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# ARTISTIC MUSIC THERAPY

A Multi-Expressive Approach to Improvisation

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# INTRODUCTION

## MY IDENTITY INFORMS MY WORK



I come to music therapy as a composer, poet, and textile artist. My conception of music is intrinsically linked with other artistic modalities. I hear music as colors and shapes and feel it kinesthetically as gestures moving through space. When I compose a new work, I start with a gestalt sense of the piece, which I express through drawings and movements long before I find the notes and rhythms. Coming from this perspective, it is hard for me to separate music from other artistic modalities.

I am deeply aware that creative arts therapists working in different modalities come to their practice with specialized training, and I only have that training in the modality of music. I also know that working with multiple artistic modalities can deepen insight and develop problem solving skills through both the different perspectives they provide and through the different paths they take in our brains. In order to best serve my clients, I want to be able to draw on these resources in my music therapy practice.

In this presentation, I will discuss different ways that creative arts therapies have been used crossmodally, especially in practice at SEH. I will also discuss the ethical implications of engaging in multimodal work as a solo practitioner. Finally, I will discuss my initial ideas about a protocol for music therapy practice that draws on other modalities yet remains firmly grounded as music therapy, which I plan to explore and develop through further research.



# CREATIVITY

- Creative activity is therapeutic because “the arts help both to express and to contain otherwise overwhelming emotions.” (Carey, 2006)
- The act of creativity enhances self-efficacy and increases the sense of well-being (Lange, Leonhard, Gruber, & Koch, 2017)
- Although some studies posit shared neurological vulnerability between creativity and psychopathology, they also find that engagement in creative activities increases protective factors (Carson, 2011)
- “Transforming the individual's destructive patterns into creative ones is more important than normalization or reaching a standardized set of achievements” (Albornoz, 2016)

Creativity is tied to health. Creative arts modalities provide an opportunity for individuals to change destructive patterns to creative patterns.

(The question of creativity is one that I would like to revisit; it is a topic I have researched from many different angles, particularly in relation to gender socialization and the ways that concept of creativity changes across cultures; these are both considerations for how to use creative activities in music therapy.)

# WHAT ARE CREATIVE ARTS THERAPIES?

- Music Therapy
- Art Therapy
- Dance/Movement Therapy
- Bibliotherapy
- Drama Therapy

They are sometimes called Expressive Arts Therapies because they encourage and provide an opportunity for self-expression

This presentation will focus on music therapy, art therapy, and dance/movement therapy because they are the modalities used at Saint Elizabeths. My primary focus will be on music therapy, since that is my area of practice.



## COMMONALITY AMONG CREATIVE ARTS THERAPIES

- Focus on non-verbal interactions
- Focus on relationship between therapist and IIC
- Focus on self-expression and self-efficacy
- Help individuals construct selfhood as an artist rather than as an ill person; they move identity from that of disability to ability (Sharma, 2014)

The focus on non-verbal interactions is critical. Many people who have experienced trauma can't express it in words; in some cases, they have been told by their abuser not to tell anyone. Being able to express something nonverbally may make it possible to express it verbally later. People with cognitive challenges may not have words to express their experience but can express themselves through a different modality. Non-verbal interactions also help prevent people from over-intellectualizing.

The therapeutic relationship is also critical. Most of the research that I read concluded that the therapeutic relationship seemed to be one of the most important, if not the most important element of therapy.

Enhancing self-efficacy and personhood are important to maintain engagement in treatment; they are also essential to quality of life.



## DIFFERENCES AND SIMILARITIES AMONG ARTISTIC MODES AND INTERVENTIONS

- Music and Dance are diachronic
- Art and Dance are spatial
- Art will almost always result in an artefact
- Dance and Music may exist only in the moment
- Art is primarily visual
- Music is primarily auditory
- Dance is primarily kinesthetic

This is not an exhaustive list. I tried to include some of what seem to be critical factors. For example, the organization through time in music and dance is very important because it seems to help people with thought disorders become more organized.

Art results in an artefact; this can provide a concrete reminder of the experience or of progress toward a goal. Music and dance only exist in the moment. This is true even if you are creating a musical composition; whatever is written down is not the music but only a map; the music itself exists only in time. A recording of a piece of music is an artefact in a sense, but it still needs to be heard to exist as music.

It's also important that they engage different senses, and move through different pathways in the brain.

## EFFECTIVENESS OF CREATIVE ARTS THERAPIES

- Reduce symptoms of PTSD (Baker, Metcalf, Varker, & O'Donnell, 2017)
- Reduce negative and positive symptoms of SSD (Lu, et al, 2013)
- Increase motivation and engagement in treatment among psychiatric inpatients (Gold, et al, 2013)
- Increase agency and self efficacy (Solli & Rolvsjord, 2015)
- Support a recovery model of mental health care through emphasis on strengths and resources (McCaffrey, Edwards, & Fannon, 2011)
- Increase quality of life (Grocke, Bloch, & Castle, 2008)
- "Health is what we do in the face of a disease or disorder" (MacDonald, 2015)

Many studies have been made about the effectiveness of creative arts therapies; more so in music therapy and least in dance/movement therapy. There are problems with the studies that are inherent in the fact that these kinds of therapy are both art and therapy (which also creates some difficulties for getting funding, as they straddle the line between humanities and sciences). This creates challenges in structuring quantitative studies, so most of studies are qualitative, mixed, or case studies. This being acknowledged, studies still support the efficacy of the creative arts therapies.

There are not enough studies about how the different therapies work; brain scan research is still new, so we don't really understand yet why or how certain modalities work.

The creative arts therapies are especially important in a recovery model of mental health care, which is practiced at SEH, because they emphasize strengths and resources.



## CHOOSING A MODALITY

- Each modality offers clients a different perspective on creative problem-solving
- Individuals in care are sometimes more responsive to one modality rather than another
- This may be related to the different pathways each modality has in the brain and body
- Self-defined interest and comfort level may not always be the best reason for providing a particular modality; discomfort can encourage growth

Fenwick, 2012

Assessments consider what modality would best suit an individual in care. Although we don't understand why, it does seem that certain modalities are more effective for certain individuals. Although it is important to take into consideration the personal preferences of individuals in care, it is also important to consider that they may receive more therapeutic benefit from a modality that may cause them a certain level of discomfort. For example, dance/movement therapy seems to be very helpful for working with trauma because trauma becomes embodied; however, an individual with an experience of trauma may be dissociated from the body and may say they don't want to do movement therapy, even though this may be the modality that would be most beneficial.





## CROSS-MODAL APPLICATIONS

- Combining modalities can increase therapeutic effectiveness
  - Combining art and music increases therapeutic efficacy in the treatment of trauma (Green, 2011)
  - Combining art and music is more effective because they have similar theoretical orientations but art is spatial and music is diachronic (Pérez Eizaguirre & Fernández Company, 2015)
  - Combining music, song, poetry, art, and dance is therapeutically transformative and empowering (Hearns, 2009)
  - Combining dance and music increases communication and body-centeredness (Jeppe, 2006)
  - Combining art and dance increases awareness and fosters change (Wittig & Davis, 2012)

Studies suggest that combining two or more artistic modalities in treatment may increase effectiveness of treatment. Most of the articles described cross-modal work including two modalities, although some case studies do combine multiple modalities.

Combining modalities that have a similar theoretical orientation but that have different spatial or diachronic elements may be more effective.

## CROSS-MODAL MODELS IN MUSIC THERAPY

- Nordoff-Robbins Creative Music Therapy: Music & Drama
- Analytical Music Therapy (Priestley): Music & Words (Evocative Titles)
- Experimental Improvisation Therapy (Riordan & Bruscia): Music & Dance
- Orff-based therapies: Music, Art, Movement, Drama
- Paraverbal Therapy (Heimlich): Speech, Music, Mime, Movement, Psychodrama, Painting, Drawing
- Musical Psychodrama (Moreno): Music & Drama
- Integrative Creative Arts Therapy: Poetry, Music, and Art
- Hip Hop Therapy: Music, Poetry, Dance
- Artistic Music Therapy (MAR) (Albornoz): Music, Art, Dance/Movement, Poetry, Drama, Performance
- GIM: Drawing & Music Imagery

As a music therapist, I am looking primarily at cross-modal applications in music therapy. These are some examples of models that have been used by others. The model that has been most influential on me is Albornoz's model or Artistic Music Therapy, which moves back and forth between music and movement, music and art, but always coming back to the music. I am particularly interested in her emphasis on including performance as the final stage of therapy. She considers this to be important both for the individual and for the community. For the individual, it provides an opportunity to acknowledge things they may have done because of their illness that have affected others. For the community, it is an opportunity to gain understanding about mental illness. Her model is informed by a social justice perspective.



## CROSS-MODAL GROUPS AT SEH

- Art and Music Emotional Regulation (Pre Trial TLC and Unit-based groups)
  - Groups are co-led by an Art Therapist and a Music Therapist
- Music and Women's Issues (Stepping Stones)
  - Group is co-led by a Dance/Movement Therapist and a Music Therapist
- Art and Dance/Movement groups that use music
- Music groups that create videos or use movement

At SEH there are two kinds of cross-modal groups: those that have co-leaders from different modalities, and those that are led by a single therapist. All of the Art & Music groups, both those on residential units and those in the treatment malls, focus on emotional regulation. There is one dance/movement and music group that focuses on women's issues.

In addition, many art therapy groups use music as a way of creating a space, and many dance/movement groups use music. Some music groups, such as relaxation, use movement, and some music groups create videos, which is a visual arts modality.



# CONVERSATIONS WITH SEVEN CREATIVE ARTS THERAPISTS AT SEH

3 Music Therapists

3 Art Therapists

1 Dance/Movement Therapist

I had the opportunity to observe a variety of cross modal groups as well as dance/movement and art therapy groups. I was also able to have conversations with seven of the creative arts therapists at SEH. Following is a summary of what I found.

## STRENGTHS OF CROSS-MODAL WORK

- Cross-modal work enhances therapeutic effectiveness (7)
  - Different mediums target the brain in different ways
  - Different modalities are complementary, and a stronger dose of treatment
  - The whole is greater than the sum of the parts
  - Helps IICs explore a topic in a multifaceted way; deepens experience
  - Combination of listening and tactile experience helps decrease distractions from internal stimuli
- The presence of two providers is beneficial for IICs (3)
  - Different perspectives and styles
  - Continuity of care
  - Higher level of support for IICs
  - Therapists may observe different things
- Gives IICs the opportunity to try a different modality (3)
  - Increases their tools and resources
  - Increases possibility of participation

Significantly, all seven of therapists I talked with felt that cross-modal work enhances therapeutic effectiveness because they are complementary; they affect different areas of the brain; the combination of sensory experiences can help decrease distraction from internal stimuli. Three also mentioned the importance of having two providers in a group, in some cases because of being trained in different modalities and in some cases just because two therapists can provide more support for the group. Three mentioned the importance of providing an opportunity for individuals in care to try a different modality. Since group attendance is never mandatory, this is an important way to increase the possibility of participation by individuals who might otherwise never consider a certain kind of group.

## CHALLENGES OF CROSS-MODAL WORK

- Challenges not related to cross-modal work:
  - Co-facilitators may have problems communicating or may compete with each other (4)
  - Systemic challenge of needing two operators instead of one (1)
- Challenges related to cross-modal work:
  - Facilitators may not have experience with another modality and may not understand or recognize possible triggers (1)
  - Need to learn about the other modality (1)
- As a group leader working alone:
  - May not know what material or music is appropriate for group (1)

Some challenges were not related to cross-modal work, but rather to working out the dynamics of co-facilitation. Challenges related to cross-modal work were about the necessity of learning enough about another modality to be able to recognize possible triggers or to know what to look for. For group leaders working alone, the primary challenge was knowing what material or music would be appropriate for the group, which I will discuss later.

# PLANNING/INTEGRATION/BALANCE

- Primary Modality
  - Shifts between art and music depending on the needs of the group (4)
  - Art may feel primary because the means of engagement is active (2) while the music is receptive
  - The space for emotional regulation that is created by art and music together (1)
- Special role of music
  - Music works better cross-modally because it holds space through sound rather than physicality, so it complements the sensory experiences of art and dance/movement (1)
  - Music is a universal language and can reach people more (1)
  - Music is the foundation, then movement is added (1)
  - Music helps provide a container (1)

When I initially visited the Art and Music Emotional Regulation groups, it seemed like art was forefront—it's an activity, it takes a lot of space—while music seemed to be background, so I was curious to see how the co-facilitators perceived the balance between the modalities. What I found was the balance varies depending on the needs of the group. One interesting response commented that the primary modality is the space for emotional regulation that is created by the art and music together.

Another thing that came out through this part of the conversations is that music has a unique and special role. Music is more present in most people's everyday lives than the other modalities. Some practitioners commented that it is the foundation, that it provides the container, that it is a universal language. It is perceived to work better cross-modally with both art and dance/movement because it holds space through sound rather than physicality, so it complements the other modalities in a way that they don't complement each other.

## MATERIALS

- Choice of materials depends on goals and needs of group
  - Different art materials affect emotional or cognitive experience
  - Choice of music might be informed by type of art being done
- Not comfortable using music with lyrics in groups
- Allowing clients to choose songs:
  - Sometimes not having a choice is what is needed (1)
  - Allowing client choice provides an opportunity for them to create a space for themselves (1)
  - Therapist might suggest a theme or set some limitation on song choices (2)
  - Tries not to censor but may talk about inappropriate songs afterwards (2)
  - Allowing client choices helps develop therapeutic relationship
- When individuals have a negative reaction to another's song choice
  - Address it as part of learning to be in a group (3)
  - Ask individual about to talk about their discomfort

Choice of materials depends on the needs of the group. For example, certain kinds of visual arts materials encourage self-expression, but may decrease self-regulation, such as more fluid materials such as paint. Other materials may increase cognitive function, such as pencil drawings. Working with an enclosed space, such as a circle, can help increase focus and self-regulation and decrease stress. Knowing what materials to use to work towards a specific goal is important.

Two art therapists mentioned that they worked with music therapists to create song lists to meet the goals of the group. One art therapist and the dance/movement therapist both allowed individuals in care to choose songs because it helps develop the therapeutic relationship.

Knowing this to be the case, I also asked how they managed the situation if a song choice triggered a negative reaction in another individual. Both therapists responded that they would ask the individual about their discomfort, and address it as part of learning to be in a group, but would not comment on the music itself.



## COMFORT LEVEL WITH ANOTHER MODALITY

- Not comfortable using other modalities because of therapeutic concerns (2)
  - Seeks advice from a therapist in that field to choose cross-modal materials (2)
- Not comfortable using other modalities because of personal discomfort (2)
- Comfortable with another modality through exposure to other therapists (1)
- Comfortable using other modalities for a specific goal or at request of IICs (1)
- Responses to a client who responds to material from a different modality

I also asked the therapists about their comfort level with another modality. This is important because it relates to the question of competency, which I will discuss when I look at ethical considerations. Two therapists felt uncomfortable because of therapeutic concerns and felt that they would always seek advice from a therapist in another modality if using cross-modal materials. Two therapists felt uncomfortable using movement because of their own discomfort with movement. One mentioned that she has become more comfortable with other modalities through exposure to other therapists, and that she feels comfortable using other modalities for a specific goal or at the request of individuals in care.

## ETHICAL IMPLICATIONS

Art, Music, and Dance/Movement Therapies are governed by Codes of Ethics that include language about not engaging in therapy beyond their scope of practice, experience, training, and education.

The American Music Therapy Association (AMTA) includes “music combined with other arts” and “movement to music” in its Scope of Music Therapy Practice.

The Codes of Ethics for The American Dance Therapy Association (ADTA), the American Music Therapy Association (AMTA), and the Art Therapy Credentials Board (ATCB) all include language about not engaging in therapy beyond one’s scope of practice, experience, training, and education. Although neither the ADTA nor the ATCB mentions other modalities, the AMTA includes “music combined with other arts” and “movement to music” in its Scope of Music Therapy Practice. This suggests that there is a greater expectation in AMTA that one might use other modalities.

## SEH THERAPISTS DISCUSS ETHICAL CONSIDERATIONS

- Therapists should not practice outside their area of expertise or competence (5)
- Don't use another modality in your group if you work with therapists in that modality; IICs are receiving benefits of that modality in other groups (1)
  - Using another modality might cause an employer not to hire another therapist (1)
- If a therapist wants to use another modality in their group, they should consult with an expert (4)
- MTs are supposed to be competent in facilitating movement and art, which includes knowing when to use it and when not to use it (1)
- Understand the difference between using another modality in group and doing therapy in that modality (2)
  - If using other modalities as augmentative, bring it back to your primary modality

Therapists at SEH also commented that one should not practice outside their area of expertise or competence. If they use another modality in their group, they should consult with an expert. One therapist commented that she doesn't think a therapist should use another modality in their group if they work with therapists in that modality, because individuals in care are already receiving benefits of that modality in those other groups. She also mentioned that using another modality might cause an employer not to hire another therapist.

Understanding the difference between using another modality in a group and doing therapy in that modality was also perceived as important; this included the idea that therapists should bring augmentative modalities back to their primary modality. One music therapist mentioned the required competency in facilitating movement and art, which includes understanding when to use it.



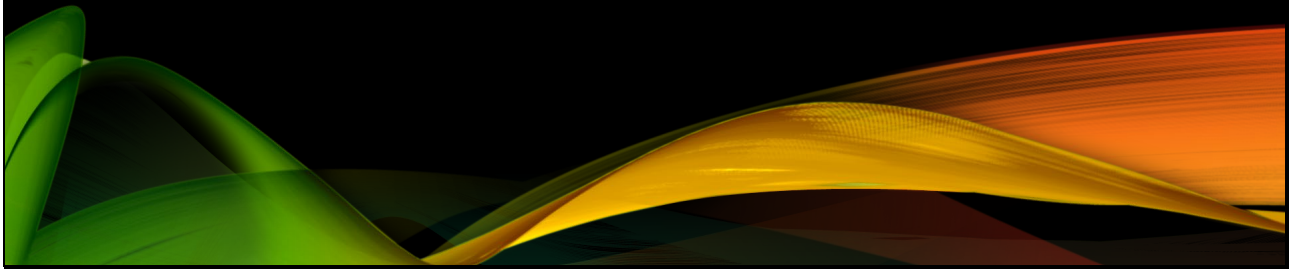
## SEH THERAPISTS DISCUSS ETHICAL CONSIDERATIONS

- Don't process other modalities (3)
  - This is especially important in working with psychiatric populations because you may not be aware of unconscious material in another modality
- Do ask IIC about their intention or reaction (3)
- You can respond within your own medium to what individuals share about their creation in another medium (1)
- If an individual is more responsive to a different modality, refer them to a therapist who works in that modality (1)

A significant difference between using another modality and doing therapy in the other modality is that one should not process material from other modalities. This was perceived to be especially important in working with psychiatric populations because a therapist may not be aware of unconscious material in another modality. A therapist can ask about an individual's response or intention in another medium and can respond within their own medium to what individuals share about their creation in another medium. If an individual is more responsive to a different modality, however, the therapist should refer them to a therapist who works in that modality.

# MULTI EXPRESSIVE IMPROVISATIONAL MUSIC THERAPY

Therapeutic Explorations at SEH





# THEORETICAL FOUNDATIONS

- Using different artistic modalities to express the same emotion gives clients different perspectives and reveals different aspects of the same emotion, which may help the client learn to deal with difficult emotions in creative ways.
- Using different modalities gives clients the opportunity to learn what methods of self-expression are most helpful for them.
- Different artistic modalities activate different pathways in the brain and the body; therefore, using more than one modality can foster change on multiple levels.
- I want my work to be ethical. Since I am a music therapist, this means that all other modalities will come out of or lead to music.

I come to my own work from the understanding that using different modalities can increase therapeutic effectiveness by engaging an individual in different kinds of problem solving or can help them understand an emotional process better by revealing different aspects of the same emotion. I therefore want to include other expressive modalities within my music therapy practice. At the same time, my work needs to be within ethical boundaries. I understand this to mean that all other modalities that I use will come out of or lead to music.

# MUSIC & WOMEN'S ISSUES (TRANSITIONAL)

Intervention:

Session 1: Draw a picture while listening to *The Lark Ascending* by Ralph Vaughan Williams

Session 2: As a group, discuss how you might use musical gestures to express the drawings. Based on ideas generated through the discussion, choose instruments and improvise a piece of music based on each individual's drawing

I did some cross-modal work with my Music & Women's Issues group. The intervention was designed to explore emotions and thoughts brought up by a piece of music that has a feeling of rising. I asked the individuals in the group to draw a picture while listening to several repetitions of *The Lark Ascending* by Ralph Vaughan Williams. I asked them to draw either what feelings were brought up in the music, or what they heard in the music. I demonstrated a few short examples of both kinds of drawing. I offered the individuals a choice of blank paper or of paper with a circle drawn on it. I provided a variety of markers, brush markers, pastels, and colored pencils.

In the second session, we talked about the drawing in relation to music—how they might express a certain color or shape in music; what instruments or gestures they would choose. Based on the ideas generated through the discussion, we improvised pieces of music based on each individual's drawing.



## PLANNING AND EXECUTING THE INTERVENTION

- IICs wanted to do an art and music session
- I consulted with art therapists about materials
- I chose the piece of music considering the group and the session length
- I chose to draw with them rather than watch them draw
- One of the group members was not present at the second session so she did not hear the piece of music the group improvised to her drawing

The individuals in care requested an art and music session, since they enjoy drawing to music. I wanted to make it a more integrated experience, so I planned the intervention to include an intentional relationship between the music and the artwork. I consulted with two art therapists, who recommended that I use a circle, which provides a more grounding experience. They also recommended drawing materials. I chose the piece of music for thematic content that would fit with group goals of empowerment. I also made sure that it was a short enough piece that we could listen to it several times. I chose to draw with them rather than watch them draw—although I also observed their responses during the session—because some members of the group can become paranoid if they feel they are being watched.

One of the group members was not present at the second session, so she did not hear the piece of music the group improvised from her drawing.





This is my own drawing from the session. I included it because the choice of colors and the shapes of lines were very similar with those of one of the individuals in the group. Her drawing included a single bird, which she pointed out to me at the end of group. When I told her the name of the piece, she was thrilled, and told other group leaders about the experience later in the day.

The experience of drawing together while listening to music deepened my therapeutic relationship with the group. The intimate experience of sitting around a table drawing together, and the music itself, created a safe space. The circles helped the group organize their thoughts (I didn't use a circle for my picture). One member of the group has a constant internal dialogue that she speaks aloud in undertone. During this group, her thoughts were more organized, and she made several coherent statements and questions. She did not draw but wrote words in different colors around and in the circle. In leading the improvisation about her piece, she described circles, and used gestures to direct the piece that included circular motions.

During our improvisational session, one of the women who usually did not play became very involved in playing with the group. Another member talked about her love of drawing and love of certain colors, as well as her love of the violin. We talked about what instruments we had that might capture some sense of her picture; she chose tone chimes.

The entire experience did have the effect of deepening the relationships within the group, as well as of deepening the experience of the feeling of the music.

# MUSIC AND SELF-EXPRESSION (TRANSITIONAL)

Creating compositions using movement and graphic notation

- Introducing categories of musical sound
  - color, dynamics, tempo, register, mode of production
- Improvisational compositions based on dynamic shapes
  - IICs directed the dynamic shapes through the size of their gestures
- Introducing graphic Notation
  - Accessible to non-musicians
- Drawing pieces on the board and then playing them

The Music & Self-Expression group does a lot of interventions involving improvisation and composition. In designing this intervention, I drew on my experience as an Artist in Education, during which I worked with groups of various ages in creating compositions. Since you're working with people who don't necessarily have musical knowledge, how can you approach composition in a way that maximizes their self-efficacy and choices? In my experience, drawing on different conceptions of music can be helpful in this case. The conception of music as melody and harmony is very common, but in some ways it can be less accessible, especially if the group is playing their compositions themselves.

Using a sound-based approach to music enhances creative thinking. A composition doesn't have to be permanent to be a composition; it just needs to be planned. Dynamics can be indicated by gesture size, which is a way of incorporating movement. But if you want to control more than one element at a time, you need to have a way to notate the shapes of the different elements.

Graphic notation is an accessible way to do so.



This is a much more complicated form of graphic notation. It uses colors, shapes, and line thicknesses to indicate how to play a piece. Colors might indicate an instrumental color or might indicate different parameters of the music. Thickness of line or size of a gesture could indicate dynamic changes. The spacing of ridges could show changes in tempo.

In our group, we used colored markers on the white board, which each color indicating a different parameter of music. The group made choices about the form of each component, and we drew them on the board. For example, one piece had the dynamic shape of a wedge, starting soft and ending loud, combined with instrumentation in an arch form (drums, shakers, drums). Different individuals took turns being the conductor who stood at the board directing the group through the piece. One individual who never joins in improvisations and often skips group enjoyed being the conductor and conducted several pieces.

The process increases self-efficacy and creative problem-solving skills.

# FUTURE CONSIDERATION

- Incorporating Expressive Movement
- Feminist Therapy Implications (Hadley, 2013; Hahna, 2013)
- Multicultural Therapy Implications (Sajani, 2011)
- Aesthetics (Samaritter, 2018)

In the future, I would like to address questions of aesthetics and how to incorporate expressive movement. Because my theoretical orientation is grounded in feminist therapy and multicultural therapy, I would also like to consider how cultural elements and gender role socialization affect uses of multi-modal music therapy.

## Q & A

Things I observed in the sessions: When I first observed an Art & Music Emotional Regulation group at the beginning on my internship, I was dismissive, and wondered how coloring to music could be therapeutic, since the art and music didn't seem to be integrated. Coming back to a group after nine months of being here, I realized what a safe space it was. Both the art and the music are holding containers, so the two of them combined make a doubly safe space for individuals to be in, in which they can develop therapeutic relationships and engage in decision making about materials and music.

Are there times you might choose not do cross-modal work? Sometimes the extra stimulus of cross-modal work would not be helpful, particularly in the case of someone whose thinking is very disorganized. So there may be times when you want to limit the options in order to create a more regulated space.

Did I observe any of the kinds of music therapy that I mentioned in the cross-modal music therapy slide? Not so much. What I saw was very relationship-based music therapy. I also found it helpful to work with three different therapists—because you know right away that you can develop your own style of therapy; you don't model yourself after one person. All the therapists here practice person-centered, humanistic music therapy, but with different ways of combining music with verbal processing. In the Women's group there was cross-modal work with video, but otherwise I didn't observe it.

Advice for people outside the creative arts, such as counselors, who want to incorporate create arts in their practice? For music, the AMTA website has some resources to guide people in choosing music for particular populations. Consult with experts about materials and activities. Always recognize that you're using art and music, not doing art or music therapy. As counselors, you always need to bring it back to your area of expertise, which is verbal processing.

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