MUSic, performing and creative Arts professions involved in healthcare:

a portal for VET promotion and mutual recognition of profiles

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" Focus on music therapist professional profile"

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Who is the musictherapist?

A Music Therapist is a licensed therapist who uses music to treat adults & children with psychiatric disorders, mental retardation and developmental disabilities, speech and hearing impairments, physical disabilities, and neurological impairments, and other disorders.

Used music and its therapeutic qualities in health promotion, prevention, medical treatment, psychological, pedagogical, rehabilitation, recreation and education in a planned and systematic method in health care, social assistance and rehabilitation, general education, special, music, recreational facilities, sports, prisons; supports the development of patient / client; corrects, compensates for the disorder and develops creativity, improves health and improves quality of life.

Music therapists should have a deep understanding of human psychology and knowledge of the principles and methods of therapy and counseling. They also need to possess powerful communication skills; this is mostly employed in listening to the client, attempting to fully understand, and not interrupting. Music therapists can specifically achieve communication through musical elements. Music therapists should have knowledge of a wide variety of music history and the power of musical elements. They must also be able to play and perform on many different types of musical instruments. Additionally, music therapists must possess empathy, compassion, imagination, and patience.

What does the musictherapist?

Professional tasks:

- make diagnosis of the patient / client with emotional disorders, neuroses for music therapy using the documentation of diagnoses made by other constituent experts: a doctor, a speech therapist, teacher, psychologist, psychotherapist, and the opinions of parents and teachers;
- negotiating one's own practices/behaviors with other specialists and cooperation with them; development and verification testing of tools for the diagnosis of music therapy

and other professional tasks; prevention and health promotion through publications, lectures, demonstration classes;

- music therapy providing counseling and education of patients / clients and their families or legal guardians;
- programming period of application of music therapy, their stages, progress and anticipated therapeutic methods and techniques;
- realization of individual or group music therapy, taking into account health status, age, mental and physical development, time and place of residence of the patient / client by following the recommendations of other professionals and technical capabilities;
- use (play) different kinds of music (quiet relaxation, combined with dynamic movement, music, popular, classical, etc .);
- use a recognizable melody at a slow pace with low, soothing dynamics; application tracks activating the relaxation from physical labor, physical exercises, dancing to get rid of unpleasant emotions;
- prophylactic use of relaxing instrumental musical works with breathing exercises as a form of relaxant;
- need to keep records of the facility and make it available to other professionals working with the patient / client
- issuing an opinion about a patient / client undergoing the process of music therapy and treatment.

Additional professional tasks:

- perform work as a teacher of professional music therapy;
- conducting research and development in the field of music therapy;

guiding the work of practitioners of music therapy.

A Music Therapist does essentially the same things a psychiatrist, psychologist, therapist or counselor might do. Music therapists are also musicians. They generally spend as much time studying music as they do psychiatry, psychology and behavioral science.

A music therapist's key responsibilities include establishing goals for therapy, collecting and analyzing data from the client's responses to music, and customizing treatment plans to each client. New treatments must be improvised to meet the client's musical therapy needs. The music therapist will integrate behavioral, developmental, and neurological approaches into

music therapy treatments. A music therapist must also be able to respond to emergency medical situations with the client. Music therapy provides emotional support, coping mechanisms, and physical rehabilitation. Clients are provided with a creative outlet for their feelings through music.

Some music therapists treat only children or teens; others treat only adults. And, others treat only people with certain types of disorders or disabilities like autism or speech impairments.

Finally, some music therapists teach at universities and colleges, or teaching hospitals, in addition to, or instead of, treating patients.

How the music therapy is organized in own country?

In 1973 Polish state acknowledged music therapy as an academic phenomena, since then music therapy has gained the status of an academic field. In recent years more and more is happening in the domain of professionalization of music therapy.

Legal Framework:

ALPHABETICAL INDEX OF COMPETITION

included in the classification of professions and specialties introduced by a decree of the Minister of Labour and Social Policy of 27 April 2010 (Journal of Laws No. 82, item. 537 of 17 May 2010).

The Regulation entered into force on 1 July 2010

Average staff for health

code Name 323008 Music therapist

Education

The most important steps to becoming a music therapist are education and certification. In addition to these, those interested in starting a music therapy career should take the time to volunteer. Work at camps for kids with disabilities, in nursing homes, or any other setting that develops your idea of what therapy will entail.

To successfully perform the profession of a music therapist it in necessary to obtain professional qualifications in at least one of the following levels of education:

- Undergraduate studies (Bachelor) in the field of music therapy (first degree)
- Master studies in the field of music therapy (second degree)

- Ph.D studies in the field of music therapy (third degree)
- Postgraduate studies in the field of music therapy

Admission to Master studies (second degree) in the field of music therapy depends on the successful completion of undergraduate studies (first degree) in the field of music therapy.
Admission to Ph.D studies (third degree) in the field of music therapy depends either on successful completion of Master studies (second degree) in the field of music therapy or completion of master or postgraduate studies in disciplines related to music therapy, such as music education, physiotherapy, musicology, medicine, psychology, pedagogy, sociology.

Certificate of Music Therapist

Association of Polish Music Therapists based in Wrocław operates since 1996, and in 2012 The Polish Association of Music Therapists (PSMT)/(PAMT) based In Lublin came to live. Both associations ensure that thee level of professional competence of Polish music therapists in no way differs from the globar benchmarks. The association of Polish Music Therapists is the official body representing Polish music therapists In the country and beyond its borders. The association is also a member of the European Federationw of Music Therapy, in which represents the community of polish music therapist.

The Polish Association of Music Therapists (PSMT)/(PAMT) is the professional association of music therapists whose goal is to implement a system of training and certification of Polish music therapists based on international standards. (PSMT)/(PAMT) has a World Federation of Music Therapy Certificate for the years 2014-2017 and the President of PSMT/PAMT serves as Commissioner of the Commission on Education and Training of music therapists in the World Federation of Music.

A candidate for a music therapist, certified by the Polish Association of Music Therapists http://arteterapia.pl/polskie-stowarzyszenie-muzykoterapeutow/ (PSMT)/(PAMT), must be (PSMT)/(PAMT) member and meet at least one of the following requirements:

• Completed Bachelor's, Master's or postgraduate studies in the field of music therapy, and / or

• Possession of higher education, knowledge of music therapy and a minimum of 15 years proven experience working as a music therapist

A candidate for a music therapist, certified by the Association of Polish Music Therapists- http://www.muzykoterapiapolska.pl/ must meet at least one of the following requirements:

• Completed Bachelor's, Master's, PhD or postgraduate studies in the field of music therapy, and / or

• Extensive clinical, scientific, organizational experience (in the creation of the scientific basis of music therapy, the structures of music therapy studies, the organization of the training of music therapists staff, etc.)

Music Therapist work

The employment opportunities for a music therapist are expanding. They are now employed in general and psychiatric hospitals, community mental health agencies, rehabilitation centers, day care facilities, nursing homes, colleges and universities, healthcare management organizations, or in private practice alone or with partners. Some Music Therapists also work for private foundations and other organizations that are devoted to treating or researching treatments or cures to certain disorders

A career in music therapy will not be high-salaried, but it will offer many employment and advancement opportunities. As the field expands, a music therapist can be innovative and creative in their treatment plans. Music therapy can be seen as the leading edge of therapy methods. This is a highly-rewarding career with a wealth of opportunity.

Scientific evidence about the music therapy in Poland

All have heard the idiom, "Music is good for the soul" but, evidence shows the positive effects of music on health as well.

Music therapy has been used in treating the sick for the centuries, it was officially recognised as a therapeutic measure after the Second World War. But, in spite of over 40 years of music therapy development in Poland (the first music therapy university program being established in 1973) this practice is not yet well established. Those are some convincing results, but still only a single study. Only few articles discuss the therapeutic aspect of music therapy and present scientific studies confirming a broad spectrum of its application in health care in Poland. While up until the mid-1980s little empirical research had been done to support the efficacy of music therapy treatment. Since then, more research has focused on determining

both the effectiveness and the underlying physiological mechanisms leading to symptom improvement by using music. Scientific research has confirmed its influence on patients' psychological and physical conditions.

This report is not meant to be a comprehensive review of all of the literature available in Poland. Instead, it represents a sampling of the many potential benefits of music and music therapy in enhancing health and wellness.

The analysis utilising narrative synthesis on the impact of music in medical settings showed few evidence of the positive effects of music on health. A review published in the relevant hierarchy of electronic and hardcopy data bases (textbooks, expert opinions (the lowest level of evidence), case studies, clinically controlled studies without randomization (intermediate level) and randomized controlled trials (RCTs), meta-analyses and systematic reviews (the top levels of evidence)) found music therapy and music medicine interventions are a supportive element in the treatment of specific pathologies.

One recent study by Krzysztof Stachyra on the link between music and stress investigated the effects of Guided Imagery Through Music on state and trait anxiety levels using music and relaxation techniques to train students of pedagogy to manage stress and improve anxiety levels. The results demonstrated that music can help soothe stress. The experimental group exposed to direct/indirect music therapy and relaxation techniques experienced a decrease in perceived situational stress (measured as state anxiety and a marked reduction in perceived stress and anxiety following training). This was true both at post-test and three-month follow-up. Overall, the results indicate that GIM (Stachyra, 2012, 2012a, 2012c) and the others tools (Kronenberger, 2004; Bednarski, 2005) may be of some benefit to persons dealing with chronic stress and anxiety. The purpose of a study by Bednarski (2005) was to determine whether relaxation and music therapy were effective in reducing stress.

Some studies suggest the use of music therapy utilising a problem-solving communicative approach to group work which has proved to be most effective in the short-term treatment, in a study by Elżbieta Galińska and Elżbieta Aranowska (2004). Communication was studied using musical instruments in three diagnostic groups and in a group of students. In this research, a new statistical proposal – the λ coefficient of expressiveness of the traits of the patient, introduced by E. Aranowska was empirically verified. This knowledge serves as a foundation for the music therapy program at hospitals in Poland.

The works of Elżbieta Galińska (1994, 2001, 2003a, 2003b, 2004, 2008) are a part of a growing movement of music therapists and psychologists who are investigating the use of music in medicine to help patients with psychiatric problems. She conducted the study using

own measurement instrument, namely, the Musical Identity Test. In one work she has described reparation of mourning (based on the activity of the patient) and early childhood traumas, requiring the use of regression, up to the moment preceding birth and directly after, using "musical breast-feeding" (played by mother and child by means of a musical instrument). All examples showed the symbolic transformation of the "bad" object into a "good" one, with which the patient begins to identify himself (2004).

Research by Halina Laskowska (2000) found music therapy is dealing with depression reduction in the state of anxiety and improved mood. Both descriptive and experimental studies have documented effects of music on quality of life, involvement with the environment, expression of feelings, awareness and responsiveness, positive associations, and socialization. Additionally, Laskowska (2000) found that music therapy had a positive effect on social and behavioral outcomes and showed some encouraging trends with respect to mood.

Music very much has a way of enhancing quality of life and can, in addition, promote recovery of cardiac patients and as a non-pharmacological tool is used in modern medicine in the cardiac rehabilitation field (Janiszewski1987; Kierył, Skarżyńska, 1993; Kubica, Pospiech, 2009). Recent studies have examined the effect of the application of music therapy during cardiac surgery. They also suggest that when music therapy is used in conjunction with traditional therapy it improves success rates significantly. Listening to music was also found to be more effective in reducing anxiety before surgery, and patients felt more successful and more driven than to participate in traditional therapies. Professor Jacek Kubica and professor Wojciech Pospiech have devised an original program for cardiac patients and have conducted experiments with the use of music (Kubica, Pospiech, 2009).

Music is a complementary and supportive element of the process of integrated treatment in maternity nursing and in neonatology (Talar, 2009; Stachyra, 2012). In a neonatal intensive care unit setting music is used as a component in the treatment of premature infants, because musical stimuli regulate the body metabolism, affect the frequency and regularity of breathing, changes in pulse, blood pressure, as well as reducing the threshold for pain and muscle tension. In child-mother relationships, music creates a sense of security, and allows for nonverbal communication. Relaxation music has a significant influence in the nursing care of prematurely born infants and is similar to the philosophy of holistic nursing care. Music therapy treatment may improve the effective treatment of prematurely born infants and help them return to health. This therapy may bring benefits for the physiological function of the body by reducing heart rate and oxygen saturation level.

In Barbara Zych and colleagues study (2011), the impact of music therapy on the general condition of prematurely born infants was observed. The research was carried out in the study group covering 10 prematurely born infants between 30 and 35 weeks of gestation, with a stable circulatory and respiratory system. The author's observation method and choice of classical music (relaxing) were proposed. The study group of infants was divided into two groups; every day the first group listened to music using headphones; the second one did not. In both groups, pulse rate and oxygen saturation were observed. The observation was conducted for seven days and the time duration of the experiment depended on the length of the child's hospitalisation. The research material was verified and subjected to statistical analysis. The relaxation music was played for every infant from the research group, and it had an impact on the decrease of the pulse rate (1 week: p=0,015; 2 weeks: p=0,007) and oxygen saturation (1 week: p=0,012; 2 weeks: p=0,020) within normal limits compared with the control group.

Music therapy is a valuable adjunct in the oncology setting. Research shows that listening to and composing music reduces the seriousness of syndromes among patients with cancer. Other reports confirm a reduction in side effects of cancer treatment (Bohen, 2006). Appropriate music for reducing stress associated with a cancer diagnosis is Baroque music (Pospiech et al., 2009).A study by Marnet (2007) examined the impact of music therapy when combined with traditional therapy in a rehabilitation program with cancer patients and patients in palliative care. Music interventions improve psychological outcomes among female breast cancer patients after radical mastectomy (Ochwanowska, 2005). Guided imagery has been used in a variety of clinical areas, and empirical studies have supported its wide-ranging applications. Imagery has been extensively used as a therapy in oncology, particularly in symptom and stress management and more actively as a healing imagery focusing on the cancer.

The use of music therapy in treating mental and neurological disorders is on the rise (Janicki, 1983; Kopalińskai, 2006; Wilczek-Różyczka, 2007; Paszkiewicz-Mes, 2013). Music therapy has shown effectiveness in treating symptoms of many disorders, including schizophrenia (Galińska, 2001), *anorexia* nervosa, trauma (Galińska, 2004), neurotic disorders (Galińska, 2001). Music is a time-based link to reality.

Music therapy can be particularly useful when working with patients with schizophrenia due to the nonverbal, non-threatening nature of the medium (Galińska, 1991, 1995a, 2001). They obtain many benefits from listening to music, including emotional, social, and daily life benefits. Music also offers psychiatric patients relatable messages that allow them to take

comfort in knowing that others feel the same way they do. It can also serve as a creative outlet to release or control emotions and find ways of coping with difficult situations. Music can improve a schizophrenic's mood by reducing stress and lowering anxiety levels, which can help counteract or prevent depression (Wilczek-Różyczka, 2007). While it is true that music has a physiological impact without conscious listening, it is not possible to purposefully respond to music without listening over time. For schizophrenic patients, this listening over time is a means of reconnecting with the external world. Music and rhythmic experiences can help the schizophrenic establish contact with reality and respond appropriately. Research shows that listening to and composing music reduces the seriousness of syndromes among patients with cancer. Other reports confirm a reduction in side effects of cancer treatment. Some research suggests that music-based interventions can be effective in reducing anxiety, pain perception and sedative intake. Music that is selected by trained personnel is preferred because specific guidelines for music selection should be followed in order to maximize its positive effect on patients. Galińska (1990, 2001) concludes that the average therapeutic effect of music in medical treatment helps patients in forming their identity. Music can provide a sense of independent life and individuality, which in turn contributes to a cancer patients's self-discovery and sense of identity. In one study of chronic psychiatric patients Galińska (2001) suggested that the playing of an instrument as a background stimulus reduced or increased disruptive behaviors. This a critical element of music therapy which depends on therapeutic awareness and the sensitivity of therapists.

Borecki et al. (2005), conducted a study on the use of receptive music therapy with schizophrenia and anxiety. The results of the research allowed them to draw conclusions that most patients had a moderate attitude to classical music, whilst being very positive to popular. Music calmed patients, but loudness stimulated them. Music therapy stimulated the emotions, the imagination and creativity of the patients, enabling positive contact between the patients and the hospital staff, contributing to the integration of the group, and increasing in the level of self-esteem. Patients also recognized the aesthetic world around them.

Laskowska (2000) also believes that music therapy classes have a positive effect on patients with schizophrenia. It is encourages greater social inclusion and increased confidence. The sick will also be able to forget about the disease.

During the last decade there have been a collection of writings related to the application of music therapy in the treatment of people with neurotic disorders, often from symposia and the development of research strategies suitable to clinical application (Galińska, 1995b). Music is used in terms of individual and group psychotherapy for the encouragement of awakening the

emotions of the patient, and in helping them cope with unconscious intrapsychic conflicts and interpersonal conflicts. In the treatment of neuroses group music therapy is mainly used, which is characterized by a common active listening and the playing of music (Laskowska, 2000). In a group of depressed patients who have few words to describe their response, music therapy can begin to open the door to the development of a descriptive vocabulary. Research Żechlińska et al. (2008), showed that the majority of patients showed improvement in general health and a reduction in the level of situational anxiety.

Some researchers have already seen glimmers of hope in a case study with an elderly patients who had just been diagnosed with many disorders, including Parkinson's disease and Alzheimer's disease and other types of dementia (Paszkiewicz-Mes, 2013).

This has also meant an increase in studies using creative arts therapies, whilst overviews of music therapy as a treatment approach to those disorders have already been written in Poland, too. Effectiveness of chosen musicotherapeutic procedures for older people with dementia in long term care facilities have been found by Pospiech (2009). Music therapy is a form of support for Parkinson's disease (Zawadka, Krajewski, 2009).

Music therapy can be very helpful and effective when performing dental procedures in patients with panic disorder (Kucharski, 2005) both paediatric and adult patients.

Lewandowska (2001) emphasizes the importance of the music therapy in general to child development as they involve the child's natural curiosity. Playing and listening music for kids during painful medical procedures is a simple intervention that can make a big difference. Studies have shown that much of modern music therapy can be particularly useful when working with children and the diversity and richness of this work is reflected in the literature (Kierył, 2004; Stachyra, 2001; Lewandowska, 2001; Berezowska, 2005, Krauze-Sikora, Frąckowiak, 2004; Głowacka, 2006). When children with autism make use of music therapy, they have demonstrated improvements in socially acceptable behaviors (attention, symbolic communication and sharing of positive affect) (Żurawska-Seta, 2005). Music can improve children's mood by reducing stress and lowering anxiety levels, which can help counteract or prevent depression during oncological procedures (Ruda, Kazanowska, 2011).

The bottom line, there is plenty of evidence, which shows that music therapy used in health care settings is beneficial for patients. And we have gleanings of understanding about the relationship between the music and the medical system but isn't sure if we have the vocabulary to articulate this relationship. Rapid developments in music research should be introduced quickly into clinical therapy in Poland. Maybe the fast introduction will change the traditional public and clinical perception of music as a 'soft' addition, a beautiful luxury that

cannot really help heal disease. Evidence-based models of music in therapy can move from soft science—or no science—to hard science. Music therapy meets the standards of evidence-based medicine, and it should be included in standard rehabilitation care in Poland. However, at least two major research problems can be identified, that make the path treatment stony: the problem of methods and question what specifically works in music therapy.

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Example of music therapy setting in Poland

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5. Central Railway Hospital, Warsaw-Międzylesie, Poland
6. Centre for Education, Diagnosis and Therapy of Psychological and Pedagogical, Broniewskiego 3, Warsaw, Poland
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8. OREW Tychy; Dominika Dopierała, e-mail: dominikadopierala@hotmail.com
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10. Therapeutic Kindergarten Point - Unique Land; Sara Knapik-Swede, e-mail: knapik.sara@gmail.com
11. Primary School with integration branch, No. 21 them. Henryk Sienkiewicz in Gliwice (Sośnica); Joanna Blacha, e-mail: joanna.blacha@op.pl
12. Environmental Self-Help Hause of the Association Skarbek; Mysłowice, ul. Wielka Skotnica 39; Jagoda Plackowska, e-mail: jagoda.plackowska@gmail.com

13. Kindergarten and Primary School Open Window; Tychy, ul. Paprocańska; Marta Postulka; e-mail: martanowak90@gmail.com
14. Special Educational Centre them. Fr.. Leopold Markiefki; Ludwika Konieczna-Nowak, e-mail: lkonieczna@yahoo.com
15. Special Educational Centre for Healing and Rehabilitation, Rudołtowice; Patrycja Gamża
16. Psychiatry Centre in Katowice; Dominika Dopierała
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