

Twenty years of music therapy at Berklee College of Music

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ABSTRACT

This report is an account of the establishment and progress of the Music Therapy Department and Institute at Berklee College of Music in Boston, Massachusetts, USA. It is a retrospective look at 20 years of faculty/curriculum development, special initiatives, events, and trends in the education and training of music therapists. It offers some insights into the factors that guide programmatic focus and change.

KEYWORDS

programme development, music therapy, curriculum, history of music therapy

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A SHORT HISTORY

This report is a personal reflection on 20 years of music therapy at Berklee College of Music in Boston, Massachusetts, USA. It highlights the contributions of a diverse faculty whose expertise built instructional designs for training future generations of music therapists. It lists the initiatives that have served as springboards to investigate trends in the music therapy profession and to construct a vision for training leaders in new directions. It approaches the challenges of innovation in a rapidly changing healthcare and education environment. Currently, 156 music therapy majors are enrolled as undergraduate students seeking board certification as music therapists in the United States, and an initial cohort of 12 students is currently working towards the Master of Arts in Music Therapy. The vision of the Music Therapy Department has been to prepare

prospective music therapists to apply multiple genres of classical and contemporary music to their work in traditional and innovative clinical applications, while understanding the underlying mechanisms and outcomes of music therapy.



Photograph 1: Dean Darla Hanley, Chair Suzanne Hanser and faculty celebrate 20th year

THE START OF MUSIC THERAPY AT BERKLEE

I will never forget the telephone call that I received from the President of Berklee College of Music, Lee Berk, in 1993. President Berk was committed to fulfilling the college's mission to offer a multitude of careers in music, and contacted me as President of the National Association of Music Therapy to discuss the possibility of adding music therapy to Berklee's impressive list of music professions. President Berk appreciated the promise of offering students a way to use their talents in the service of others. His keen business sense and philanthropic nature predicted that the combination of a fine music college specialising in contemporary music, improvisational methods, international approaches, and the latest music technologies, located in a city with prestigious educational and research institutions, amongst neighbourhoods of renowned medical and healthcare settings, could form the perfect confluence of conditions for a state-of-the-art programme.

I told President Berk that I would identify a qualified consultant to conduct a feasibility study on the potential of creating a music therapy programme at Berklee, never thinking that, two years later, I would be asked to become the founding chair of that department. In 1995, I arrived in Boston to develop all the necessary ingredients to establish a curriculum designed to train music therapists for the 21st Century. Now, 21 years later, I still serve as chair, and the department boasts nine additional faculty, two staff positions, and a new graduate programme for the practising music therapist who is interested in leading the profession in innovative new directions and supporting a research agenda in music therapy.

BUILDING A HOUSE FOR MUSIC THERAPY

Building a programme is like building a house in that it is necessary to have a set of plans, a foundation, an architect, and master builders who are experts in their trades.

The foundational principles that guided this effort included a number of assumptions about a high quality music therapy education:

It is based on the evidence amassed about music therapy interventions and their outcomes

In *Possibilities and Problems for Evidence-Based Practice*, Edwards (2005) extols the importance of applying strategies that have been documented to

affect behaviour in specific, therapeutic ways. It was my first mission to amass those music therapy protocols from various philosophies and practices around the world and hire experts to teach these techniques.

It must expose students to the various approaches and philosophies that music therapists apply to their work

Wigram, Nygaard Pedersen and Bonde (2002) include a wide variety of music therapy approaches in the comprehensive guide to the field. It was important to include as many theoretical and practical models as possible in the Berklee curriculum, while ensuring that the validity of one approach would not negate another. It was essential to encourage students to embrace an openness to different ways of looking at music therapy, and to hire experts in various approaches. In a chapter that I contributed to the *Oxford Handbook of Music Therapy* (Hanser 2016), several aspects of curricular development were highlighted: healthcare and education trends, technology, levels of practice, the need for personal therapy, and multicultural issues. These are just a few aspects of education and training that are currently under scrutiny, and must be accounted for in any sound music therapy curriculum.

It is culturally competent, and involves experiences with diverse populations that represent our global society

In today's international network, it is possible to have access to theories, techniques and research from around the world. International organisations, such as the World Federation of Music Therapy (WFMT) and the International Association for Music and Medicine (IAMM) offer communications from multiple continents and provide resources that are accessible to all. Given that most clinicians will be working with people from diverse cultures and ethnicities, curricula must reflect this diversity.

It is taught by experts who have clinical experience as well as theoretical knowledge

A department is not simply an office, just as a curriculum is not just a collection of course syllabi. At Berklee, our department is now an entire team of master builders and experts, and our curriculum is given life by vibrant and competent faculty who bring their distinctive perspectives to training future music therapists. Berklee was fortunate to attract a diversity of faculty in musical specialty, theoretical approach, and clinical experience, contributing to

the breadth and depth of the curriculum. The faculty is composed of experienced music therapists who are also educators and leaders.¹

It includes closely supervised clinical experiences concurrent with training (practica) and post-training (internship)

Clinical practice alongside classroom learning has long been a value held dear. Back in 1978, when I was revising the music therapy curriculum at University of the Pacific, I wrote a manual to guide student experiences in clinical practica (Hanser 1976, revised 1980), and published this “systems analysis approach” in the *Journal of Music Therapy* (Hanser 1978). Later, Chad Furman and I (Hanser & Furman 1980) published a set of guidelines for providing feedback to students on their clinical work. Berklee’s course of study includes five pre-internship clinical practica in diverse settings: special education, older adults, research (currently in community settings for the homeless, and with well elders), mental health settings, and medical centres.

It involves engaging students actively in musical experiences of many genres and types

Berklee’s mission is:

“to educate, train, and develop students to excel in music as a career. Developing the musicianship of all our students is the foundation of our curriculum. We believe that the lessons and qualities derived from that work—the self-discipline needed for excellence, the empathy required of music making and the openness and curiosity essential to creativity—are critical to achievement in any pursuit, musical or otherwise. We also believe that music is a powerful catalyst for the kind of personal growth central to any collegiate experience” (<https://www.berklee.edu/about/mission-and-philosophy>).

We have held our curriculum true to this value.

It consists of courses, mentorships, clinical supervision, and opportunities for service learning and community engagement.

In Boston, we are fortunate to have partnerships

¹ The following faculty and staff members are the real authors of this 20-year retrospective: Donna Chadwick, Peggy Codding, Kathleen Howland, Brian Jantz, Kimberly Khare, Chigook Kim, Michael Moniz, Karen Wacks and Julie Buras Zigo.

with some of the finest institutions in which our students practise the techniques they are learning in the classroom. We insist on close supervision with qualified music therapists in each setting.

Beyond Boston, music therapy faculty and students embark on service learning trips to other parts of the world, to engage musicians, healthcare providers, and specialists in building collaborative and sustainable programmes to meet their needs. Berklee’s goal is to educate agencies and communities, through their personnel and constituents, in music therapy strategies that may supplement and enhance their existing programmes.

It incorporates the latest technologies, and prepares students to create their own innovations, particularly those that afford greater access to music and music therapy services

Berklee benefitted greatly from the presence of Wendy Magee as a Visiting Scholar, as she prepared her landmark text, *Music Technology in Therapeutic and Health Settings* (Magee 2013). Committed to developing and applying the latest music technologies, Berklee supports initiatives to meet our goal of enabling every person, regardless of ability or disability, to access music and music therapy techniques (see Music Therapy Technologies, under Special Initiatives).

It integrates a forward-moving agenda, based on predictions of market needs and a vision for the future of education and healthcare

I have heard from some architects that they fear the moment when their vision fails to align with their blueprints, and the measurements they have carefully calculated do not add up to the precise sum of the parts. This is the moment when they must reconsider their designs, discarding various elements and at times, rethinking the whole project. They report that this dreaded instant, more often than not, ultimately brings the new perspective that creates a much better home, in the end.

To build a music therapy department entails many steps forward and back, starts and stops, and boulders that impede progress along the way. I have thought about the challenges that those sorts of setbacks provided during that first year of curricular development, but also discovered the clarity that can appear when plans require a shift in thinking. So, when administrators of clinical facilities failed to return my calls or answer my queries, I identified staff members who I had

reason to believe might be supportive. I offered to provide in-service trainings to social work teams and psychosocial development groups. I spoke at support groups and parent assemblies. I led music-facilitated stress management groups for staff meetings, and worked with offices of human resources to provide music therapy for staff.

I joined boards of directors in order to learn more about community needs and agendas. I presented grand rounds at hospitals, and volunteered at a number of clinical facilities. When asked to participate in interviews and newsletter entries, I offered a creative perspective on mental health, wellness, and special education. Every opportunity to perform or speak was taken. My priority was to educate the community about the impact of music therapy and the many benefits of providing music therapy services, while they educated me about the needs of the Boston community. It is these partnerships that have sustained, empowered and continued to support the growth and development of the Music Therapy Department at Berklee.

EXPANDING INTO GRADUATE EDUCATION

Berklee welcomed its first cohort of graduate students in 2015. In developing this specialised curriculum in research and conventional/integrative medicine, a needs analysis was performed to determine emerging directions in health sciences and education. Alumni were queried regarding their interests in graduate education and their values regarding those components that were missing in their undergraduate curricula and skills/credentials that might further their careers and professional trajectory. Establishing networks with healthcare service providers around the world helped to direct the course of study and identify educational resources. To meet the needs of music therapists around the world, it was determined that an online platform would be necessary for the bulk of the training. Of course, it was an expert faculty that actually conducted the preliminary research, wrote the new courses, and created the foundation for this advanced work.

The graduate curriculum leading towards the MA in Music Therapy provides advanced instruction to guide and prepare music therapists for today's global and community-based approaches to healthcare and education. These music therapists focus on neuroscience, research, clinical music, technology, music cognition, global perspectives, and the latest advances within the field. With specialty tracks in integrative medicine and

research, students contribute to a contemporary approach to music therapy, as they strengthen their skills and allow their practices and research interests to evolve. We believe that students not only enhance their professional skills and knowledge through such advanced study, but that they will also grow as leaders of the music therapy profession.

LEADERSHIP OF THE COLLEGE

With the support and guidance of the administration of Berklee College of Music, the Music Therapy Department has been able to forge a vision for the future of our profession. As Dean of the Professional Education Division at Berklee, Darla Hanley has been a champion for the highest standards of education. As Dean of Assessment and Graduate Studies, Camille Colatosti has ensured that our graduate curriculum employs expert consultation and the latest technologies to provide the finest advanced training to practising music therapists. Provost Larry Simpson has provided access for our department to engage professionals throughout the college community to support our goals. President Roger Brown has valued our vision as part of the mission of Berklee. Their leadership has facilitated multiple initiatives that have taken root and grown over two decades.

Many offices of the college provide other resources. For example, Berklee Press has published *The New Music Therapist's Handbook* (Hanser 1987) and *Manage Your Stress and Pain through Music* (Hanser & Mandel 2010). Berklee's Valencia campus invited Kathleen Howland to present a TEDx talk on [How Music can Heal our Brain and Heart](#). Special programmes, like the [Performance Wellness](#) and [Global Jazz](#) Institutes at Berklee have also reached out for expertise and support from music therapy faculty.

MUSIC THERAPY INSTITUTE

The mission of the Music Therapy Institute (MTI) is to advance the cause of music therapy on a regional, national, and global level and to fully establish music therapy as a recognised viable treatment option. MTI exists to:

- ❑ establish innovative models for music therapy service delivery, training and research, which may be replicated nationally and internationally.
- ❑ support a strategic goal of the American Music Therapy Association (AMTA) to promote and provide scientific data that demonstrate the effectiveness and outcomes of quality music therapy services.

- ❑ raise public awareness of and support for music therapy services.
- ❑ increase music therapy services in established and new clinical sites in the metropolitan Boston area.

This mission is met through a variety of activities including:

- ❑ creating and expanding replicable model music therapy programmes at highly acclaimed sites, such as Dana Farber Cancer Institute, McLean Hospital and Children's Hospital of Boston.
- ❑ providing key music therapy services to underserved populations while simultaneously increasing the number of available qualified music therapists, including safety net, and inner city health and educational services. This occurs at Boston Medical Center, a local women's shelter known as Rosie's Place, and other settings.
- ❑ conducting controlled research trials that document the effects of music therapy, such as at Boston Medical Center, in collaboration with the Department of Integrative Medicine and Health Disparities (Roseen et al. in process).
- ❑ publishing the outcomes of research studies and 'best-practice manuals' for replication of successful clinical protocols e.g., supporting preparation of articles in *Journal of Music Therapy* (Hanser et al. 2011).
- ❑ training clinical supervisors to teach student music therapists the skills they require to become competent professionals.
- ❑ supporting special projects, such as: music therapy services at Franciscan Children's Hospital and Tufts Medical Center Floating Hospital for Children, funded through a CVS Caremark Foundation Grant; and *Music InSight: Assistive Music Technology for the Blind Musician*, funded through major grants from the Grousbeck and Hilton Foundations.

MTI currently contracts with over 60 partner organisations to provide clinical training and research opportunities for music therapy students. It connects Berklee College of Music to healthcare, education and arts organisations that serve the therapeutic needs of Boston communities, and provides resources to organisations aiding in the establishment of music therapy programmes. Other educational opportunities are offered through symposia, training institutes and research initiatives.

SPECIAL INITIATIVES²

It has been important to consult our community of colleagues, including researchers, clinicians and educators in music therapy and in inter-professional disciplines, in order to select the particular initiatives for departmental focus. Each year, we have identified specific themes to complement music therapy training and development. In certain cases, symposia have led to new curricular offerings, such as with music therapy technologies. The desire to meet the needs of blind musicians at Berklee led to the hiring of Chigook Kim, an assistive music technology curriculum, a symposium, and new research proposals. In all cases, events have been well-attended, and led to new directions in approaching familiar or innovative topics. We have always combined music performance with presentations of subject matter, clinical demonstrations where relevant, and case material, when possible. We have experimented with various formats. For example, in the *Music & Science Symposium*, we provided iPads for participants to tweet their questions to speakers, which were projected onto the stage of the Berklee Performance Center. We have arranged for many of our presentations to be live-streamed so that interested parties who live far from Boston, Massachusetts, could participate. We have attempted to look within Berklee for in-house expertise, our local community for talent and wisdom in specialties related to music therapy, and across the nation and globe for leadership. When it was not possible to engage these players in Boston, we used videoconferencing and telecommunications to connect them to our audiences. Having a team of creative problem-solvers and forward-moving thinkers has, perhaps, contributed most to the success of these initiatives.

Autism speaks and sings

Conferences to educate professionals and families in the applications of music therapy for individuals on the autism spectrum.

² Additional information about the initiatives mentioned here can be found on Berklee's website: <https://www.berklee.edu>



Photograph 2: Poster for Perspectives on Music Therapy and Autism

Music and science

Symposium to integrate expertise in music, science, technology, cognition, neurology, and music therapy, and create bridges to the greater community.



Photograph 3: Poster for Music & Science: Practice & Convergence

Assistive music technology for the visually-impaired musician

- Curricula to empower visually-impaired students to gain skills required of every musician.
- Establishment of an assistive music technology laboratory.

- Sound Vision Symposium on music and the visually impaired.



Photograph 4: Poster for Sound Vision: A Symposium on Music and the Visually Impaired

Boston arts consortium for health (BACH)

A consortium of community agencies in greater Boston that involve music and other arts in health and healing.

Global music therapy

Symposia, curriculum and guidance to support student-led service learning trips around the world, including Panama, Colombia, Uganda, Kenya, Ghana, Puerto Rico and India.



Photograph 5: Poster for Global Music Therapy Symposium

Music therapy technologies

- ❑ Partnership with MIT Media Lab and Music Therapy Department to work with residents of Tewksbury State Hospital as they learn music composition apps.
- ❑ Partnership between Electronic Design/Production and Music Therapy Departments at Berklee.
- ❑ Development of New Music Therapy Technologies and Training Symposia.
- ❑ Music Therapy Hackathon.
- ❑ Music and Health Apps: Course offered jointly by Berklee College of Music and MIT.



Photograph 6: Poster for The Future of Music Therapy: Training in Music Therapy Technologies

Music therapy and neurology

- ❑ Training in Neurologic Music Therapy offered at Berklee.
- ❑ [TEDx talk by Kathleen Howland](#)
- ❑ Partnership with Spaulding Rehabilitation Network.



Photograph 7: Poster for international Training Institute in Neurologic Music Therapy

Music therapy and wellness

- ❑ Development of curriculum, including *Mind-Body Disciplines for the Musician*.
- ❑ Student-facilitated groups specialising in *Healthy Rhythms, Kinesthetic Flow, Circle Singing, Facilitating Drum Circles, and Drummassage*.
- ❑ Collaboration with Berklee's *Performance Wellness Institute*.
- ❑ Events as part of Music Therapy and Wellness Week: *Flourishing through Music*.



Photograph 8: Poster for Music Therapy and Wellness: Flourishing with Music

Music therapy and pain

- ❑ Memorandum of Understanding to support collaboration with Tufts University School of Medicine and its Pain Research, Education and Policy (PREP) programme.
- ❑ Collaborative clinical trials to determine impact of music therapy at Dana-Farber Cancer Institute and Boston Medical Center (Hanser et al. 2006; Rosen et al. in process).

Research initiatives

- ❑ Music Therapy for Women with Metastatic Breast Cancer at Dana-Farber Cancer Institute.
- ❑ Music Therapy for Individuals with Dementia and Their Family Caregivers.
- ❑ Music Therapy, Massage Therapy, and Usual Care in the Family Medicine Unit of Boston Medical Center.

INGREDIENTS FOR SUCCESS

Over the past 20 years, our department has been fortunate to partner with experts and agencies in diverse fields to build music therapy services, research, educational programmes, events and symposia, while learning from colleagues in multiple disciplines. A vision for the future of music therapy has only been possible with the following elements:

- ❑ highly qualified faculty within music therapy and related disciplines.
- ❑ students who are accomplished musicians from around the world.
- ❑ administration of the college who share values and offer the guidance and support necessary to succeed.
- ❑ partnerships with community agencies who value music therapy as an evidence-based practice.
- ❑ research collaborations with experts from multiple disciplines in respected healthcare and educational institutions.

I have been in the fortunate position to surround myself with talented, creative, visionary, and competent people who have enabled music therapy at Berklee College of Music to thrive and evolve. The future holds even more opportunities to build new models for music therapy that will serve the profession and the world.

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