

*Brief Report***Culturally Transformed Music Therapy in the Perinatal and Paediatric Neonatal Intensive Care****Unit: An International Report****Helen Shoemark<sup>1,2</sup>, the WCMT 2014 NICU Music Therapy Roundtable Group**<sup>1</sup>*The Royal Children's Hospital, Melbourne, Australia*<sup>2</sup>*Murdoch Childrens Research Institute, Melbourne, Australia***Abstract**

In July 2014, an international group of music therapists presented a Roundtable at the World Congress of Music Therapy to offer insight into music therapy practice with hospitalized newborn infants in 3 regions of the world: German speaking countries, Asia and South-East Asia, and the Americas and Oceania. While not a worldwide overview, this article provides a snapshot of early, emergent practice inclusive of some regions that are yet to be represented in the literature.

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This brief report provides a snapshot of clinical and research activity for the application of music in Neonatal Intensive Care Units in 3 regions of the world (see end of report). The information was provided by 10 music therapists who a) reported on their own knowledge of practice in their country and neighbouring countries, and b) presented on their work with medically complex newborn infants at a Roundtable session at the World Congress of Music Therapy (WCMT) in Krems, Austria in July 2014.

In all of our work as music therapists, culture is a key consideration, which is often under-reported. A 2013 review of practice of NICU music therapy colleagues around the world revealed that research and clinical models in NICU are most established in the United States, but are also emerging in Australia, Germany, Switzerland and Israel. We also see reports of early clinical activity in the UK, Spain, Austria, Sweden, Lithuania, the Netherlands, Italy, France, Turkey, Brazil and Colombia. Interest in the potential of this work is demonstrated by research into the NICU staff's acceptance of music therapy in Canada, Finland, and Thailand. There have also been introductory seminars, discussions, and teaching in Singapore, Japan, China, Taiwan, and India.

**From the surveys**

In anticipation of presenting at the WCMT, the roundtable participants consulted with colleagues to complete a survey of the following information for each country: Number of clinicians and researchers in the NICU Music Therapy specialization; how established practice is (early interest, emerging, established); where practice is emerging / likely to emerge; type of hospital; funding; NICU Music therapy training type, place; requirements for employment; presence of culturally specific NICU Music Therapy research.

The collated responses revealed that music therapy in the NICU is best established in the United States of America with more than 50 practitioners in the field, and in most other countries it is emerging as a new area of practice. There is a trend to establish programs in hospitals which already have a more general MT team or where a university program is involved. If established at all, MT is commonly practiced across the range of possible venues including NICUs and Special Care Nurseries (SCNs) in general, women's and pediatric hospitals. MTs are commonly funded either as a member of staff, or on a short-term contract. In these settings, specific NICU training is either required, or noted as desirable but not yet required. In the 3 regions, the training is still dominated by attendance at short intensive training courses, but longer training programs including internships and other practicum experiences are under development. In a few countries, clinical programs and research led by other professionals, such as doctors and psychologists is emerging. Research is still largely generated from just a few countries (see selection of research in *Appendix 1*).

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## From the presentations to the World Congress of Music Therapy, 2014

All roundtable participants reported on the following areas:

- Culture of music in medical settings;
- Music for infants in hospital; the music as it is used for infants in hospital;
- Current priorities in meeting the challenges; current successes in developing the work.

### *Music in hospitals*

Music therapy is best established in hospital settings that include Oncology services which are often funded by philanthropic groups such as Redkite (in Australia). Music in hospitals is strongest as part of the Arts in Health programs in Italy and the UK, while in the German speaking region it is growing in university and private hospitals, anthroposophical clinics or clinics linked to churches. Generally speaking, music therapy is more accepted and welcome in hospitals and medical settings where the focus is on more holistic and resource-oriented healing approaches.

In most places, music therapy is still a stand-alone service, but in Singapore, Australia, the US, music therapists are working as part of teams for Allied Health, psychosocial care, and integrative medicine. In the US, 30 of the Top 50 Children's Hospitals have a music therapist.

### *Music with infants in hospital*

The culture of medicine varies in each country and has a strong influence on the acceptability and integration of music therapy into the NICU. Hospitals that feature holistic practices are more accepting of music therapy in the NICU. In the UK practice often develops out of existing services within the hospital or area. In Italy the early work includes the mother's voice in Maternal Vocal Intervention (MVI), and in Germany in Auditory Stimulation with the Mother's Voice (ASM). In Colombia, the music therapy program belongs to the area of humanization of care, so this gives the practitioner freedom to choose where to focus his efforts. The parents are very accepting of the possibility of benefit for their babies.

Family-centered care forms the trajectory of service provision, with services in South Korea and the UK more common post discharge from the NICU, while in the US and Australia, music therapists in general hospitals with paediatric units or in children's hospitals will continue to serve the family across the entire admission in the hospital.

### *The music*

Live music dominates music therapy practice in the NICU, with singing reported as the central modality in all regions. This can be the voice of the therapist but usually also the mother, father and family to promote attachment and the pivotal role of the family in nurturing ("to recall the love of her own mother", Korea). The therapist helps the family to select music which is familiar ("parent-preferred", Colombia)

or carries personally significant meaning ("song of kin", US), and culturally relevant (German region, Australia, US). In programs where mother, father and family are not often present, voice may be recorded (German region, Italy, Singapore). Musical instruments such as glockenspiel, xylophone, ocean drum (Remo developed NICU instruments) are used for specialized purposes (*First Sounds: Rhythm, Breath and Lullaby* (international), Korea, German region).

### *Current priorities in meeting the challenges*

Regardless of how well established NICU Music Therapy is in any country, funding remains a key issue. However in many countries the issues also include establishing culturally appropriate models of practice that benefit from theory and evidence, and promoting acceptance and understanding of professionals and the general public. The lack of qualified music therapists and lack of access to suitable training remain barriers to building programs.

Training is available in various countries. The two best known programs are regularly offered in intensives: the *NICU-MT* Training offered through Florida State University ([[LINK](#)]) and the *First Sounds: Rhythm, Breath, and Lullaby* international training program developed with international NICU MTs and a medical team at the Louis Armstrong Center for Music and Medicine, US (see [[LINK](#)]). In the German speaking region the certificate course *Musik als Therapie auf der Frühgeborenenstation* (Music as therapy in the NICU) is offered every second year in Munich at the "Freies Musikzentrum Munich" as a specialized training for music therapists (see [[LINK](#)]). In Australia training is offered through the internship program at The Royal Children's Hospital Melbourne (see [[LINK](#)]).

### *Current successes in developing the work*

Presentations to colleagues typically help in developing greater understanding and opportunities to develop programs. A commitment to creating the opportunity for open and transparent exchange is greatly valued. Participants found that proposing research to colleagues has helped to build stronger working parties and pathways to funding.

Finding a 'champion' for music therapy in the medical or nursing team has increased opportunities for many therapists. Of particular note there has been strong growth in the German speaking countries of Germany, Austria and Switzerland where in 2008 pioneers Monika Nöcker-Ribaupierre and Marie-Luise Zimmer established a German speaking working group on music therapy in neonatal care. Their shared creation of knowledge and skill both regionally and internationally has provided productive pathways for success.

### *In summary*

As music therapy emerges in new settings and amongst a variety of cultural settings, it is important that we attend to cultural beliefs and practices. There is no "one size fits all"

model for MT with newborns in hospital. Music therapy in Britain and the US were first developed using a Western view of music. However emerging models such as the *First Sounds: Rhythm, Breath, and Lullaby* program offer a flexible model in which the culture of the setting is promoted. Further careful work is needed to ensure that the rich musical heritage of each country is promoted as part of the growth of music therapy in the NICU. By acknowledging the musical heritage of a nation, music as a therapy will have value to the essential funding agencies and administrators, and also to the general public.

Music therapy programs should acknowledge all levels of culture. Not only the culture of the country and the people, but also the culture of medicine as it is practiced in the hospital and specifically the culture of the NICU; the culture of the music therapist's training which is important in determining his or her capacity to provide relevant services; and, the skill set and beliefs of the individual music therapist will always be a core component of actual service delivery.

### WCMT 2014 NICU Music Therapy Roundtable Group

**Roundtable Chair:** Dr Helen Shoemark, The Royal Children's Hospital, Melbourne, Australia

#### European region

- Dr Friederike Haslbeck, Clinic of Neonatology, University Hospital Zurich, Switzerland
- Dr Manuela Filippa, UFR des Sciences Psychologiques et Sciences de l'Education, Université Paris Ouest, France
- Claire Flower, Chelsea and Westminster Hospital NHS Foundation Trust, London, UK

#### Asia and South-East Asia region

- Melanie Kwan MMT, LCAT, MT-BC, KK Women's and Children's Hospital, Singapore
- Jisun Kim MMA KCMT, Ewha Womans University, Korea
- Dr. Satoko Mori-Inoue, PhD, MT-BC, NICU-MT, Mejiro University Otolaryngology Research Institute Clinic, Japan

#### The Americas and Oceania

- Mark Ettenberger, M.A., MT, Anglia Ruskin University, England / Universidad Nacional de Colombia, Colombia.
- Dr Joanne Loewy, The Louis Armstrong Center for Music Medicine, Mount Sinai Beth Israel Medical Center, New York, US
- Dr Deanna Hanson-Abromeit, School of Music, Department of Music Education & Music Therapy, University of Kansas, US
- Dr Helen Shoemark, Royal Children's Hospital Melbourne, Melbourne, Australia

#### Additional survey information provided by

- Diego Schapira, Universidad de Buenos Aires (UBA) y Universidad del Salvador (USal), Piera Bagnus, Silvia Cornara, Alessandro Perondi, Geneviève Schneider, Barbara Sgobbi.

### Appendix 1: Selected published studies for Music Therapy in the NICU

- Dearn T. & Shoemark H. The effect of maternal presence on premature infant response to recorded music. *Journal of Obstetric, Gynecological, and Neonatal Nursing*. 2014; 43 (3): 341–350.
- Filippa, M., Devouche, E., Imberty, M., & Gratier, M. Live maternal speech and singing have beneficial effects on hospitalised preterm infants. *Acta Paediatr*. 2013; 102 (10): 1017-1020.
- Flower, C. Music therapy trios with child, parent and therapist: A preliminary qualitative single case study. *Psychology of Music*. 2014; 42: 839-845.
- Hanson Abromeit, D. The Newborn Individualized Assessment Program (NIDCAP) as a model for clinical music therapy interventions with premature infants. *Music Therapy Perspectives*, 2003; 21: 60–68.
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### Biographical Statement

Helen Shoemark is Team Leader, Sensory Experience in Early Development at the Murdoch Childrens Research Institute, and Senior Music Therapist in Neonatology at The Royal Children's Hospital Melbourne. She holds adjunct positions at the Universities of Melbourne and Queensland.

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