



WFMT BUZZ

From the desk of Dr. Melissa Mercadal-Brotons



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Dear WFMT friends and colleagues,

Happy #WorldMusicTherapyDay!!

Now is the time to renew your WFMT membership, the new [form](#) is ready.

We are four months away from the **2020 World Congress of Music Therapy**. I hope you have already made your travel plans. There is a stimulating scientific program as well as some highly appealing social activities waiting for us in South Africa.

The discoveries and new knowledge that research has brought to our profession are very treasured, in part because of their impact in our daily clinical practice. Research in our music therapy profession is diverse. Currently, a growing area of scientific interest and new developments in the field of music therapy is Neurorehabilitation. Greater understanding of the connections between music and the brain has led to the development of new interventions. These improve a variety of functions impaired by neurologic diseases, contributing to a better quality of life.

To continue our series of interviews with presenters at the 16th World Congress of Music Therapy, I am very pleased to introduce **Dr. Felicity Baker**, who is well known for her research in the field of Neurorehabilitation and with the aged. She will also participate in the spotlight session on **Advancing Research in Music Therapy**.

Melissa Mercadal-Brotons, PhD, MT-BC, SMTAE
President WFMT



Dr. Felicity Baker

Felicity Baker:

Felicity is internationally renowned for her research in the areas of songwriting, neurorehabilitation and dementia, having amassed more than \$12 million in competitive funding including three National Health and Medical Research Council grants. Felicity has published over 150 manuscripts and has received many awards including the World Federation of Music Therapy Research Award and an Australia Research Council Future Fellowship. Felicity is currently Head of Music Therapy Training and Director of International Research Partnerships at the Melbourne Conservatorium of Music, The University of Melbourne. She is Associate Editor of the Journal of Music Therapy and holds positions on other editorial boards. Felicity is heavily involved in the Australian Music Therapy Association, currently as Chair of the Industry Engagement Committee, the committee responsible for developing policy and strategies to have music therapy funded by various Government departments.

Interview

1. What drew you to the field of music therapy?

I discovered the profession of music therapy when I was 15 years of age when my careers counsellor at school drew my attention to it. I was a passionate piano player but also interested in taking a career in the helping professions. When I met with the careers counsellor, she felt that music therapy might be a good fit for me. I started to read up on music therapy and really thought "Oh yeah, this is the profession for me".

At the same time, I had a grandmother who was living with Alzheimer's Disease. As a young lady, she used to play the piano for the silent movies. One day while visiting my place, she began to play the piano and despite being very confused and displaying verbal and at times physical aggression as a result of her confusion, she experienced joy while playing the piano and although not having played for 50 years or so, was remarkable in her ability to play. There was clearly a lot of muscle memory going on there. This experience of music impacting my grandmother further cemented my decision to study music therapy. 35 years later, here I am, even more

passionate about this field than I was then. I have never looked back since making this decision.

2. What are your primary areas of practice and what fascinates you about that area/those areas?

My clinical areas are in neurorehabilitation and in residential aged care. Between 1992 and 2000, I practiced at a neurorehabilitation hospital which provided rehabilitation for young adults (mostly aged 18-45 years) who had received acquired brain injuries as a result of road trauma. The scope of my clinical work ranged from emotional adjustment to acquired disability, rehabilitation of communication skills, rehabilitation of cognitive functioning, and rehabilitation of physical functioning. I took a particular interest in working with the more challenging patients, those patients where progress seemed to be slow or motivation was poor. I took pride in taking on the cases where other disciplines (speech therapy, physiotherapy etc) were at a loss for how to move forward. There are dozens of examples of working with young adults where I was the only one who could “get through” and make a life-changing difference. I think the aspect of this work that was most rewarding for me was that these young people were so motivated to “get better” despite the significant, debilitating, and devastating impairments they had acquired. Their will to live was inspiring.

I also practiced for many years in a residential care home and spent the majority of my time in the dementia specific unit, a locked unit of approximately 30 residents who displayed behavioural and psychological symptoms of dementia that were deemed challenging to manage in other areas of the residential care home. I was always struck by their responsiveness to music, particularly those who were physically agitated. I have strong memories of playing music to them and observing how their repetitive hand movements such as banging their hand on a table, were transformed into more meaningful movements such as tapping along to my music.



3. What are your areas of research?

Over my 2 decades as a researcher, I have focused on 3 main areas of research.

1. Therapeutic songwriting: Here I have spent more than a decade researching and developing methods and models of therapeutic songwriting. I have used this music therapy method in research with young refugees, adolescents who are at risk of dropping out of school, adults in mental health settings, drug and alcohol rehabilitation, adults with acquired brain injury and spinal cord injury, carers of people living with dementia, and people living with dementia. Through my research tracking the work of expert clinicians and researchers globally, I constructed models of songwriting that reflect the clinical orientation of the therapist. For example, I constructed models of songwriting when the clinician's orientation was grounded in strengths-based approaches and contrasted the way songwriting was implemented when it was delivered by a clinician who was more insight-oriented in his or her approach. My research looks at the impact of the song beyond its creation including the ethics, benefits and dangers of providing copies of self-composed songs to those that created them. I was also researching the impact of the music itself in the songwriting process.
2. Building on my songwriting research, I combined my songwriting research with my clinical expertise in neurorehabilitation, to lead a major 4-year project that examined the impact of a narrative songwriting approach on identity and other areas of wellbeing post acquired brain injury and spinal cord injury. Here, our participants explored their sense of self using a purposefully designed songwriting protocol. In the protocol, the participants created one song about the past self, one song about the present self, and one song about an imagined future self, with the music therapist encouraging participants to explore all the domains of the self. This was designed to not only allow the participants to grieve parts of the self that were lost (for example, loss of use of their legs) but also to remind them of the residual self, the parts of the self that remain unchanged.

4. Please describe in some more detail a study that you are currently involved in.

My third and current area of research has shifted to a global problem, dementia. I am currently leading the Australian arm of the MIDDEL study (Music Interventions for Depression and Dementia in Elderly) that is led by Christian Gold from Norway. Australia is the first to secure funding and we are due to complete this cluster randomised controlled trial of 500 Australian participants in April 2021. In May 2019, I

began leading an international trial with colleagues in Norway (Norwegian Academy of Music), UK (Anglia Ruskin University), Poland (University of Physical Education, Krakow), and Germany (University of Applied Sciences Würzburg-Schweinfurt). This trial HOMESIDE (A HOME-based Family caregiver-delivered music Intervention for people living with Dementia: A Randomised Controlled Trial), will involve 495 people living with dementia and 495 co-habiting family caregivers across 5 countries. The family carers will be trained by a music therapist to use music strategically to support the care of the person living with dementia and we are examining its impact on the wellbeing of the person living with dementia, the family carer's wellbeing, the quality of their relationship and the health economic benefits of this.

5. In this congress you will be presenting as part of the spotlight session on Advancing Research in Music Therapy. Please give us a sense of the uniqueness of your contribution in this area.

I would have a title of a presentation such as "Trials, Tribulations and Triumphs of International, Interdisciplinary Clinical Trials". In my presentation, I will be discussing my experiences in leading large trials to date, particularly with respect to the unseen, unspoken challenges which are experienced during the delivery of a trial. I have interviewed a number of leading researchers in the music therapy field and offer their perspectives on this topic to accompany my perspectives using my three randomized control trials as examples of what researchers may encounter. I intend to balance this with the joys and triumphs of team-based research.

6. What are you looking forward to about attending and what are your expectations of the World Congress of Music Therapy in 2020 in South Africa?

My experience of World Congresses is one of openness to diversity and a chance to make new connections with my colleagues from around the globe, my music therapy family.... South Africa has always been on my list of places to visit and see what music therapy practices are going on there because music is such a strong part of South African culture.

I always enjoy attending the presentations by delegates of the host country, and make a special effort to go to as many as I am able to.

7. Please complete the following sentence which we will use to encourage others to attend:

Come to the World Congress of Music Therapy in 2020 because you will have an opportunity to hear about cutting edge research that is going on across the globe, to reconnect with colleagues you only see once every three years, make new connections with colleagues you have never met before, and, most importantly, to recharge your passion for music therapy. I always return from World Congresses full of energy, motivation, and a greater appreciation of our discipline and the researchers and clinicians who shape it.

Felicity Baker, PhD

