

Music Therapy as a Career



music as therapy
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What is Music Therapy?

The British Association for Music Therapy gives the following definition: Music therapy is an established psychological clinical intervention, which is delivered by HCPC registered music therapists to help people whose lives have been affected by injury, illness or disability through supporting their psychological, emotional, cognitive, physical, communicative and social needs.

"Music Therapy is the use of sounds and music, within a developing relationship between the client and the therapist, to support and encourage physical, mental, emotional and social well-being"¹



Music therapists are professional standard musicians who have undertaken additional, specialist training. They work with clients individually or in groups, using a huge variety of music. The choice of music depends on the therapist's approach, what is appropriate to the client, what the client likes, their culture etc. However, most music therapists use instruments that can be played by everyone: Percussion instruments such as bells, cymbals, drums, xylophones and a large number of ethnic instruments. Whilst pre-recorded music and songs may be used, it is most common for the therapists and clients to use the instruments themselves and to use music that is created in the moment - to improvise.

¹ Bunt, L., 1994. *Music Therapy: An Art Beyond Words*. Routledge.

A Brief History and Overview

History

While music has been used for therapeutic purposes as far back as the ancient Greeks, the discipline in its current form arose in the 1940s and '50s.

In America in the 1940s, musicians were invited to a hospital for veterans of World War II and it was observed that those exposed to music regularly improved more quickly than others. Their depression lifted and their social skills improved; through music they found a safe way to express their emotions.

In England, the profession was founded by Juliette Alvin who saw the benefit of using music therapeutically with children with special needs in schools, and with adults in psychiatric hospitals. She set up the Professional Association of Music Therapy in the 1950s and the first formal training course in the 1960s.

Training

Students are generally required to be musicians of Grade 8 standard, with suitable personal skills & experience of working with people with special needs.

The courses vary, but can involve placements, psychological and medical studies (e.g., child development, disabilities, psychiatric conditions), counselling skills and musical skills. Music Therapy is also explored in theory and practice, by looking at theoretical models, different case studies and learning from others' experience.

Entry requirements

These vary from course to course (see page 15). The following requirements are a guide:

- One Honours degree (preferably in music)
- Graduates from different disciplines may be considered if they demonstrate sufficient musicianship at audition
- Grade 8 standard first study
- Grade 5 standard keyboard skills (possibly lower if your first study is a harmonic instrument)
- Experience of relevant client groups
- Personal skills suitable to working as a therapist

Personal Accounts

The following personal accounts have been written by music therapists at various stages of their careers, providing a variety of insights into their careers and experiences of both training and practicing.



ALEXIA QUIN

Qualified Music Therapist since 1998

When I was first looking into a career in music therapy, I contacted the British Society for Music Therapy. This organisation, which supported the development of music therapy in this country at that time, suggested I attended one of their introductory courses being held at the Nordoff-Robbins Music Therapy Centre in London.

There I heard different Music therapists talk about their work and saw videos of sessions taking place. In a break I found a music therapist to talk to, who advised me to try and obtain as much experience of different client groups as I could. I then set about spending all my school and university holidays volunteering in different places: I regularly babysat for children of all different ages, in this country and abroad. I joined a student team running a holiday scheme for deprived children. I spent my school work experience week in the music department of a boarding school for children with physical disabilities. I generally mucked in in the playroom of a children's cancer unit in a hospital.

Meanwhile I continued to develop my music. When I left school I had taken my Grade 8 flute and my Grade 7 piano exams, but I was an unconfident singer and was unsure about how to improvise. I went on to study music at Exeter University, where the degree course offered modules in Music Education, Music and Special Needs, Psychology of Music, Keyboard skills and even Music Therapy. Following my degree I applied to the postgraduate Music Therapy courses. Although I was young and not entirely sure of my musicianship, I was successful in gaining a place on the part-time course at Roehampton University. My musical skills seemed to be up to scratch, but I also had a lot of experience of working with different client groups by this point as well as having read widely about music therapy and taken every possible opportunity to meet and talk to practising music therapists.

My qualification took 2 years, by the end of which I had decided that I wanted to work in London with children. It took 12 months before a suitable job became available. Many jobs are part-time and mine began as one day a week.

As is often the way with jobs in music therapy, this job expanded to two days each week, working in two different schools. Following 9 months' maternity leave, I returned to working one day a week in a school for adolescents with severe learning disabilities.

I was particularly fortunate to find a job within an established NHS music therapy department, which meant I was eligible for benefits such as paid maternity leave. Another perk was that my mandatory supervision was provided by my employer. Perhaps the greatest bonus of being part of this team though is that there are thirteen music therapists employed by the NHS in my borough, and so I have colleagues to turn to for advice and support.

This was particularly important when I first started – working as a music therapist was much more isolating and challenging than I had really anticipated! – but peer supervision is something I still rely heavily on for helping me make sense of my clients and my role.