

Music Therapy Service

For people with profound and multiple disabilities, learning difficulties or related needs.



Aims of Music Therapy

Communication:

- Progress, whether non-verbal or verbal.
- Learning to listen and be listened to.
- Gaining confidence to use one's own abilities to the best effect in order to make rewarding relationships and friendships with others.

Social:

- Increasing awareness and tolerance of others.
- Learning how to relate positively to others in a group or individually.
- Opportunities to experience sharing, taking turns, being in charge, accepting leadership from others.

Emotional:

Developing a positive and creative means of expressing feeling that cannot be put into words. This work may particularly support people who have experienced bereavement, anxiety, abuse or people with emotional disturbance or challenging behaviour.

Personal Growth:

Developing individuality, self-awareness, motivation, confidence, initiative, creativity and choice.

Developmental Work:

Promoting stages of development at appropriate levels, e.g. auditory, tactile, visual awareness; reaching, grasping, manipulation of instruments; attention, concentration and memory.

"Having seen and heard what can be achieved, I'm a convert." *Social Worker*

Why Music?



The ability to appreciate and respond to music is an inborn quality in human beings. Music therapists use the power of music to make contact with different people to help them overcome their difficulties and to draw out their potential. Because many parts of the brain are used when someone is involved in making music, it can be used to achieve a variety of non-musical treatment aims, according to the needs of each individual.

“Before my daughter had music therapy, she was often locked away in her own world. Music therapy was the key that fitted the lock.” Parent

How does it work?

In music therapy, spontaneous, interactive music making is used as a way of communicating. People are encouraged to experiment with accessible percussion instruments, and to use their voices. The music therapist establishes contact musically, by responding to and supporting their sounds.

Who is music therapy for?

People are normally referred to music therapy because they are finding it difficult to cope, or are withdrawn, or because they need additional help to reach their potential. A measure of success is when a person uses their new found skills and confidence to relate better to other people, or is able to make fuller use of the opportunities available to them.

Professional standards

All our music therapists are qualified and are registered with the Health and Care Professions Council.

If you would like to make a referral, or buy in music therapy for your service, email info@parityfordisability.org.uk or call 01252 375581.

www.parityfordisability.org.uk

Parity for Disability is a Registered Charity No. 1071571

The Service We Provide

Parity's Music Therapy Service was set up in November 1990. We have a small team of qualified, registered music therapists. These therapists work within Parity's day services, on sessional contracts with other organisations, and take referrals for individual or group work.

Referral

When someone is referred to the Music Therapy Service we will take basic information over the telephone and discuss reasons for referral.

A music therapist will meet with the parent or carer, as appropriate, to discuss the needs of the individual(s) in more detail. In the case of an individual referring themselves, an initial consultation will be arranged.

Assessment

The purpose of the assessment is for the parent/carer or client and the music therapist to see whether music therapy may be useful, and what the goals of music therapy might be.

Normally our assessment process includes a preliminary meeting, two music therapy sessions and a report. Where someone refers themselves for music therapy, they can agree an appropriate assessment / trial period, and how they would like to review it, with the music therapist.

The preliminary meeting is an opportunity for the therapist to find out more about the person being referred. This is likely to include their strengths and the areas where they may need help, how they communicate, and any approaches that have been found to be useful. Reasons for referral may also be discussed in more detail.

In the music therapy sessions the person will have the opportunity to explore the instruments and room, and to engage with the therapist through music. The therapist may try different musical approaches.

The report will summarise the discussion and reasons for referral. It will include observations about how the person engaged with the music therapy sessions, particularly in relation to the reasons for referral. It will make recommendations for future music therapy treatment if appropriate.

If it is felt that music therapy can be beneficial, the music therapist will recommend aims and objectives for the individual(s). These will be based upon the original reasons for referral and upon the therapists observations made during the assessment period.

Treatment

Music Therapy sessions are normally weekly. They are held in the same place and at the same time so that they are predictable, and so that the person receiving music therapy can focus on how they use the sessions rather than on worrying about the arrangements.

The length of treatment varies from person to person, depending on how long it takes to address the reasons for referral. We normally maintain an ongoing dialogue and review with the client and /or the person who referred them, to discuss progress and developments and to decide when music therapy has achieved what we set out to achieve.

Who Pays for Music Therapy?

There is a charge for music therapy sessions. Up to date prices can be obtained from the Parity office.

Some people have been able to secure grants from Trusts. Occasionally, GPs or other statutory services have funded music therapy sessions. Where no other sources of funding are available, we are sometimes able to offer subsidised places to families to make music therapy affordable. This is dependant on funds being available. If you would like to know more, do ask the music therapist when you enquire about the service.

Monitoring

Our music therapists keep ongoing records of all work carried out and are constantly evaluating and adapting the work as necessary for each individual. All therapists receive regular professional clinical supervision to assist this process.

Review

We will provide reports at least annually. However, they may be more frequent if appropriate. We prefer to tie these in with the client's own multidisciplinary review.

We also believe in ongoing dialogue and review with the individual and/or others involved in their care. We believe this leads to the best quality and most highly focused work.

What information does the music therapist need?

As professionals working in the field of health, music therapists believe it is important to function as part of the team. There is no benefit to the client if everyone is doing their own thing and effectively pulling him or her in different directions. In community-based work, this may be difficult, as the team may be a variety of workers and professionals coming in from different sources. The following are guidelines to overcome this as far as possible.



When a client is referred for music therapy

The music therapist will ask you about

- the client's personal and family history
- the other services and treatments being received by the client, and who to contact for further information
- what programmes are already in place and progress that has been made with these
- what medication the client is taking so that any side-effects can be taken into consideration.

These enable the therapist to make informed decisions about how to proceed with the treatment in therapy.

When a client is receiving music therapy

Once a client is receiving music therapy, the therapist should be:

- involved in reviews of client's progress.
- consulted/informed when decisions are being made to involve new professionals, treatments or programmes. The therapist may be able to make recommendations and/or provide relevant information from the work being done in music therapy.
- kept up to date with developments or changes in the client's other treatments or programmes
- kept up to date with general observations of the client's progress.

Again, this information helps the music therapist to monitor the progress of the client in music therapy, to make informed decisions about how to proceed, and to maintain productive dialogue with others involved in the care and treatment of the client.

What facilities and conditions are needed for music therapy?

Certain conditions are laid down in the contract relating to the arrangements needed for music therapy to take place. These have been designed to enable the music therapist to work most effectively and therefore to ensure that you receive the best quality service.

In music therapy, emphasis is placed on the development of a trusting relationship between the client and therapist. If the client feels that music therapy is a safe, predictable place to be, he or she is more likely to be able to use the time to experiment with and explore things that he or she finds difficult. Therefore:

- The session will be held in the same place, at the same time and for the same length of time every week. This gives the client the safety of a familiar routine so that they know what to expect and can concentrate on the variations within the session.
- The client will be given two or three weeks notice of any changes to this routine so that it does not take him or her by surprise. Obviously some circumstances are unavoidable, such as illness. However, family or carers can give a great deal of support by ensuring that the music therapist has plenty of warning of holidays, for example, and also by making sure that outings, dental appointments etc. are not arranged to clash with the therapy session. This ensures maximum continuity.
- It is important that the music therapy session is not interrupted or disturbed while it is in progress. The music therapist will be working to create an atmosphere in which both the client and therapist can feel secure in working towards areas that may be difficult or sensitive for the client.



Music Therapy Case Studies

Richard

Richard attended a day centre for adults with learning disabilities. Although well-meaning, he was described as having difficulties adjusting to sharing and taking other people's needs into consideration. This often led to frustration and sometimes to violent outbursts. It prevented him from getting the most from his relationships and from the opportunities available to him at the centre.

Richard attended a music therapy group for two years. The sessions were set up to balance opportunities for individuals to introduce their own ideas with periods when they were expected to work within the group framework. Richard responded well to this approach. Being valued for the particular ideas he brought to the group seemed to enable him to conform more at other times.

As Richard became more comfortable in the group, he began to experiment with sounds and styles of playing initiated by other people, and to enjoy the humour in turn-taking activities. Emphasis was also put on negotiation and democracy. Conflict was avoided by framing requests with, "Do you mind....?" Richard took great pleasure in articulating his consent. He learned that he would always get a turn to have his own choices.

After two years, Richard was happy to take part in activities that others suggested. Outside the group, his keyworker noted how much more comfortably Richard worked within other situations at the centre, and that he appeared more tolerant of others generally.

Oscar

Oscar was a child with learning disabilities and autism. He had many skills, but tended to operate independently. He had difficulties knowing how to play with other people and he never made jokes.

In one-to-one music therapy, Oscar explored all the instruments on his own terms and resisted many of therapist's attempts to join in. However, over a period of months, simple games developed between Oscar and the therapist. He began to make jokes, playing unexpected sounds and looking at the therapist, laughing. Oscar was discovering the pleasure of playing music with someone else. In the process he was laying the foundation for making future relationships.

Alison

Alison was a teenager with multiple disabilities. For the first couple of years in her music therapy, Alison developed practical skills such as reaching, grasping and manipulating instruments, and using her voice. Seeing and hearing the effect she was able to have on the therapist's sounds, and the sounds they made together, was a great incentive for Alison. She enjoyed having control over choices of instruments and timing of sounds.

As Alison moved into adolescence, she was able to use these skills and the confidence she had gained to experiment with independence. For example, she enjoyed choosing silence for the short periods - smiling broadly when the therapist stopped playing too! She also began to learn how to use her skills to communicate her feelings. Having no verbal language, she was able to use her music to express a range of feelings, from joy to sadness. Being able to share these with the therapist gave her a valuable outlet at a time of life that is emotionally turbulent for most people.