from the editorial team, and to all who have contributed to this newsletter. We wish you a wonderful reading experience!

Trudy Chua, RMT, Editor

REFLECTIONS ON THE 16TH WORLD CONGRESS OF MUSIC THERAPY



Amidst the COVID-19 pandemic, the University of Pretoria, South Africa, rose to the challenge and hosted the first online World Congress of Music Therapy on July 7-8. This milestone event was capped at 1000 participants, and overall it was a stellar event marked by pre-recorded sessions and live Q&A that could be accessed for a month afterward.

It was a memorable experience for me to participate in a roundtable discussion, "International Perspectives on the Intersection of Medical Migration and Music Therapy" (UPP00536). Consisting of Annette Whitehead-Pleaux (USA), Florencia Grasselli (Bahrain), Vivan Chan (HK), and Melanie Kwan (Singapore), the panel was jointly hosted by Eva Vukich (Boston) and Kristal Foster (Kuwait).



Melanie (top row, center), along with fellow presenters and panelists from the roundtable discussion.

Pre-COVID19, there was a growing worldwide trend of persons and families relocating in search of affordable or better medical care and outcomes. As we prepared beforehand and examined the challenges they faced - from communication difficulties, cultural adjustments, isolation, to the roles that music therapists played to bridge those gaps, decrease anxiety, build rapport, reduce risks of trauma, and improve their quality of life, we found many common intersections and themes. While such needs and roles will evolve post-pandemic, they remain relevant in varied globalized contexts and a multi-billion dollar industry, and it is especially important to consider how such groups may be underserved. The importance of cultural humility and awareness was a key and common thread underscoring many of the different intersections discussed.

AMTS professional member Jonathan Tang also presented a poster on the "Dosage Effect of Individual Music Therapy on Whole-person Care in Adult Inpatient Rehabilitation" (UPP00011) based on his work at AdventHealth Orlando.

Melanie Kwan
MMT, MT-BC



The 16th World Congress of Music Therapy, originally to be held in Pretoria, South Africa, took place online in July

Conversations with friends of AMTS

As the music therapy profession continues to grow and develop in Singapore, we recognise that the help and support of many friends and partners of AMTS have been crucial in leading the profession to where it is today. We hear from two friends of AMTS who are leaders in the fields of grief and bereavement, and in rehabilitation.

CHEE WAI YEE, MONTFORT CARE & SINGAPORE HOSPICE COUNCIL



Wai Yee is currently a Senior Director at Montfort Care and Programme Director at the Singapore Hospice Council. Under Montfort Care, she runs Grief Matters, the first centre in Singapore dedicated to bereavement support. Wai Yee had previously served as the Executive Director of the Children's Cancer Foundation, and Head of Department with Dover Park Hospice, leading her team of social workers and creative arts therapists in addressing psychosocial needs of patients and their families. She received the Outstanding Social Worker Award in 2016. Wai Yee has been a long-time friend and champion for music therapy.

She gave us some insights on partnerships between music therapists and social workers, and how music therapy can play a role in grief and bereavement in Singapore.

Qn: From your perspective, how can Music Therapists and Social Workers partner together in end-of-life care?

I always look at music therapy as a versatile conduit, a medium - you can even call it a language - to carry the weight of end-of-life care. I use the word "weight" because with music therapy, you can calibrate the heaviness and lightness of the experiences, of what is really needed for the clients.

It is a little different from what a social worker does, because of the special feature in the music which helps to layer the experience. Some dimensions of psychological and social aspects can be hard to reach for me as a social worker. Music therapy as a tool or dimension can help to tap into these psychological and social dimensions that can be hard to reach.

In palliative care, we emphasise a lot on holistic care, which is why we have the whole team. To benefit the patients, having a mindset where each discipline adds on to another, rather than takes away from another, is important for the synergy between professions.

Qn: In your experience with grief and bereavement, how do you foresee music therapy playing a key role in supporting the dying and the bereaved, particularly in the Singapore context?

Professional bereavement support is still very new in Singapore, and there is potential for music therapy as a modality especially with young people. Music therapy can help to create emotional memories, and these are powerful imprints we are leaving our clients with. In hospices, through music therapy, we create videos, songs - a lot of possibilities for the caregivers together with the patients, and regardless of whether the caregivers are active or passive participants in the therapeutic process, it will have some impact on them. These help to carry our clients - both the patients and the caregivers - through the difficult transitions across roles, across contexts, beyond the physical death of the patients.

There is also a need for community-based bereavement centres so that we can also care for people who are not users of palliative care services. I believe music therapy has a huge potential for healing in the community bereavement context. There are many unanswered questions, especially for the bereaved dealing with sudden deaths, and with traumatic elements. Trying to make sense of the experience of loss cognitively has its limits - as there is a layer beyond cognition that cannot provide answers to the "whys" and "what ifs". I think music therapy has the potential to provide the holding space, and to allow for healing to happen for these bereaved persons.

KENNETH LAM, ST LUKE'S HOSPITAL



Kenneth is currently the Deputy Director of Operations and Rehabilitation at St Luke's Hospital. Beginning as a physiotherapist in the late 1990s, Kenneth has worked collaboratively with numerous medical and allied health professionals, and has developed a keen insight into collaborative work in rehabilitation. He has also been a great friend and advocate for music therapy.

We had a chat with Kenneth about challenges in establishing a firm foundation for music therapy, the benefits in rehabilitation, and some important points to note. Here is what he shared:

Qn: What are your thoughts on how music therapy has thrived in a short space of time and the challenges we face in establishing a firm foundation?

Validation. I think that the question is about validating the services that we want to run. Launching music therapy services is no different from wanting to launch any other new service. We have to validate what we are doing, and demonstrate the efficacy of treatment delivery. Financially and clinically, we need to show results to the clients - clients must feel that the service is valuable to them.

Challenges. Our challenges lie in the operational establishment of a service. Once the financial aspect is secured, we need to gain clinical acceptance from colleagues, clinicians, administration and the multidisciplinary team, in order to get referrals. The team at St Luke's Hospital has been quite receptive and exploratory. Gaining clinical acceptance can be achieved through means like filming an actual session and showing other clinicians, as well as collaborations and joint treatments with other disciplines.

Qn: How do you see the benefits of music therapy in the area of rehabilitation for your patients, now and in the future?

Collaborative Care. My vision for music therapy is a shared vision; music therapy forms a very integral part of rehabilitation as a whole. Occupational therapy, physiotherapy and speech therapy have been here for decades, and it's not going to change. We are doing good work, but if we want to make it better, we cannot just keep to the same three traditional services. If we want to see exponential outcomes in patients, we cannot stay the same. We need to have new ways of looking at and addressing the needs of the patients. We definitely need to step outside the comfort zone and look into the collaborative treatment model. Co-treatment has to be the model moving forward.

Events in 2019

IMH WORLD MENTAL HEALTH DAY

In conjunction with World Mental Health Day, the Institute of Mental Health (IMH) held its own celebration on Oct 26, 2019 with a therapy-themed event. Members of the public were invited to visit the grounds of IMH and experience various forms of therapy and therapeutic activities that patients may engage in. Visitors were treated to performances by the VSOP Choir (Very Special Outstanding Persons), met the horses used in equine-assisted therapy and were also able to buy hydroponic vegetables grown by long-stay patients, assisted by Occupational Therapists.

Music Therapy was featured as well with a "Show & Tell" corner where Fontane explained to 20 members of the public on what music therapy entails in a mental health setting and how the general public can also reap benefits from music. The talk included experientials featuring Relaxation Induction, Mindfulness Improvisation and structured musical activities that patients partake in. Attendees were given a snapshot of the music therapy service in IMH and were drawn into the patient's world through the story of Lance – a case study.

At the end, there was a chance for a Q&A in which some members of the public revealed themselves to be mental health warriors and appreciative of some of the practical tips on using music in their lives. There were also carers and friends of mental health patients, wanting to know how they could better support and care for their loved ones. Fellow professionals, including teachers and psychologists, who attended the talk found it interesting and eye-opening.

Fontane Liang
HCPC-UK



MUSIC THERAPY IN END-OF-LIFE CARE TRAINING AND WORKSHOP



The International Music Therapy Center (IMTC) in Hong Kong hosted a series of trainings and workshops on music therapy in palliative care from Nov 16 to 18, 2019. The key training of this series was the two-day certificate training of Music Therapy in End-of-Life Care conducted by Dr. Russell Hilliard. The participants were mostly music therapists from different countries such as Japan, Korea, Malaysia, Taiwan and Thailand. A few of the local professionals including occupational therapists, speech therapists, and social workers were also present. In one of the individual workshops, Tammy was invited as a panelist to discuss the current trend of music therapy at the end-of-life in Asian countries. The other three panelists were from Hong Kong and Taiwan.

Tammy briefly explained the palliative care-related services in Singapore as well as the prevalence of music therapy programmes

ASSISI HOSPICE ALLIED HEALTH IN PALLIATIVE CARE SYMPOSIUM

The Allied Health team at Assisi Hospice organised its first symposium on Oct 26, 2019, themed "Allied Health in Palliative Care: A Paradigm Shift in Care". More than 100 participants from over 30 organisations from acute, community healthcare and education sectors attended this symposium. Participants included therapists, social workers, managers, educators and students.

The Assisi team shared how its Music Therapists, Art Therapists, Occupational Therapists and Physiotherapists work together in delivering care and comfort for their patients, and the paradigm shifts in each discipline's approach. The symposium also included the screening of a 10-minute film featuring the work of the Allied Health team at Assisi Hospice, a panel discussion, and workshops by each discipline.

Music therapist Tammy Lim joined the panel, sharing that use of music is not limited to music therapists and that other healthcare professionals can be empowered to use music too, through Awareness, Application, and Advocacy. Trudy conducted the workshop "Appropriate Use of Music in Palliative Care", explaining the impacts that music can have on each person and hence, the importance of using it appropriately. Participants also experienced examples of proper and improper uses of music.

Trudy Chua, RMT



Trudy conducting a workshop on Appropriate Use of Music in Palliative Care.

across these services. She also suggested ideas and strategies on developing music therapy programmes in a community based on a pyramid model with (1) awareness, at the bottom; (2) application, in the middle; and (3) advocacy, at the top. This begins with an **awareness** and understanding of the impact and power of music, followed by an **application** of how to use music appropriately, and finally **advocacy** for others to use music appropriately and advocacy for music therapy. Tammy emphasised the power of music for speaking the unspoken by concluding the panel with this quote by Leopold Stokowski – "A painter paints pictures on canvas. But musicians paint their pictures on silence".

Tammy Lim, MA, MT-BC, FAMI



BUDDHIST SONGS MASTERCLASS

In the first quarter of 2019, I came to know about fellow music therapists' interest to learn more about Buddhist devotional music, particularly for end-of-life work. Similarly inclined, I tapped on a family contact and reached out to vocal coach, Mr Chen Dachuan (thereafter referred to as Coach), to conduct a Buddhist songs masterclass for AMTS members.



Leading up to the masterclass, I liaised with Coach regarding our learning objectives. (He was especially impressed that there were non-Buddhists in our midst who wanted to learn!) I asked Coach to provide a brief overview of the repertoire that would be familiar to elderly Singaporean Buddhists. The majority of Singaporean Buddhists would identify as Mahayana Buddhists (making up a significant demographic in geriatric and hospice care). A smaller percentage of Buddhists would be Theravadin, while the Vajrayana (Tibetan) tradition tended to attract younger English-speaking Singaporeans.

We learned, following music sheets provided to us, the standard Buddhist songs of the Mahayana tradition (in Mandarin), including Homage to the Buddha and Bodhisattva chants, the Heart Sutra and the Vajrayana Great Compassion mantra (in Sanskrit). Coach also shared his own composition, inspired by his faith, and we were treated to a performance by Coach's vocal students too! Now that I have a few Buddhist "standards" in my playbook, I feel more equipped at work. Thank you to all at Chuan's Studio!

Ng Wang Feng
MMT, MT-BC, NMT Fellow



Dec 14, 2019: Mr Chen Dachuan (back row, 2nd from left) led nine of his students to perform for AMTS members at Chuan's Studio in Aljunied Crescent.



Mr Chen Dachuan with our music therapists serving the elderly and beyond.



Tammy speaking about palliative care-related services in Singapore at a roundtable session.



Dr. Russell Hilliard (leftmost), Tammy (2nd from right) and other panelists from the roundtable session.

Music Therapists Reaching Out to the Community

In the face of the COVID-19 pandemic, music therapists have recognised the emotional needs arising from the challenges of pandemic life and that music can play a role to help make sense of these unprecedented times. We explore the various initiatives that music therapists have introduced or taken part in to creatively support the community.

MUSIC THERAPISTS IN HEALTHCARE

With the support of their respective organisations, our music therapists working in healthcare organisations have stepped up to creatively support their patients, their colleagues working in the frontline, and the wider community on top of their ongoing clinical work. Here are some snippets:

Assisi Hospice music therapists Tammy Lim and Trudy Chua began twice-weekly sharing of songs and positive messages over the hospice's public announcement (PA) system in March 2020. Sensing a need for staff as well as patients and families to cope with the difficult emotions that arose from COVID-19, Assisi Hospice's music therapists and management team sought to introduce music as a support for coping. These song-sharing sessions have been live-streamed and shared on Assisi Hospice's social media pages. The music therapists have also put up song dedication concerts for colleagues and volunteers to foster a spirit of solidarity and hope.



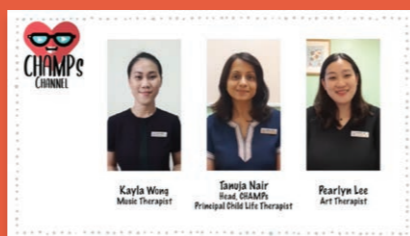
Assisi Hospice music therapists Tammy and Trudy singing over the PA system.

Dover Park Hospice music therapist Camellia Soon provides live piano music in the hospice's public arena weekly for 30 minutes as a form of environmental music therapy (EMT) to address the needs of patients, caregivers and staff who might be experiencing strong emotions in these challenging times. EMT is a music therapy intervention where the therapist may use live familiar music sensitively and skillfully to modulate the stresses in the environment. The musical material is carefully selected based on potential listeners, the environment and other therapeutic considerations that the therapist is aware of given her familiarity with the space. EMT has been especially important as individual music therapy services have not been able to physically reach a specific part of the hospice, due to segregation of staff members to different teams to minimise the risk of virus spread. Camellia has also initiated various projects within the hospice to "encourage people to encourage". An example was a video produced with music from Camellia, consisting of positive and encouraging messages from various staff members in their native languages.



A still frame from a music video created by Dover Park Hospice's music therapist, Camellia. The video incorporated encouraging messages articulated in different languages by staff members.

KK Women's and Children's Hospital's (KKH) music therapist, Kayla Wong, collaborated with her colleagues from CHAMPS (Child Life, Art and Music Therapy Programmes) to initiate CHAMPS CaRES (Compassionate and Responsive Engagement Support). This initiative was developed to support patients, staff, and members of the public through difficult emotions that arose during the COVID-19 pandemic. Music therapy contributions included a three-part children's podcast series in May, and two six-part video series from early May to late July. Made available on the hospital's Facebook page, some of these episodes provided coping strategies through music, and the sharing of positive messages.



KKH's CHAMPS team, which initiated a podcast and video series to emotionally support patients, staff, and members of the public during the COVID-19 pandemic.

St Luke's Hospital's music therapist Isabel Tan worked with her colleagues to introduce "Good Morning, St Luke's" and "Evergreens", programmes broadcast over the hospital's PA system. When the circuit breaker period began, patients could not be visited by their loved ones. "Good Morning, St Luke's" was introduced to lift patients' spirits through inspirational interviews with staff and invited guests, and specially selected songs. It was broadcast over the PA system in the morning from April to June. The 21 episodes, each about 10 minutes long, are available on the hospital website¹. The next programme, "Evergreens" began in late May, providing 15 minutes of songs over the PA system every evening to help patients wind down and relax. Isabel also reached out to colleagues through songwriting and videos to encourage them amidst the challenges of the pandemic.



St Luke's Hospital's music therapist, Isabel, worked with colleagues to share inspirational interviews and specially selected songs over the hospital's PA system.

As the COVID-19 healthcare crisis continues to challenge lives and change the ways people experience work, music continues to be a resource that can be utilised upon creatively and therapeutically to support mental well-being. The music therapy profession will also continue to adapt so that we can continue to meaningfully support patients, colleagues and the wider community as the need for music therapy services evolve.

Trudy Chua, RMT and Eta Lauw, RMT

1. <https://www.slh.org.sg/news/goodmorningslh/>

#COVID19LETSBEATIT

#Covid19letsbeatit was initiated with the aim to bring comfort and build moral support amongst our community through music. It was a call to music therapists in Singapore to highlight positive strategies using music to overcome this time of uncertainty, anxiety, or any other difficult emotions that may have come up during the course of the COVID-19 pandemic.



The initiative was inspired by our professional members who were already beginning to share their music via an online platform at their places of work and social media pages.

Three options for members to share their music and expertise were offered:

- An original cover paired with an uplifting caption
- A music strategy that had an educational focus for viewers
- A music activity that viewers could engage with either independently or with the video.

Videos were released weekly during the circuit breaker and Phase 1, and shifted to fortnightly releases in Phase 2. The initiative successfully engaged more than half of the professional membership, and videos reached over a thousand viewers via Facebook and Instagram.

In view of its positive response, we hope to sustain this project under a different name even post COVID-19. Through this initiative, continued engagement of our members and advocacy for our profession can be achieved.

Our initiative can be found on the following platforms:
Facebook @Association for Music Therapy Singapore
Instagram @amtsingapore

Kayla Wong, RMT, NMT
AMTS Vice President



SILVERGOOD



SilverGood is a volunteer-run initiative that hosted Facebook Live events for seniors in Singapore on weekday mornings from late March till July 2020. The sessions are categorised along five themes - exercise, music, art, story, and cooking, with recordings of the live sessions available on the Facebook Group and the SilverGoodSG YouTube page for viewers who were unable to watch the sessions "live".

SilverGood began as a response to the COVID-19 situation, reaching out to connect with seniors digitally while they stayed at home. I heard about the group through fellow AMTS members Fontane and Eta, who had both volunteered their time to run music sessions for SilverGood. At that point, I had just returned from the UK, was serving my Stay-at-Home Notice (SHN) in a hotel, had free time on my hands and thought "why not?". I had also attended Eta's and Fontane's SilverGood sessions, as well as taken part in a 200-person online choir (The Sofa Singers led by James Sills), and knew that the music and singing was helping to lift my mood and reduce feelings of being alone. SilverGood became the opportunity for me to do something meaningful while being cooped up. I could use music to connect and comfort in the way I knew how, as a music therapist. I also saw it as a chance to practice my "performance skills"! While I was completely comfortable singing for and with my patients as a music therapist, performing on Facebook Live was quite a different matter! Luckily, the SilverGood community is an encouraging one, with amateurs and more experienced participants all contributing towards a common good, and I was glad to have participated.

Hu Shuying, HCPC-UK



Music therapists conducting digital sessions for seniors. Shuying, Eta and Fontane playing the guitar, piano and harp respectively.

Adapting Practices Across Different Settings

The pandemic had directly affected music therapy practice in various settings, where face-to-face therapy was not always possible. Music therapists in the early intervention, special education, and healthcare settings share their adapted practices and learning points from this experience.

EARLY INTERVENTION: THK EIPIC

THK EIPIC centres provide early intervention services for children with developmental needs (such as Autism Spectrum Disorder, Global Developmental Delay, Down Syndrome, etc.), aged 0 to 7 years old. The purpose of our music therapy programme is to support each child's developmental skills through the use of music stimulus and music-based interventions. Weekly group music therapy sessions are conducted in a classroom setting and address each child's IEP (Individualised Education Plan) goals.

During the circuit breaker period, the music therapy team developed four different types of music therapy activities, 'Do-It-Yourself', 'Music and Movement', 'Relaxation' and 'Sing-able Stories'. These activities were designed to suit the home setting for parents, caregivers and children to engage in as the EIPIC programme went remote. Each activity included a plan which contained a step-by-step guide for parents or caregivers to follow. The activity plan also included targeted IEP goals, implementation strategies as well as related video links to further support the adults when facilitating the activity for the children. The activity plans were switched to music activity videos planned and created by the music therapy team near the end of the circuit breaker. Parents and caregivers were able to access these resources through the THK EIPIC Centre Home-Based Learning website, where teachers and therapists upload their respective activities weekly.

Remote support still continued upon partial opening of the EIPIC centres during Phase 1. Concurrently, each music therapist also provided in-class support for the children who had returned, when needed. A few of our music therapists were able to conduct in-person music therapy sessions whilst providing in-class support for selected classes. For the other classes, live-streaming of music therapy sessions were also carried out. During these times, safety measures were followed very closely and activities were adapted accordingly, such as engaging with more music and movement activities instead of instrumental play to prevent sharing of instruments and contact surfaces.

Reflections

The changes in our service implementation during this pandemic allowed the music therapy team to gain a better understanding of the children, parents and caregivers' needs. We constantly adapted our approach of creating online resources to ensure its accessibility and feasibility for parents and caregivers. Some useful skills we attained include producing high-quality video or audio recordings and video-editing skills. The process certainly had its fair share of anxiety and apprehension. It generated lingering thoughts of concern, such as whether the content would provide optimal support for parents and children. Nevertheless, it was encouraging to see the quality of our videos improve each week. Another challenge faced was adapting to the role of providing in-class support. Although switching between roles was challenging, it provided invaluable opportunities to get to know the children better and build rapport with them. Overall, it has been a meaningful journey of learning and navigating this new norm for our music therapy team.

THK EIPIC Music Therapy Team: Farhana Rizaini, NZ RMTh, Jen Sim, RMT, Joshua Ng, RMT, Chong Kai Wen, RMT and Lynn Koh, RMT



Farhana conducting a music therapy session with a student during Phase 1.

TELEREHAB WITH ST LUKE'S HOSPITAL

With COVID-19, many safety measures such as safe distancing and working in separate zones were taken to keep patients safe. While art and music therapists could not be physically present with all patients, patients could see and hear therapists through technology. To facilitate the teletherapy art and music therapy sessions, patients' assigned occupational therapists (OT) and physiotherapists (PT) were physically present.

Art Therapist (AT) Lee Sze-Chin and I conducted group telerehab in some wards. These sessions are different from face-to-face sessions, which are usually very hands-on. In telerehab, we may

be unable to prompt, cue, and see patients' verbal and non-verbal cues as quickly as we could if we were physically present. The width of the computer screen is also limited and we may not be able to see everyone in the room at a glance. Internet connection problems may also disrupt a session, affecting sound or video quality.

To improve patients' experience with therapy, we tested different portable microphones (deadcat or carotid) and audio software mixers to enhance the sound and video quality. A portable dongle also served as backup to wifi. The AT and I frequently arranged for pre and post discussions with the OT to improve the experience too. I'm thankful that my OTs and PTs were in the ward as our eyes, ears and hands.

Isabel Tan, RMT

SPECIAL EDUCATION: RAINBOW CENTRE

When the circuit breaker began on 7 April 2020, many of us had to adjust quickly to working from home and home schooling. Home-Based Learning (HBL) and video conferencing became the new normal for teaching and therapeutic interventions.

At Rainbow Centre, we have at least one Music Therapist (MT) working in each of the three campuses across Singapore. Collectively as a Department, we developed a Music Therapy HBL resource pack to work with students through their families. The package was also intended to allow for family bonding time through the use of music. We recorded videos and songs showing step-by-step instructions on easy-to-follow dance steps, massages suited for students with multiple disability profiles, and syncopated rhythms for making music at home.

Where needed, we provided support to class teachers in developing HBL resources, such as through composing and recording songs in singalong music videos for language acquisition lesson packs. Individually, we also co-facilitated online lessons with teachers.

Collaborative work with our Occupational Therapy (OT), Speech Therapy and Educational Psychologist colleagues continued via tele-practice. This included individual and group sessions. An example was the collaborative work of a music and movement session with our OT colleague. Passive Range-Of-Motion exercises were demonstrated by the OT on a therapy doll, while the MT accompanied the movements with live music through video conference, providing live musical elements to raise and sustain students' attentiveness as well as to synchronise group engagement on the visual screen. The students' caregivers supported the facilitation from home and were able to positively engage in all presented activities.

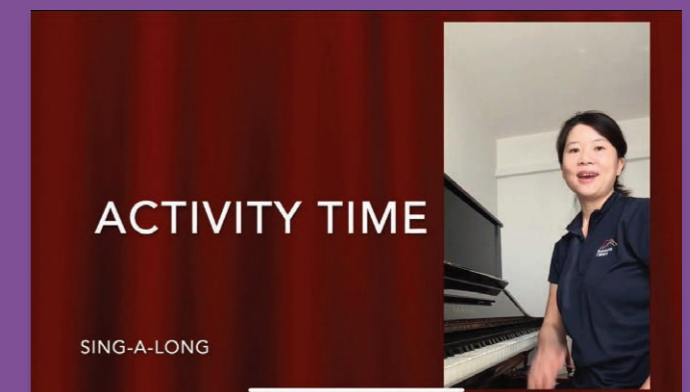
Amidst meeting educational and therapeutic goals, some parents faced struggles of having to cope with the twin

demands of managing their children with special needs and working from home at the same time. There was a call for more emotional support to parents and students in this difficult time.

In this period of teletherapy, the team has come to understand that not all interventions were able to retain its effectiveness via video conference. Collectively, the team has learnt that there was a higher chance of success with teletherapy if there was access to technology (e.g. webcam, speaker/headset, microphone, reliable internet, and a minimum screen size of 25cm if possible), a conducive space for learning at home, and good sound quality during video conference. We also learnt the value of strengthening alliance with parents and carers, and the benefits of having previously established therapeutic relationships.

Personally through this circuit breaker experience, we have gained confidence on how to develop and deliver HBL resources, collaborate tele-practice with teachers and Allied Health Professionals and conduct more effective tele-practice in future with an emphasis on socio-emotional goals.

Rainbow Centre Music Therapy Department: May Ng, RMT, Calvin Eng, MT-BC and Ruyu Wang, IACAT



May introducing a singalong activity for students at Rainbow Centre School.



Isabel conducting a music therapy session with a patient with the help of technology.



Rainbow Centre Music Therapists: Ruyu, Calvin and May.

Advanced Methods and Specialised Trainings

Music therapy practices in music psychotherapy and medical rehabilitation contexts involve specialised in-depth experiential training along with supervision which make for profound learning experiences. Eta, Shuying and Tammy share how they gained more tools and insights for their clinical practices.

VOCAL PSYCHOTHERAPY

Over the last two years (2018-2020), I had the privilege of training with Dr Diane Austin, who founded the vocal psychotherapy model, based on ideas and theories of depth psychology with vocal music therapy. Vocal Psychotherapy is an advanced music therapy method that makes use of breath, natural sounds, vocal improvisation, songs and dialogue within a client and therapist relationship to facilitate intrapsychic and interpersonal change and growth. Specifically, the model includes techniques such as vocal holding techniques© and free associative singing© to access conscious and unconscious feelings, memories and associations.

The training comprised both experiential learning conducted in the UK, online seminars, supervision and practicum. These provided students with a strong Jungian-based theoretical foundation and an experiential knowledge of the application of therapeutic benefits of vocal improvisation in music therapy. Together with my 15 other coursemates (trained therapists with varying clinical experiences from nine different countries), four residency weeks were spent together, with each residency held at a six-month interval. During the residencies, we experienced vocal psychotherapy for ourselves, and as part of the training, we also observed each others' vocal psychotherapy experiences.

Apart from gaining clinical and technical skills, the two-year process led me on a transformative personal journey as I revisited my past, and was able to have a clear look at the different aspects of myself through the personal vocal psychotherapy sessions. As I observed my classmates in their sessions with Dr Austin, I realised that, like me, they too were undergoing reparative experiences, and despite being from different parts of the world, being of different nationalities, ethnicities, cultures and having different personal beliefs, many of us were contending with similar core issues, relating to the need for connection and relationships with others. The richness of these experiences allowed us to become better therapists - as we understand our personal issues more, we become better equipped to distil some of the issues that our clients are facing. The vocal psychotherapy training has been a wonderful gift to me. I am



Eta (Left) and the founder of Vocal Psychotherapy, Dr Diane Austin during a Free Associative Singing session



Eta (front row, rightmost) with her classmates and Dr Diane Austin (front row, 2nd from left) at one of the residency weeks.

very thankful to Diane, my vocal psychotherapy coursemates and AWWA, my organisation, for supporting me in this journey.

The next Vocal Psychotherapy distance learning course will take place from Feb 2021 to Dec 2022. This training is available to qualified music therapists or other therapists with a comparable skill set. For more information, please email Tina Warnock, Programme Director: tinaw@belltree.org.uk.

Eta Lauw, RMT

MATADOC

The MATADOC (Music Therapy Assessment Tool for Awareness in Disorders of Consciousness) is a validated and standardised measurement tool for use with patients with Prolonged Disorders of Consciousness (PDOC). Developed and trialled over a period of 22 years by Music Therapist Dr. Wendy Magee and her team, this tool is used to assess awareness by observing behavioural responses in five categories: visual,



auditory, musical, verbal command, and arousal. I was originally registered to attend the course in Royal Hospital for Neuro-rehabilitation London in June 2020, but due to the COVID-19 situation, the course was brought online. As a result, I attended this three-day course over Zoom with music therapists from the UK, Greece and Spain! There was a wealth of experience being shared, with fellow practitioners working with children and adults in brain injury rehabilitation, ICU and acute settings, schools and dementia-care.

Musical stimuli is made up of many layered elements (e.g. pitch, timbre, tempo, etc), and the use of preferred music promotes attention and arousal in PDOC patients. By observing a

THE BONNY METHOD OF GUIDED IMAGERY AND MUSIC

The Bonny Method of Guided Imagery and Music (GIM) is a music-centered approach to transformational therapy that explores one's inner world and helps clients work on significant life issues. The typical GIM session begins with the guide (therapist) assessing the traveller's (client) main concern, mood, and energy level during a preliminary conversation, which would enable the guide to choose the music that best matches the purpose of the music journey. After the pre-talk, the traveller is asked to lie down, and the guide helps the traveller enter a relaxed state through relaxation techniques. During the music, the guide utilizes simple verbal prompts or questions that allow the traveller to move into the inner world and deepen the traveller's experience with his/her images that include visual images, body sensations, sensory experiences, feelings, and insights.



The Association of Music and Imagery (AMI) is a professional organization formed by the GIM practitioners to regulate and promote training standards and practices, research, and professional development. Many AMI-endorsed GIM training programmes are available around the world. While each GIM training programme may vary in its approach, all programmes lead a trainee to become a Fellow of the Association for Music and Imagery. It usually takes two to four years to complete all levels of GIM trainings and its requirements. The good news is that the plan to make GIM trainings available in Singapore has come to fruition, with 42 hours of GIM Level 1 training by Dr Nicki Cohen set to take place online from mid to late Nov 2020.

I began my GIM journey in July 2015 and became a Fellow in June 2019. I call it a journey instead of training because everything I've learnt through GIM practices has become part of me as well as my daily therapy work with clients. The journey continues. I am grateful for Helen Bonny, my trainers Nicki and Santi, patients and staff at Assisi Hospice, and of course music!

Please contact AMTS for more details if you are keen to take part in the online GIM Level 1 training. Note that there are limited slots available.

Tammy Lim, MA, MT-BC, FAMI



Tammy drew a shining star mandala after a music and imagery session.



Tammy receiving her certificate for one of the modules of GIM Training Level III in Jan 2019. (From left: Dr Nicki Cohen, Tammy, and Santiago Vila)



Trainers and trainees at a GIM training session in Denton, Texas.

patient's behavioural responses indicative of arousal and attention, the MATADOC assessment can be used to make a clinical diagnosis on a patient's awareness, and can be used to inform goal-setting and care-planning. At the moment, the tool is validated for use in adult populations, although clinical studies are now under way for a version adapted for paediatric PDOC populations - the MuSICCA (Music Therapy Sensory Instrument for Cognition, Consciousness and Awareness (MuSICCA) in Children and Youth With Prolonged Disorders of Consciousness).

Hu Shuying, HCPC-UK



Shuying (top left) with participants of the online MATADOC training. Photo from MATADOC Facebook Page.

1 What or who inspired you to become a music therapist?

Camellia: Studying music therapy was a career change for me. Prior to becoming a music therapist, I studied psychology and worked in the mental health sector. I loved working with patients, and also wanted a specific skill set to help them with. Music therapy was my answer. As a medium for therapy, music is powerful and sometimes, almost unparalleled.

Grace: Before I started my music therapy training, I worked with a music therapist in group sessions as a volunteer. After observing how the music therapist utilised herself effectively through her observational and therapeutic skills to build rapport and support the clients in both musical and non-musical ways, I became very motivated to become a music therapist.

Jonathan: I have always been passionate for people and music but never knew about music therapy until I studied at Berklee College of Music. Witnessing the wonderful work that all my mentors did as well as my own experiences in music therapy inspired me to become a music therapist. I would like to thank my mentors, and more importantly, my clients for teaching me what it means to be a music therapist.

Kai Wen: My mother was the one who enlightened me to this path. When I told her that I wasn't interested in music teaching and performing during my final year of undergraduate study in music, she then suggested that I do some research about music therapy. I thought that it was a perfect career because I knew that I still wanted my career to be music-related given that music has been an essential part of me since young and that I have always aspired to help people.

Shuying: I told a friend that I enjoyed playing music and had an affinity with children, and she suggested I read up about music therapy. (My first response was "Huh? Like lie down in an armchair and listen to relaxing music?") It took a lot of courage to embark on a mid-career switch to a new field and I have many people to thank for their support and belief in me.

2 Could you share an inspiring moment in your work as a music therapist?

Camellia: A family exclaimed with delight when a patient opened her eyes midway during a familiar Hokkien song. They cried and touched her. They also took the chance to speak to her while she was conscious. It was a simple and sweet moment.

Grace: Working in a hospice gives me the chance to work with clients and their family members. A few months ago, I worked with a client and her daughter before the client passed away. Her physical condition had deteriorated quickly, and the engagement reduced. Upon invitation, the daughter stroked her mother's hair and sang with me to encourage her mother to sing along. The mother then smiled and looked at her daughter and joined the singing again. Through music, it enabled them to create a beautiful moment and memory.

Jonathan: There have been so many inspiring moments! I will always remember this session with a young autistic child who was unable to speak. As we musicked together, the child's music flourished - the child started with grunts and moans, developed into vocalisations, and ended with singing "bye." It was such an honour to make music with the child!

Kai Wen: Generally, an inspiring moment for me is whenever music therapy is seen as important as other therapies and when my work is acknowledged and validated by the clients, the team members, or the family members of the clients. In the EIPIC setting, an inspiring moment can be as simple as when my students can remember my name.

Shuying: I witnessed a client with low awareness gradually emerge into consciousness after months of working together. One day, he even answered a simple question his wife posed, to which she responded "You're amazing, I love you" and he replied "I love you too". To see how music therapy has helped the client not just within the sessions, but also facilitated the relationship with his wife outside of the session, was meaningful and inspiring to me.



Camellia Soon,
RMT



Grace Lin,
HCPC-UK



Jonathan
Tang, MT-BC



Chong Kai
Wen, RMT



Hu Shuying,
HCPC-UK

3 Could you share about a challenging moment in your work as a music therapist, and what/how you learnt from it?

Camellia: As I work in palliative care, music can touch patients or caregivers powerfully, and they cry. There is a line however between a cathartic moment, and being overwhelmed by emotions. I'm learning to be aware of such nuances.

Grace: There are many challenging moments as a new clinician. One of the challenging moments was to manage the time I spend between clinical and administrative work. Therefore, I have learnt that it is crucial to prioritise the work so I can manage the time effectively.

Jonathan: In my previous work at a hospital, I worked with patients at end-of-life, providing music for patients in their final moments, sometimes with loved ones around and other times with no one else present. Witnessing death first hand while providing music requires humility, sensitivity, and emotional stability. Those moments taught me those and much much more.

Kai Wen: A challenging moment has always been trying to calibrate a treatment plan that is suitable for all the children with varying needs in a group setting. I think I have been learning to take things slowly and also have been reminding myself that as long as I do not give up in trying to help and continue to enjoy what I do, the children can essentially sense it and at least present themselves in a way that does not show that they are in discomfort.

Shuying: It was my first day of placement at a dementia ward. A patient held on tightly to my wrist, walked me in circles, and I did not know how to remove myself. My supervisor eventually found me, and showed me how I could use facial cues, verbal cues and gestural cues politely but firmly to end the interaction. This lady later became my first patient as a trainee, and I wrote my first student essay on the topic of touch in music therapy in dementia care.

4 How would you describe your philosophy of music therapy?

Camellia: Music is a friend to lean on.

Grace: I believe everyone, regardless of age or conditions, has an inborn ability to find meaning in the musical experience. However, clients may have conditions which limit their expressivity, responsiveness, and their ability to engage in music-making. Thus, therapists use musical skills to establish a therapeutic relationship and expand the client's musical range of expression to enable the client to experience all aspects of human emotional life.

Jonathan: I believe that everyone is musical and that every individual's music can be nurtured to foster health. And so, I adopt an eclectic music therapy approach that is grounded in humanistic, culture-centred, and music-centred theories.

Kai Wen: In life, connections are what people are constantly seeking for to feel safe and comfortable. I believe that music itself is an inexpensive and direct therapy to help connect between people and objects, thus providing a sense of familiarity and comfort to people, which is vital for a person's wellbeing.

Shuying: The way I have been supervised has been along a person-centred, psychodynamic and humanistic way, so I tend to operate in that model. I feel that I am "borrowing" from many sources of influence and am still evolving as I continue to read up, gain clinical experience, speak to people, and attend additional training. I look forward to having more certainty in declaring "my philosophy of music therapy" as I grow professionally!