

## **Supplementary material A: Music Therapy in Austria, Germany, Latvia and Poland**

### **Music Therapy in Austria**

#### **Name deleted for the purpose of review**

The introduction of music therapy in Austria happened to be exactly 60 years before now – in 1959 there was established a course at the Academy of Music and Performing Art in Vienna that was advertised throughout the city: „Music therapist – helper of the doctor“ (Mössler, 2011). The music therapeutic movement in Austria was closely linked with institutions from the beginning: Editha Koffer- Ullrich worked from 1957 as a music therapist in the newly opened Department of Developmental Disorders in Children in Vienna under the direction of Andreas Rett and about two years later, the psychiatrists Hans Hoff and Otto Hartmann implemented the music therapy on their wards in the Psychiatric Hospital of the City of Vienna (Mössler, 2011).

Alfred Schmözl, the second head of the training (from 1970-1992), introduced important emphases in theory and practice that are still central to the “Viennese School of Music Therapy”: the emphasis on active methods, the importance of the therapeutic relationship, self- experience and supervised practical training (Böhm- Öppinger, 2015). In 2003, the music therapy program was transformed into an eight- semester academic education with a Master’s equivalent. In 2013 Austria’s first doctoral training in music therapy was implemented.

In 2009, the Bachelor’s degree program started at the IMC University of Applied Sciences Krems, followed 2012 by a Master’s program. The Training has its roots in the Traditional Oriental Music Therapy and has developed further to fit in the Austrian healthcare system. The program aims mainly on the fields of intensive care, neuro- rehabilitation and stress regulation.

In 2010, the most recent training to become a music therapist started at the University of Arts Graz in cooperation with the Medical University in Graz and it is also a Bachelor's degree program. It is based on humanistic- anthropological ideas and integrates music therapeutic concepts with musical, psychological and psychotherapeutic approaches. (Böhm-Öppinger, 2015).

In June 2008 the Austrian Parliament passed the Music Therapy Law after decades of trials and setbacks and so Music Therapy has the status of a certified health profession. You can either work self- reliant (with a Master's degree) or partly responsible (with a Bachelor's degree) and you have to fulfil certain criteria regarding training and professional duties to be registered.

Today, Music Therapy is practiced in many areas of the health care system in Austria. The most common working field is that of children and adolescents with developmental and/or behavioural disorders, closely followed by adults with mental illnesses. Regarding the type of institution in which music therapy takes place, free practice now accounts for the largest share. Other facilities include hospitals and ambulatories.

## **Music Therapy in Germany**

### **Name deleted for the purpose of review**

Preceding the development of a separate profession of music therapy in Germany, music was used in different rehabilitative educational (heilpädagogische) institutions and clinical settings to support development, rehabilitation and/or the health of patients or clients. The following few examples serve to illustrate this. Beginning in 1957, Maria Schüppel developed a method of the use of music as therapy in anthroposophical rehabilitative schools and clinics using that philosophy as an important basis for her therapeutic use of music (Plahl & Koch-Temming, 2005). Evidence of the use of the Orff-Schulwerk in similar institutions about the same time

can also be found. Hofmarksrichter used the Orff-Schulwerk in working with children with hearing disabilities. Thomas used this method of music making in child and youth psychiatry and Göllnitz and Wulf combined Orff-Schulwerk with rhythmic-psychomotor gymnastics in their work with children with brain damage (Voigt, 2013).

The beginning of the profession of music therapy developed in eastern and western Germany separately because of its division into two separate countries after World War II – the Federal Republic of Germany (West) and the German Democratic Republic (East). In both parts of Germany, music therapy began to develop in the 1960's. In the eastern part of Germany, Christoph Schwabe developed music therapy procedures for specific indications in psychiatry (Voigt, 2010, 2015). In the western part of Germany, different approaches to music therapy with different theoretical backgrounds were developed over the years. Bruhn (2000) stresses the relevant impulses of anthroposophical music therapy for the development of the profession. Gertrud Orff developed an approach specifically for children and youth with developmental disabilities within the new medical area of Social Paediatrics beginning in 1970. Johannes Th. Eschen brought the idea of analytical music therapy to Germany after studying with Mary Priestly in the UK (Voigt, 2015).

Over the years, additional specific approaches to music therapy developed. Schwabe developed three approaches in all: Regulative Music Therapy (a receptive approach) Active Group Music Therapy and Social Music Therapy (Voigt, 2010). Other approaches that developed are Integrative Music Therapy (developed by Frohne-Hagemann beginning in 1985), Gestalt Music Therapy, Morphological Music Therapy and Creative “Leibtherapie” (a psychodynamically-based form of music therapy) (DMtG, 2019; Wolfram, 2019; Voigt, 2015).

Private music therapy training has a very long tradition in Germany. The pioneers of music therapy often established training courses. A private training course in

Anthroposophical Music Therapy was offered in the west by Maria Schüppel in 1963. In the east, Christoph Schwabe's methods were taught in a private training course beginning in 1970 in Leipzig (Plahl & Koch-Temming, 2005). Eschen's contacts to the United Kingdom led to music therapists in western Germany being trained by music therapists from UK beginning in 1978 (Voigt, 2015; Plahl & Koch-Temming, 2005). Germany's tradition of private training courses has continued, including courses based on the following specific approaches to music therapy: anthroposophical music therapy, music therapy methods according to Schwabe, developmental music therapy according to Gertrud Orff, Integrative Music Therapy, psychodynamically oriented music therapy and music therapy based on Fritz Perl's Gestalt Therapy and Creative "Leibtherapie" as well as Bonny's Guided Imagery in Music. These private courses have formed a council for quality control and have established minimal standards for private music therapy training in order to provide comparability to university training (Voigt, 2015; 2019).

Music therapy training at the level of higher education began in Heidelberg in 1979 and in Hamburg at roughly the same time. Over the years, there were up to 10 institutions of higher learning that offered music therapy training. Among them was training in Creative Music Therapy (Nordoff/Robbins) at the University of Witten-Herdecke. Today, there are six. The only bachelor training course in Germany is currently offered at the SRH Hochschule in Heidelberg. This institution also offers a full-time master's program in German and one in English. All other training courses at the level of higher education are at the master's level and are part time studies that build upon a previous qualification in a related discipline. Doctoral studies are possible at three of these institutions (Voigt, 2015). Most of these courses are based on some form of psychodynamic music therapy. An exception here is Heidelberg, where music is seen as an artistic-psychotherapeutic medium with an orientation on official guidelines for treatment in the areas of psychiatry, psychosomatics, neurological

rehabilitation, geriatrics, chronic pain, tumour disorders, palliative medicine and neonatology (DMtG, 2019). A Master course of study specialized in music therapy for persons with disabilities and/or dementia is currently in the process of re-forming.

Post-graduate courses are designed to give qualified music therapists a firm foundation in specialized areas of music therapy that require specific competencies.

They are accredited by the DMtG. One approach used especially in neurological rehabilitation is the Neurological Music Therapy according to Thaut. There are also other approaches that are taught as post-graduate courses to qualify music therapists to work with specific clientele (e.g. tinnitus) or in preventive work (Trommel-Power to prevent violence) (DMtG 2019).

According to Bruhn (2000), the establishment of training in institutions of higher learning led to a phase of professionalization of music therapy in Germany in the 1990's which was, however, accompanied by conflicts among the different theoretical and philosophical "schools" of music therapy. There was an attempt to reduce the term music therapy to include only the area of psychotherapy. The aim was to have music therapy recognized by social insurance agencies as a form of psychotherapy so that music therapists could be paid directly by health insurance. However, the law regulating psychotherapy, passed in 1998, did not include music therapy. Additionally, Bruhn saw the limitation of the term "music therapy" to the area of psychotherapy as leading to the neglect of the therapeutic aspects of music therapy with patients and clients with developmental disabilities and handicaps, within special education and within social work. He was of the opinion that the fact that music therapy was not defined as "psychotherapy" by law could make it possible for these other forms of music therapy to receive the meaning and recognition they deserve (Bruhn, 2000). Whether this has actually come to pass must be questioned.

In 2015, an analysis of the professionals belonging to the different arts therapies (art therapy, music therapy, dance therapy, eurhythmic therapy, theatre therapy and other arts therapies) was carried out (Oster, 2015). This analysis was based on a questionnaire regarding general description of the occupation, training, quality control, basis for and goals of therapy, work within the standard area of the Book of Social Law and clinical institutions, clientele and setting. The questionnaire was answered by a total of 3,531 therapists from the professions listed above. Music therapists represented 41.6% (n=959) of the persons who responded. Of these, 728 therapists were women, 229 were men. Six-hundred-four of these persons were employed in institutions. The remaining therapists were either free-lance/in private practice or combined employment and free-lance/private practice. The percentage of all music therapists (N=959) working within the systematic of the Book of Social Law was 95%. The distribution within the different areas of this systematic was analysed for therapists who were employed and those who worked as free-lancers or had a private practice. The distribution among all music therapists, whether employed or in private practice for those working within this system was as follows (multiple answers were possible): 32.2% worked in the area of child and youth support, 45.7% in the area of acute and curative treatment, in the area of rehabilitation and its related areas, including work with the handicapped, the percentage of music therapists was 32.5%, in palliative care and hospice care it was 23.3%. There were 19.1% of the music therapists who worked in other (not specified) areas within the systematic of the Book of Social Law (Oster, 2015). The institutions in which these therapists worked were categorized as psychiatry, rehabilitation or somatic clinics. The employed therapists (free-lance/private practice in parentheses) were distributed here as follows: psychiatry 31,3% (7.6%), rehabilitation 11.4% (3.9%), and somatic clinics 8% (6.6%) (Oster, 2015).

Additionally, there is a wide variety of non-clinical institutions in which music therapists, both employed and who are free-lance/in private practice are active. Among the highest percentages here among the employed (free-lance/private practice in parentheses) were found in institutions for the handicapped: 6.5% (9.8%), Kindergarten/pre-school: 0.9% (6.2%), nursing homes 4.0% (7.7%), schools 3.1% (6.8%) (Oster, 2015).

Music therapists also work in other areas that are not regulated by the Book of Social Law. In the area of education, 20% worked in further education, 24.7% in adult education, 12.6% give courses and workshops for children and youth, or are active in other educational areas 7.0%. Other areas of work for music therapists in this sample were counselling (16%), supervision (10.1%) or another area (5.9%) (Oster, 2015).

The ages of the clientele with whom music therapists worked were (again: multiple answers were possible) children and youth 53.4%, adults 73.8% and seniors 41.8% (Oster, 2015).

We can see in Oster's (2015) survey, that in Germany, most therapists are employed and most work within areas that are regulated by social law. Many therapists work in a psychiatric setting, the work with persons in some sort of rehabilitation, including persons with developmental disabilities and acquired handicaps is markedly less as is the work in the somatic clinical field. Most clients/patients are adults, followed by children and youth and seniors in that order (Oster, 2015).

Professional organizations also developed in eastern and western Germany separately. In eastern Germany, the "*Sektion Musiktherapie*" was founded within the Society for medical psychotherapy in 1969. In western Germany, the *Deutsche Gesellschaft für Musiktherapie* (German association for music therapy) was founded in 1972. In 1978, the *Berufsverband für Anthroposophische Kunsttherapie e.V.* (BVAKT) was founded as the *Berufsverband für Künstlerische Therapie auf anthroposophischer Grundlage e.V.* in order to represent the

interests of anthroposophical arts therapies. Because of the dynamics that developed between different approaches and “schools” of music therapy, other societies were also formed to support their respective approaches to music therapy. Here, we see the conflicts mentioned above reflected in the area of professional organizations as well. After Germany was unified, the *Kassel Conference* was founded in 1994 by the associations that were active at that time in order to establish a consensus for defining music therapy. The result was the “Kasseler Thesen”, which were published in 1998. The Kassel Conference developed into the Federal Association of Music Therapy in 2005 (Voigt, 2015; Voigt, in print)

In 2008, the German Association for Music Therapy (DGMT) merged with the other large association at that time *the Berufsverband der Deutschen Musiktherapeutinnen und Musiktherapeuten* (BVM), whose identity was found in the psychodynamic orientation of its members, to form the *Deutsche Musiktherapeutische Gesellschaft* (DMtG) in an effort to integrate the interests of all music therapists, regardless of their theoretical orientation. The DMtG is now the largest of the professional organizations and also represents the *Society for the Support of Nordoff-Robbins Music Therapy* (founded in 1998) in questions of professional policy. There are currently four professional associations that work together within the Federal Association of Music Therapy to achieve recognition of the profession. These are (in alphabetical order), the BVAKT, the DMtG, the *Deutsche musiktherapeutische Vereinigung zur Förderung des Konzeptes nach Schwabe e.V.* (DMVS), founded in 1990 and the *Gesellschaft für Orff-Musiktherapie e.V.* (GfOMT), founded in 1999. Additionally, the councils of the training courses are members of the Federal Association of Music Therapy. These are the *Arbeitskreis musiktherapeutischer Ausbildungen im Tertiärbereich* (AMA) representing the training courses in higher education and the *Ständige Ausbildungsleiterkonferenz Musiktherapie* (SAMT) representing the private training courses (Voigt, in print).

Music Therapy is not yet regulated by law in Germany, nor is it recognized officially as a profession in health care. There is no funding of music therapy by health insurance except when it is performed within an institution of health such as a hospital. The title “music therapist” is not protected. In spite of this, music therapy is considered to be an important form of treatment in many different institutions. Examples here are psychiatry and psychosomatics long-term care, geriatrics, neuro-rehabilitation, institutions and clinics for persons with developmental disabilities, oncology, music schools, schools and special schools (Voigt, 2015).

Because the title “music therapist” is not protected and the profession is not legally regulated, the members of the Federal Association of Music Therapy have seen the need to formulate standards that are necessary in order for a music therapist to be certified and registered by one of the associations. Continual professional development is mandatory for all certified music therapists and is controlled by the certifying association. Once certified, the therapist can appear on the national register. At present, this is voluntary. The national register is intended to supply a list of qualified music therapists for clients, for employers and for others (Voigt, 2015). This process has brought all associations closer together and collaboration and cooperation instead of competition are at the centre of their work. These associations are also involved in the Federal Association of Arts Therapies, an organization that is working for the development and recognition of all arts therapies (Voigt, 2015).

*Research in music therapy is becoming more and more important, especially within the university courses. It is also necessary as part of the professionalization of music therapy and as a quality control. The presentation of evidence for the effectiveness of music therapy is necessary for the process of official recognition. In addition to the research performed in university courses of study and Ph.D. programmes, there are two institutes for research, both in Heidelberg: The Victor*

*Dulger Institut, founded in 1995 and the Deutsches Institut für angewandte Therapieforschung DIAT e.V. Additionally, music therapy can be found as a recommended form of treatment in the Guidelines published by the Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften e.V (AWMF) for several disorders that are classified within the ICD-10 (Voigt, 2015).*

## **Music Therapy in Latvia**

### **Name deleted for the purpose of review**

The formal introduction of music therapy in Latvia dates about almost 30 years ago – in 2003 when the first training programme of music therapy was founded in Liepaja Pedagogical Academy (now Liepaja University). Programme, being co-ordinated by Mirdza Paipare, was implemented under the guidance and with the direct involvement of Dr. rer. medic. Reiner Haus from Witten/Herdecke University in Germany. Meeting the needs of the pedagogical university, the contents of this programme was special education-focused, grounded in the developmental approach and ideas of Nordoff-Robbins.

Forming of the programme in Liepaja helped to accelerate the growth and stabilization of the profession as, in order to license and run the study programme, it was necessary to validate the professional standard, that, after facing numerous obstacles, was completed in 2005. It was also in 2005 when the Latvian Music Therapy Association was founded.

The first 16 graduates in music therapy arrived in 2006, and this was also the year when professional Master's study programme in health care "Arts therapy", music therapy being one of the specialisation fields (other of the fields being drama, dance and movement and visual plastic art therapy), in Riga Stradins University was established.

Programme based in Riga was founded by academia trained in psychology, and, situated in the largest medical university in Latvia, initially it went in psychodynamic

direction, preparing therapists for healthcare (mainly – mental health) setting. But, as time passed and music therapy got its recognition as health care profession with strict demands for certain knowledge and competence, training of music therapists at both universities became more unified, and nowadays graduates – be it result of Liepaja or Riga programmes - are following the so-called integrative-eclectic theoretical approach and are being prepared for application of music therapy in various settings, including special education, social and health care, both in mental health and medical rehabilitation (Paipare, 2016).

Both programmes are Master level programmes, issuing diploma in health care with the qualification of art therapist in respective (here - music therapy) specialization. Both programmes are accessible for applicants with a Bachelor's degree or with a qualification diploma in a state-accredited study programme in social and health care and social welfare, or in pedagogical education and educational sciences, or in art. For students without a background in health care, a mandatory introductory course in basic subjects in medicine is required. The volume of both programmes is 150 ECTS, both are strongly practice- and self-experience based, both programmes have both self-funded and state-financed study places.

Music therapy is a state-recognized medical technology and profession in Latvia. Having a joint effort with associations representing other art therapy specializations, it was in 2006 when a standard for an art therapy specialist was confirmed (in Latvia music therapists have an equivalent professional standard with art therapists: that is why the official qualification is - art therapist in music therapy) and the Ministry of Education and Science accepted the title of the profession. In 2009 the Latvian Music Therapy Association joined the Latvian Association of Rehabilitation Professional Organisations, soon after that (in 2010) art (including music) therapy was registered as a medical technology applied in healthcare and in 2012 the title of art (including music) therapist was included in Medical Treatment Law as a functional specialist (sharing similar status as occupational therapists, speech therapists, physiotherapists, and so on).

According to the Medical Law of the Republic of Latvia, music therapist in Latvia is currently a professional with medical education, who, just like doctors and other healthcare professionals, have to pass certification in health care every five years, have to supervise their work and engage in further education activities.

As to employment, the year 2016 survey (Stumpe & Martinsone) reveals that 39.2% of the art (including music) therapists do have their principal employment in healthcare, 21.6% - in the education setting, whereas 13.7% - in social care. Almost two-thirds of the respondents (39.2%) do have their private practice. Survey also reveals that one-third of the music therapists are combining their workload in the music therapy from several workplaces, and circa one third is having part-time employment – in most cases combining the music therapy profession with work in related professions, such as a psychologist, social worker, special education teacher, etc.

As to patient groups, results of the survey (Stumpe & Martinsone, 2016) show that the most common working field is that of children with developmental and/or behavioral and/or emotional problems, and the most common target area is mental health problems (in 31.4% cases).

## **Music Therapy in Poland**

### **Name deleted for the purpose of review**

A musician and composer, Tadeusz Natanson, and a psychiatrist, Andrzej Janicki, are considered precursors of music therapy in Poland. On their initiative the Music Therapy Department at the Music Academy in Wrocław began its activity in 1972, and the training of music therapists began as part of the two-year Postgraduate Studies in Music Therapy in 1973. This close cooperation between a musician and a psychiatrist influenced music therapy development, and linked it mostly with the field of psychotherapy and psychiatry. It gave a

base for many small research projects. Despite the political situation in East Europe, they were in contact with many music therapists around the world. The first publication in the field of music therapy published at that time in Poland was the translation of the book by Christoph Schwabe entitled "Music treatment of patients with neuroses and functional disorders", published in 1972.

Parallel to the beginnings of T. Natanson and A. Janicki, Elżbieta Galińska (a musicologist, music psychologist, music therapist and certified psychotherapist) worked in the Institute of Psychiatry and Neurology in Warsaw, focused on the creation and development of the author's model of music therapy, now known as the "Music Portrait". In the late 1970s and early 1980s, Maciej Kierył, physician (anaesthesiologist) and musician, worked with children with various disabilities and developed his own method of Mobile Music Recreation. Since the 1980s, it has become the most popular music therapy method in Poland (Stachyra, 2014). It can be said that the beginnings of the music therapy profession in Poland were strongly linked with the medical field.

In 1996, the Association of Polish Music Therapists (SMP) was founded in Wrocław, which for a short time in the years 2002–2004, published the quarterly "Muzykoterapia Polska" presenting publications in the field of music therapy. Unfortunately, at this time, the music therapy centre in Wrocław became more closed to any cooperation and influences from abroad.

This was one of the reasons a new association was established. In 2007, the Polish Association for Therapy through Arts (PSTS) came into existence in Lublin. PSTS aims to popularize various forms of art therapy (broadly understood) with an emphasis on music therapy. Honorary members of PSTS are such outstanding music therapists as Clive Robbins, Barbara Wheeler and Simon Procter. Since 2009 PSTS has been running the "Therapy

Through Art" website ([www.arteterapia.pl](http://www.arteterapia.pl)) promoting information about these kinds of therapies.

However, a breakthrough came with the establishment of the Polish Association of Music Therapists (PSMT) in 2012, whose main task is to work towards the professionalization of the profession of music therapist in Poland. This aim has become very important, because there are no legal regulations in Poland defining who is a music therapist. Due to the growing popularity of this form of therapy, this has led to the situation that people who have inadequate (or no) preparation in music therapy claim to be music therapists and lead "music therapy" sessions.

As part of PSMT activities, Krzysztof Stachyra, president of PSMT, has developed a certification system for Polish music therapists. Its purpose is to promote the best music therapists who submit their competences to verification during an exam run by the Certification Commission, which includes specialists from Poland and abroad. At the moment there is 20 board certified music therapists in Poland. The establishment of PSMT, with headquarters at the Maria Curie-Skłodowska University in Lublin, is the moment from which Poland began professional verification of specialists in the field of music therapy.

After many years of international isolation (since the death of T. Natanson), cooperation with music therapists from abroad has been revived. This has been possible mostly with great support from the Music Therapy programmes at Music Academy in Katowice and Maria Curie-Skłodowska University in Lublin. During the last decade, lectures and trainings at these two programmes were given by Clive Robbins, Barbara Wheeler, Simon Procter, Wendy Magee, Sarah Johnson, Jacqueline Robarts and many others.

The only professional scientific journal in the field of music therapy currently being published is the "Polish Music Therapy Journal". Since 2014, it has been published by the Music Academy in Katowice, with Ludwika Konieczna-Nowak as the main editor.

Since the first music therapy program in Wrocław, new academic centres have created their music therapy programmes. Currently, music therapy in Poland can be studied at several universities, including the Maria Curie-Skłodowska University in Lublin, the Music Academies in Katowice, Krakow, Łódź and Wrocław. Postgraduate studies are still the most popular form of study in Poland.

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