

Music Therapy and Military Populations

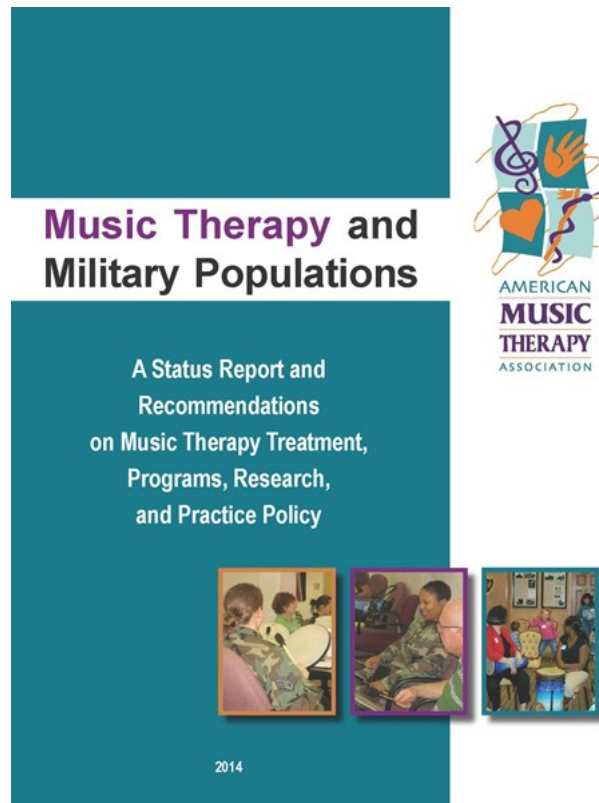
The profession of music therapy is rooted in service to America's service members and veterans. As a professional organization representing 6,000+ music therapists nationwide and in some thirty countries around the world, AMTA has a tradition and steadfast commitment to providing service members access to high quality music therapy services and research. This commitment spans all phases of military service.



In 1945, the U.S. War Department issued Technical Bulletin 187 detailing a program on the use of music for reconditioning among service members convalescing in Army hospitals. This program demonstrated how music could be incorporated in multiple therapeutic services including recreation, education, occupational therapy, and physical reconditioning (Rorke, 1986; U.S. War Department, 1945). Following WWII, music therapy grew and developed as a profession and as a direct result of research endorsed by the Army and Office of the Surgeon General. However, the seeds planted early on in the military have not mirrored the rate of growth and development of the profession relative to other public and private practice settings.

The reasons for inconsistencies in access to evidence-based music therapy services among service members are considered in the context of a white paper sponsored by the American Music Therapy Association (AMTA):

Music Therapy and Military Populations: A Status Report and Recommendations on Music Therapy Treatment, Programs, Research, and Practice Policy



[Click here for the full paper](#)

The information and recommendations detailed in this paper provide the groundwork to improve access to music therapy services among military populations; and inform strategic plans for expanded and prioritized implementation of music therapy programs, research, and practice policy. The overall intentions are to keep pace with the current needs of service members and to support mission readiness and a resilient military and veteran population.

While many individuals exposed to trauma follow a normal or typical course of recovery from acute stress reactions and acute stress disorder, some develop post-traumatic stress disorder (PTSD) or PTSD with delayed onset. The signature injuries of recent wars include post-traumatic stress disorder (PTSD), traumatic brain injury (TBI and mTBI), major depression, polytrauma, and a whole host of complicating sequelae such as substance abuse, family conflict, and suicide risk. The prevalence of PTSD among the 1.7 million service members deployed under Operation Iraqi Freedom and Operation Enduring Freedom is estimated to be about 15% (Ramchar, Schell, Jaycox, & Tanielian, 2011). Among America's veterans of earlier conflicts, including the Vietnam war, the incidence of cases is large. In order to support service members and their families in prevention, wellness, and recovery, music therapists are qualified professionals who possess the skills and abilities to determine appropriate interventions to support resilience and recovery. Furthermore, music therapists are an integral part of treatment teams in the context of interdisciplinary services.

There are numerous examples of music therapy programs in the military across the country, and examples are cited in the AMTA white paper. They range from a program for active duty airmen to foster coping and stress management around deployment, to programs that center on the use of songwriting to address issues associated with symptoms of PTSD, to programs that address the needs of service members and veterans with polytrauma in rehabilitation.

Music therapists are actively involved in contributing to a strong base of evidence in support of various music therapy interventions, drawing from high quality research. There is an urgent call for better understanding of what works in supporting service members' combat and noncombat injuries. The current range of interventions in use and approved for the management of PTSD, such as prolonged exposure (PE), cognitive processing therapy (CPT), and eye movement desensitization and reprocessing (EMDR), and pharmacotherapy, do not take place in isolation and are not without limitations. Understanding the role and contribution of music therapy interventions on clinical outcomes and dose-response in recovery and therapy is an important and understudied priority.

Numerous studies of significance over the nearly 70 years of research history in the profession of music therapy are relevant to service members and veterans. Research on music based interventions designed to inform evidence-based music therapy interventions for service members and families is a priority. Collaborative studies, interdisciplinary, and cross-disciplinary research are important undertakings to support service members and their families. Though the music therapy literature has numerous studies that investigate topics relevant to the military, there is a need for more clinical studies to support evolving music therapy practices necessary to improve life functions in service members and families across the country.

References:

- Ramchand, R., Schell, T. L., Jaycox, L. H., & Tanielian, T. (2011). Epidemiology of trauma events and mental health outcomes among service members deployed to Iraq and Afghanistan. In J. I. Ruzek, P. P. Schnurr, J. J. Vasterling, & M. J. Friedman (Eds.). *Caring for veterans with deployment-related stress disorders*. Washington, DC, US: American Psychological Association. doi: 10.1037/12323-001
- Rorke, M. A. (1996). Music and the wounded of World War II. *Journal of Music Therapy*, 33(3), 189–207.
- U.S. War Department. (1945). Technical Bulletin 187: Music in reconditioning in American Service Forces convalescent and general hospitals. *War Department Technical Bulletin, TB Med 187*, 1–11. Washington, DC: U.S. War Department.

Overview

AMTA presents a briefing paper to military leadership, military support personnel, federal government officials, representatives of arts and other related organizations, music therapy professionals, and non-profit policy makers. The purpose of this paper is to describe the state-of-the-art of music therapy with military populations and to provide recommendations for program development, research, and practice policy. This paper includes four sections, plus references:

- Section I. Background
- Section II. Model Programs
- Section III. Research
- Section IV. Recommendations & Conclusions

GSA Listing



Music therapy is listed on the U.S. General Services Administration (GSA) schedule under PROFESSIONAL AND ALLIED HEALTHCARE STAFFING SERVICES: 621-047---

Counseling Related Services (Includes: Community Counselor; Marriage/Family Counselor/Therapist; Mental Health Counselor; Rehabilitation Counselor; Social Worker (BS); Social Worker (MS); Music Therapist; Art Therapist and Dance Therapist (Registered DTR).



High-risk and at-risk military clients receive music therapy services in the context of an interdisciplinary treatment team. The MT-BC is qualified to make immediate referrals in cases of imminent danger or crisis. Emergency referrals may take place even in the absence of a formal treatment plan.



Music can be highly evocative, stimulating strong emotional and psychological reactions, e.g., catharsis, abreaction, or dissociative reaction. MT-BCs experienced and trained in mental health and trauma service delivery are qualified to:

- a) observe/identify these reactions,
- b) deliver music therapy treatment "in the moment" to stabilize the individual,
- c) support processing reactions in the context of a therapeutic relationship and in a safe environment, and
- d) refer as needed.

Overview

AMTA presents a briefing paper to military leadership, military support personnel, federal government officials, representatives of arts and other related organizations, music therapy professionals, and non-profit policy makers. The purpose of this paper is to describe the state-of-the-art of music therapy with military populations and to provide recommendations for program development, research, and practice policy. This paper includes four sections, plus references:

- Section I. Background
- Section II. Model Programs
- Section III. Research
- Section IV. Recommendations & Conclusions

Overview

AMTA presents a briefing paper to military leadership, military support personnel, federal government officials, representatives of arts and other related organizations, music therapy professionals, and non-profit policy makers. The purpose of this paper is to describe the state-of-the-art of music therapy with military

populations and to provide recommendations for program development, research, and practice policy. This paper includes four sections, plus references:

- Section I. Background
- Section II. Model Programs
- Section III. Research
- Section IV. Recommendations & Conclusions

GSA Listing



Music therapy is listed on the U.S. General Services Administration (GSA) schedule under PROFESSIONAL AND ALLIED HEALTHCARE STAFFING SERVICES: 621-047--- Counseling Related Services (Includes: Community Counselor; Marriage/Family Counselor/Therapist; Mental Health Counselor; Rehabilitation Counselor; Social Worker (BS); Social Worker (MS); Music Therapist; Art Therapist and Dance Therapist (Registered DTR).