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Music Therapy: The Sound of Healing

On a November morning in 2003, New Jersey native Melody Gardot was a 19-year-old fashion and art student in Philadelphia. That evening, she was confined to a hospital bed -- where she would spend almost a year -- unable to walk or talk, her body riddled with broken bones, her brain damaged when a Jeep Cherokee made an illegal left turn and slammed into the bike she was riding.

Fast-forward nine years.

Gardot is touring France to promote her fourth jazz CD, "The Absence," released in May and debuting on Top 20 charts in 14 countries, including the U.S. She sings, plays guitar and piano, and is often compared with Nina Simone.

And through her successes and travels, she never forgets what made it all possible: music therapy.

At the age of 65, music therapy is a relatively young field that's gaining recognition and credibility in New Jersey and around the country. As defined by the American Music Therapy Association (AMTA), the goal of the treatment is to "promote wellness, manage stress, alleviate pain, express feelings, enhance memory, improve communication, and promote physical rehabilitation."

That's more than wishful thinking: a growing body of research demonstrates that music therapy enhances the quality of life for people suffering from a range of developmental, physical, and psychological disabilities.

Now, a group of pioneering practitioners, like those at the School of Osteopathic Medicine (SOM) in Stratford, Camden County, wants to build on traditional techniques to take the treatment further, using it to actually cure patients. SOM's therapists work with cutting-edge technologies to help patients recover from injury, surgery, and illness in ways that allow them to minimize their medications and revolutionize their treatments.

Gardot was treated at SOM, which is part of the University of Medicine and Dentistry of New Jersey.

Regardless of what music therapists are trying to achieve, however, they often share a common goal. They are looking to create a professional standard that will help get the treatment into more outlets and eventually allow them to be reimbursed by health insurance providers. In New Jersey and all across the country, music therapists are looking to introduce legislation that will license their profession for the first time.

Speeding Recovery Time

While Gardot was a patient at SOM, she grew frustrated at the pace of her recovery, which was slowed by pain medications that made her groggy and tired. Unsure of what to do next, her physician, Dr. Richard Jermyn, asked what she formerly enjoyed doing.

When she replied, “playing the piano,” Jermyn, who is director of SOM’s Neuromuscular Skeletal Institute, took her off all medication, prescribed regular piano playing, and hoped.

What happened next has become a story that’s been told by hundreds of news outlets around the globe: Gardot got better.

As his patient remastered the piano and learned to play guitar and sing, Jermyn began to realize that as with many patients, Gardot had struggled with physical therapy and the rehabilitative “homework” she’d been assigned. But she found joy in playing music.

He remembers her telling him, “You’re not going to believe this, but when I sit at the piano it’s like I never had a brain injury. Music makes sense to me when words and books don’t.” As it grew clear that his methods were working, Jermyn repeated similar exercises with more and more patients until SOM had become a national leader in what he calls “music medicine,” an approach that replaces conventional music therapies with targeted musical interaction.

Jermyn believes that much of music’s power comes from its ability to reach pleasure centers in the brain, which create a positive feedback loop for the patient.

Jermyn has been working for several years to establish what he claims is the only music therapy medical school program in the country designed and run entirely by students. He’ll finally be able to test his theories with first-of-its-kind studies that he’s initially funding with a \$100,000 donation from the Swedish Postcode Lottery.

How did proceeds from the Swedish lottery find their way to a medical school in Stratford, NJ?

Again, Melody Gardot.

“She performed at a concert that allowed a charity to apply for a grant. We were that charity,” said Jermyn of his former patient.

Cutting the Symbolic Ribbon

A few weeks ago, Gardot stopped by SOM to cut the symbolic ribbon on Chateau Gardot, the program that will sponsor Jermyn’s work to formally quantify the results of his methods. It will also house the current and future efforts of students to incorporate drum circles, pre-op musical meditation, private music-meditation sessions and musical games into their patients’ treatment plans.

Through a unique noncredit music medicine elective, 20 students are already playing fundraising gigs in bars and hosting donation drives to accumulate instruments to send home with patients. The donation from Sweden also will allow them to purchase digital recording equipment, as well as a futuristic machine that shoots a laser beam that plays different notes when wheelchair-bound patients roll over it and a Kaossilator -- a touch-sensitive pad that alters pitch, cadence, and other elements of electronic music.

“Being able to stimulate a patient in that way through the brain is a great tool,” said Drew Isleib, formerly a professional musician who, now in his third year at SOM, is leading the student-driven programs of Chateau Gardot. “[With the Kaossilator] someone who has limited range of motion can have a huge range of musical expression within a 4 x 4 square-inch pad.”

For example, he explains that while patients may find it tedious to improve their grip by squeezing a ball several hundred times day after day, music medicine challenges its practitioners to think creatively about

ways to otherwise motivate and rehabilitate them by, say, figuring out how they might unravel their fingers to tap on a drum.

“You can use music to stimulate patients in so many ways, and depending on what the patient's needs are, you can have them just listen, or repeat, interact, compose, improvise, work on their range of motion, and help them diminish their pain,” he said.

Music medicine is free to the institute's patients. But SOM is collaborating with music students at Rowan University and leaders of Drexel University College of Medicine's music therapy program to incorporate the technique into as many medical specialties as possible.

Licensed to Heal

While medical students at SOM strive to replace some elements of mainstream medicine with musical alternatives, traditional music therapists, who focus on improving quality of life rather than effecting a cure, are striving to establish professional standards for nationwide legal recognition.

Buoyed by growing evidence that music therapy can succeed with all types of clients, practitioners are applying their techniques to a widening pool, from infants in neonatal intensive care to adults battling chemical dependency to seniors gripped by dementia. Demand for their services is growing as an aging population requires greater palliative care. The increased incidence of autism – especially in New Jersey, which has the second-highest autism rate in the United States -- is also being answered with proven success by music therapists.

But despite their victories, New Jersey's 150 certified music therapists are yet to be recognized by Trenton. Though the AMTA accepts only professionals who've received a bachelor's degree in music therapy and passed a national certification exam, New Jersey allows anyone with a social-work license to designate himself or herself a music therapist. There's no legal recourse to challenge anyone who wishes to use that title.

The story is much the same across the country. Only four states (including New York) offer a specific music therapy or creative-arts therapy license; the first was North Dakota, in 2011.

After watching their lobbying efforts on behalf of an anticipated bill dissolve when Gov. Chris Christie took office and slashed budgets for agencies that could have assisted their efforts, politically active therapists in New Jersey are reconstituting a task force and preparing to take on Trenton once again.

They'll likely start by courting Sen. Dick Codey (D-Essex), who designated a music therapy day when he served as acting governor. Assembly Speaker Sheila Oliver (D-East Orange) has also been sympathetic in the past.

“It's the next step for our profession,” said Kymberly Tindall, president of the New Jersey Association of Music Therapists and a Burlington-based therapist in private practice. “It's difficult to say we're music therapists and Joe Schmo is not.”

Tindall argues that licensing would open up opportunities for employment in facilities that are hesitant to incorporate the practice and could also prevent jobs from going to unlicensed individuals. It should also increase the likelihood of collecting third-party payments, which occurs infrequently and indirectly in New Jersey through Medicare and Medicaid flexible funding designed principally to cover special or temporary services.

But while most agree that licensing would be a positive step, some worry that rampant misunderstanding of the field could lead to protocols that are at odds with the goals of the profession.

“It has to do with [legislators’] understanding of what it means to protect the public. They can impose their own ideas on our standards. So a big part of what we’re trying to do is educate them,” said Brian Abrams, a prospective taskforce member and the coordinator of music programs at John J. Cali School of Music in the College of the Arts at Montclair State University. Cali is one of fewer than 70 academic institutions in the country to offer music therapy degrees and is the only one in New Jersey.

While Abrams educates politicians, the public and his undergraduate and graduate music therapy students, the AMTA is attempting to come to terms about the standards they should recommend to others as well as those they want to impose on themselves. Their biggest issue? Education.

AMTA members are struggling to decide if the association should require aspiring therapists to earn a master’s degree before sitting for their license or continue to require just a bachelor’s.

It’s a double-bind situation: increasing numbers of employers are hiring only applicants with master’s degrees, which means therapists without a graduate degree lack the credentials to land a job. But if the AMTA raises its educational requirements, it will leave behind all of the accredited schools that don’t offer master’s degrees.

“It’s hard to determine what exactly is going to get us to the next level,” said Tindall.

In their own way, the students at SOM are also struggling to reach the next level. In a society where conventional medical education is criticized for failing to teach compassion, music medicine helps doctors-in-training cross the doctor-patient divide. By definition, they must understand their patients’ interests, tastes, limitations, and goals, before they can work together to determine the best course of treatment.

“Everyone who’s involved is learning competencies like having really open minds when interacting with differently abled people,” said Isleib of the students involved in Chateau Gardot. “We’re developing a higher comfort level dealing with patients.”

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