

IMCAP-ND GOAL AREAS IN MUSIC THERAPY PRACTICE

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Level I: Musical Attention

The beginning of any interaction starts with being attentive for engagement and interaction. The ability to engage in meaningful and intentional music making requires the capacity to be emotionally and cognitively available and prepared to interact. Being musically available involves maintaining readiness, alertness, and availability to engage while at the same time processing the musical experience. Furthermore, it includes the capacity to maintain calmness while controlling impulses through a wide range of musical and sensory experiences (e.g., auditory, visual, proprioception, tactile, etc.). Musical attention deals with understanding how the client attends to musical-play based on four categories:

- Focuses: how the client attends to one or more aspects of therapist, music, or play.
- Maintains: how the client sustains attention to one particular aspect of therapist, music, or play.
- Shares: how the client sustains attention to one particular aspect of therapist, music, or play also being attended by therapist.
- Shifts: how the client changes attentional focus to match the attentional focus of the therapist.

Level II: Musical Affect

Human emotion (affect) is consistently implicated in the practice of music therapy (Aigen, 2005). Expressing or experiencing affect (emotion) in musical-play provides various kinds of meaning to the musical task at hand. If the client is only engaged in musical-play on a sensory-motor level, he/she may exhibit difficulty in experiencing and integrating the relational,

expressive, and communicative components of musical-play. Clients that can experience musical-play on an affective level may begin to show capacity in the ability to initiate, form ideas, and seek out relationships. Musical affect deals with how the client responds affectively in musical-play regarding four areas:

- Facial: expresses affect facially in response to therapist, music, or play.
- Prosody: expresses affect with voice in response to therapist, music, or play.
- Body: expresses affect through stationary movement in response to therapist, music, or play.
- Motion: expresses affect by moving toward or away from something in response to therapist, music, or play.

Level III: Adaption to Musical-Play

Adapting to the environment is the most important concept in human functioning (Piaget, 1962; Piaget & Barbel, 1969). When adapting, the individual is engaged in a continuous process of using the environment to learn, while learning to adjust to changes in the environment (Piaget, 1962). The music therapy process is no different. Adapting to various musical contexts involves experiences in which the client is actively learning new ways of relating and communicating in musical-play by following the therapist's lead, while adapting accordingly.

Through the process of modifying and adapting in musical-play the client is making adjustments that involve sustaining musical readiness, relatedness, and mutuality. He/she is intentionally making choices that are based on the moment-to-moment musical interactions that expand and change extemporaneously.

Adaption to musical-play deals with the client's ability to engage in a musical form of parallel play within the context of music making. The client follows what the therapist is doing

as a play partner, but does not necessarily respond to specific musical elements. There are four areas of adaptation to musical-play that the therapist is evaluating:

- Join: how the client enters into musical-play as led by therapist.
- Adjust: how the client adapts self-participation in musical-play as led by therapist.
- Takes turns: how the client enters into alternating musical-play as led by therapist.
- Stop: how the client concludes musical-play when therapist stops.

IV: Musical Engagement

To be intentional and mutual in music making may imply that there is an awareness and understanding of the relational dynamics musically occurring between two individuals. Musical intentionality derives from a desire to be purposeful and meaningful within musical interactions while indicating a desire to relate (or not) and be a part of something larger than one's self.

Developing and presenting opportunities for musical engagement involves providing the client with explicit and clear musical cues. Whereby the previous music domain (adapting to music-play) emphasizes the client's ability to follow the therapist's cues as a play partner (parallel play) not specific to musical elements, musical engagement focuses on the client's ability to match and engage the therapist's music, specific to musical elements. Here, as in the previous music domain area, the client is following the therapist's musical lead and directly engaging in and with the therapist's music. Musical engagement is the first music domain area examining the client's ability to engage in parallel/interactive play.

Musical engagement deals with the client's ability to utilize specific musical elements to match and engage the therapist's music. It is a form of parallel and interactive play in which the client engages in the therapist's music as cued. There are four areas of musical engagement being examined:

- Imitates: echoes musical phrases as led by therapist.
- Synchronizes: matches musical elements of therapist's music (e.g., tempo, dynamic, etc.) as led by therapist.
- Predicts: anticipates recurring musical responses as led by therapist.
- Ends: provides musical endings as led by therapist.

Level V: Musical Interrelatedness

Interrelating within a social context includes the ability to communicate and relate in a mutual and reciprocal manner. It involves the ability to seek out meaningful relationships and understand social dynamics and cues. Interrelating within a musical context is no different.

Musical interrelatedness deals with the client's ability to be creative, expressive, and communicative while engaged in related music making. In addition, it involves the client initiating musical ideas and changes while also being able to differentiate between his/her and the therapist's music. It also includes the capacity to connect, assimilate, and integrate musical ideas in a reciprocal manner. Finally, musical interrelatedness involves the client being able to independently initiate changes in leadership and follower roles during musical experiences. This domain area examines the client's ability to truly interact in musical-play by contributing his/her ideas to engage the therapist, whereas the first four music domain areas deal with the client attending and responding to the therapist's music. Interrelatedness also includes the client's ability to create ideas based on the therapist's and interchangeably take on the role of both leader and follower. Musical interrelatedness includes eight areas:

- Initiate: how the client spontaneously begins a meaningful musical interaction with intent to present a new idea to the therapist.

- Change: how the client spontaneously initiates meaningful and original changes in any musical element.
- Differentiate: how the client takes role of soloist or accompanist, using own musical material; contrasts own musical elements in relation to therapist.
- Assimilate: how the client incorporates therapist's musical ideas into own original music.
- Connect: how the client bridges original musical material to a phrase and section in a meaningful and contextual manner.
- Interject: how the client inserts original ideas into musical spaces of therapist.
- Complete: how the client uses own musical ideas to create closure to music.
- Lead/follow: how the client independently initiates changes in leadership and followership roles with therapist.