



## First time in Singapore...

*The Bonny Method of Guided Imagery and Music (BMGIM) Level 1 training*

<http://singaporemusictherapy.blogspot.sg>

SUNDAY 26TH TO FRIDAY 31ST OCTOBER, 2014

This music-assisted transformational therapy offers persons the opportunity to integrate mental, emotional, physical, and spiritual aspects of themselves. Join us for a 6D5N residential training

retreat with master trainers from Music and Imagery Association of Australia, Prof. Grocke & Carolyn Van Dort, RMT. Open to music therapists, psychologists, counselors, and allied healthcare professionals.



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## MUSIC THERAPY DAY 2014

# Music Therapy Day2014

Save the date  
Sunday, May 11

## Musical Perspectives: In the Moment of Flow and Beyond

May 11, 2014 from 2:00 – 5:00pm., Library@Esplanade

Musical notes are often notated or played in black and white, yet they may sound a million colours in our minds. This year, music therapists have planned even more music-based activities for you. Come and experience the power of music in our lives, and you will know more what music therapists do.

Our music therapists will take you through their day in various work settings, e.g. special school, hospital, hospice, etc. Spend the afternoon with us and you may be surprised, even moved!

Free, no pre-registration required. All are welcome.

## EDITOR'S NOTE

Dear Readers,

This AMTS newsletter aims to provide information about music therapy to the general public, along with a summary of what we have done in the past year, our plans for this coming year, and various research nuggets.

In this issue you will find interviews from music therapists Angela Tsai and Katy Doyle, and MT student Kelly Loh has focused on a topic of interest - music and children's pain.

Thank you fellow music therapists for doing a magnificent job in your untiring efforts to raise our public profile and increase awareness.

Let's keep building  
towards a brighter  
future for MT in 2014!

Christal Chiang  
Editor





## DO YOU KNOW ABOUT US?

**What is Music Therapy?**  
Music therapy is the use of music to restore, maintain and/or improve health and well-being, as well as to cope with disability and disease.

**Who benefits from Music Therapy?**  
From prematurely-born infants to elderly. No music background is required for participation in sessions.

**Who are Music Therapists?**  
Music therapists are credentialed professionals trained to assess suitability and to design music interventions to address functional objectives. As credentials vary from country to country, the following are recognized: MT-BC (U.S.A.), MTA (Canada), RMT (Australia), RMth (New Zealand), SRMT/HPC (U.K.).

**What is the Association for Music Therapy, Singapore (AMTS)?**  
AMTS, formed by a group of professional music therapists, seeks to raise public awareness of music therapy as an allied healthcare profession with a Code of Ethics and Standards of Clinical Practice.

**What about the Music?**  
Music Therapists use client-preferred music, so any type of music may be used and is usually provided live. The focus is on the process and relationship rather than on performance.

**Is there scientific basis to Music Therapy?**  
Yes, MT is supported by quantitative and qualitative research, including randomized controlled trials (RCT). There is ongoing international research with

music therapists publishing in scholarly journals, including the Cochrane Collaboration. This 'gold standard's used in western medicine to collect clinical evidence through randomised control trials, e.g. effects of prescription drugs, and is not easily transplanted and applied to humanistic, clinical practice.

**For more information, or interested in music therapy as a career, please email us at [musictherapy.sg@gmail.com](mailto:musictherapy.sg@gmail.com). Scan the QR code to visit us online at [singaporemusictherapywordpress.com](http://singaporemusictherapywordpress.com)**



## UP CLOSE AND PERSONAL WITH NEW MUSIC THERAPISTS ANGELA TSAI (AT) & KATY DOYLE (KD)

**What drew you to Music Therapy?**  
**(KD)** I have always had a passion for serving others. My parents cultivated that love of volunteering from young. I researched professions during my 3<sup>rd</sup> year at high school and stumbled upon "Music Therapy". What stuck with me was the profound definition of using individually prescribed music, administered by a qualified professional, for a variety of populations that evokes positive and measurable outcomes for nonmusical goals. I was inspired by the healing therapeutic relationship between client and therapist, cultivated by the medium of music - a perfect combination to build my career.

**(AT)** I was studying Biomedical Science in the UK at the time, and came across music therapy through reading. I couldn't see myself working in a lab all day, which lacks communication and interaction. So I thought of changing paths. I consulted my parents and with their blessings, I switched to complete my Bachelor of Music in Taiwan, then pursued a Masters in Music Therapy in the UK.

**What is the most inspiring moment in your MT journey?**  
**(KD)** It was during my clinical practicum placement at the University of Kansas, my client, a 25-year old adult male diagnosed with Down syndrome. He chose not to speak and primarily communicated through an augmentative device called a Dynavox. This device allowed him to type sentences or phrases and select pictures or icons to communicate.

One of his favorite applications was to practice expressing emotions. Each week, I would sing a phrase asking how he was feeling that day. With the help of a visual aid, he would select a 'feeling word' from a variety of faces that evoked or matched his current emotional state. (happy, sad, ecstatic, frustrated, etc.) Once the 'feeling word' and emotion was selected, my client would then echo the syllabic pattern that I rhythmically played on a djembe drum.



Several weeks into the clinical session, he selected the word 'ecstatic.' When played on the drum, I would simultaneously beat while clearly enunciating "ecs-tat-ic," asking him to listen and repeat. One morning, he not only mirrored the correct rhythmic pattern, but spoke. The complete joy and shock of his expression, left me speechless. I asked him to repeat and say "ecstatic," to which he complied. This memorable experience continues to foster my passion for music therapy as it provided the therapeutic tools for them to communicate independently and function in society.

**(AT)** An example of an inspiring moment was when a child who was unable to say two words together suddenly sang "good bye" during the Greeting song.

**What is the most challenging moment in your MT journey?**  
**(KD)** Not receiving my credentials at my first attempt at the board certification exam, which led me to question my capability as a music therapist after 5 years of training. My peers and family reminded me that we all have "difficult days." Encouraged, I began to study again, using real life applications and practiced good test taking habits. I passed the second time with flying colours, and have since been more willing to share my challenges with others.

**(AT)** I am working in an early intervention centre and the most challenging moment is facing and approaching autistic children with behavioral issues. I find it challenging to conduct group music therapy session when more than one client is having a tantrum. Some of these behaviours might be due to sensory issues, in that case, I will change my music activities, starting with small, quieter instruments, observing for a few weeks, then gradually bringing more instruments to the group.

**What is your area of interest in MT, and why?**  
**(KD)** My populations of interest are children with developmental disabilities. I strongly believe that music can positively and effectively teach these little minds. The sheer delight on the children's faces is contagious when I use my guitar and tambourine during a session. I believe that music, at this age, provides a positive outlet for expression and learning. I am interested in implementing music therapy in the early intervention centre because I believe in giving kids the tools to grow up and function in mainstream society, and developing their individual voices.

**(AT)** I like working with special needs children because I like children a lot and they love to explore different things. I am very interested in Neurologic Music Therapy (NMT), that's why I have attended the NMT Training taught by Dr. Michael Thaut in Japan last year. In the past, I did a lot of musical improvisation during MT sessions, but after the training, I started to apply NMT approach too.



## OUR MUSIC THERAPISTS ARE SERVING IN...

**Mental Health**  
Serving individuals with schizophrenia, personality disorder, depression, bipolar disorder, etc  
• Singapore Association for Mental Health

**Education**  
Targeting music students from Nanyang Academy of Fine Arts

**SCHOOLS**  
Serving individuals with Autism, Multiple disabilities, etc  
• Rainbow Centre - Margaret Drive School, Yishun Park School  
• St Andrew's Autism Centre  
• AWWA School  
• Thye Hua Kwan EIPIC Centres at Tampines, Woodlands and Ang Mo Kio  
• THK Children's Therapy Centre

**HOSPITALS**  
Serving patients in NICU, special care nursery, women with complicated pregnancies; children with hearing impairments, hospitalized children; in neuro-rehabilitation, patients with stroke, Parkinson's Disease and Dementia; patients with cancer, heart disease; Palliative and Hospice Care, to name a few.  
• Singapore General Hospital  
• KK Women's and Children's Hospital  
• St. Andrew's Community Hospital  
• Dover Park Hospice  
• Khoo Teck Puat Hospital

## POST EVENT REPORT - MUSIC THERAPY DAY 2013

**O**n April 14, 2013, AMTS held the 4th Annual Music Therapy Day at the library@Esplanade. The theme was "Music Therapy Day – Music Therapy as a Career". The event was a great success with 100 people in attendance. The audience participated in various music-based activities as local music therapists shared about their work in different settings.



**Music  
Therapy  
Day2013**

### Photo captions

- (1) Christal & Ashley sharing about MT in hospital
- (2) Stacey opening the event with her classical guitar quartet
- (3) Sophie, Angela, Christal, Germaine, Ashley, Jacqueline, Wang Feng, Stacey, Melanie, Hui Min, and Evelyn



## MAKING A DIFFERENCE, ONE SONG AT A TIME

Only one profession pairs the musical skills of highly trained therapists to work with vulnerable children and adults, even beyond the core rehabilitation window of traditional therapies.

Within music lies the potential to connect with melody and harmony beyond words. Through music, one can bridge the confines of disability and disease, access states of creativity, flow and wellbeing.

Since 2007, the handfuls of local music therapists, along with our international partners, have with quiet passion made a difference in thousands of lives. Whether in Oslo, Norway, or Perth, Australia, the skills of music therapists in facilitating

therapeutic relationships have improved the quality of lives and enabled the musicality of special populations to ring out, validating the cries of disability, depression and disengagement.

American music therapist Cathy Knoll concisely summed up, "the best advertising is superior work." As a team, we will continue to build on the brick Ms. Louisa Cheng had first laid in the 1960s.

The chorus is building - looking ahead in 2014: several papers have been accepted at the World Congress of Music Therapy in Krems, Vienna and at the International Association of Music and Medicine in Toronto, Canada.

### Highlights:

- Dr. Cheryl Dileo has been invited as a speaker to our local Palliative Care Conference in June,
- Dr. Denise Grocke and Carolyn Van Dort will be launching the Level I training for the Bonny Method of Guided Imagery in Music this October.

In addition, other world-renown experts have expressed interest in sharing locally whilst lecturing around the region.

Melanie Kwan  
President - AMTS



## PEDIATRIC PAIN MANAGEMENT BY KELLY LOH, MT STUDENT

The continuous fear of painful procedures and the actual experience of pain make hospitalization a stressful and even traumatizing event for the hospitalized child. Perception of pain can be due to cognitive-developmental, emotional, spiritual and sociocultural factors, and may result in feelings of vulnerability, loss of control, anxiety, depression and withdrawal for the hospitalized child. Pediatric patients who may benefit from music therapy include patients undergoing procedural and postsurgical pain, patients with sickle cell disease, cystic fibrosis, cancer-related pain and trauma-related pain such as accidents, burns, abuse and violence (Bradt, 2013).

Music therapy interventions in pain management include receptive music therapy, music-guided imagery, music entrainment, compositional and improvisational music therapy. Music has been described as a distraction, a relaxing agent, a mood enhancer, a provider of

overriding sensory stimuli, and a mental escape. Receptive music therapy involves the use of music listening to help the child maintain a prolonged focus away from the pain. In a music-assisted relaxation, the child learns to use music purposefully to promote relaxation, facilitate sedation, and decrease pain (Bradt, 2013). Improvisation utilizes music making to actively engage the child with his/her surroundings in a playful manner to restore a sense of control, mastery, and even normalcy. A child may feel helpless in the hospital environment, resulting in dependent behaviours, active music making transforms the child into a "doer," enabling the child to experience the benefits of active engagement. The music therapist can help the child transfer this to contexts outside of the music therapy session (Nolan, 1997).

Pain assists us in avoiding physical harm, but unrelieved pain may be inherently harmful both psychologically and physiologically. Failure to intervene early in children's pain may lead to

impairment in functioning and disruption in families. Unaddressed pain heightens anxiety and fear, which, in turn, increases perception of pain (Gerik, 2005). By taking charge of some of the factors contributing to a painful experience, children may learn to re-conceptualize the pain experience as one they can partly control.

*Bradt, J. (2013). Guidelines for music therapy practice in pediatric care: Pain management with children. (Vol. 2, pp. 15-65). NH, USA: Barcelona Publishers.*

*Gerik, S. (2005). Pain Management in Children: Developmental Considerations and Mind-body Therapies. Southern Medical Journal. Vol 98(3), pp 295-302.*

*Nolan, P. (1997). Music therapy in the pediatric pain experience: Theory, practice and research at Allegheny University of the Health Sciences. In J. V. Loewy (Ed.), Music therapy and pediatric pain (pp. 57-68). Cherry Hill, NJ: Jeffrey Books.*



To read the full article, visit our AMTS website.

## MUSIC THERAPY SEMINAR - ACADEMY OF CERTIFIED COUNSELLORS



AMTS founding President, Ms. Ng Wang Feng will be conducting two seminars, in conjunction with the Academy of Certified Counsellors.

These seminars will be held on Saturdays, May 17th and November 22nd, from 9:30 a.m. to 1:30 p.m. Participants will discover the wide applications of MT

with selected client populations and the local music therapy scene.

For more information, visit [www.certifiedcounsellors.org](http://www.certifiedcounsellors.org). Scroll to the bottom for "music therapy seminar".

