1. *Can you tell us a little about yourself and how did you start your career as a music therapist?*

Hi! I’m Laura Sekarputri, an alumni of Berklee College of Music who majored in Music Therapy (with a minor in Psychology).

I’m a music therapist, multi-instrumentalist & music producer. I provide music therapy services for the older adults/elderly (geriatrics) and adults in mental health (psychiatric), in Beverly Hospital & Addison-Gilbert Hospital, as well as several senior living facilities such as Seacoast Nursing & Rehabilitation Center, Herrick House, Ledgewood Rehabilitation & Nursing Center. I've presented at the National Conference on the topics of Diversity & Inclusion in Music Therapy.

In terms of career, my path is a reflection of an unexpected clinical depression that I battled during my second semester at Berklee (Boston campus). I hit rock bottom, and had to take a gap year in Indonesia. After five months of self-imposed isolation, my days took a turn for the better as I also discovered the benefits of music to regulate and lift my mood.

Moreover, I’ve always have a heart to serve ‘the last, the lost and the least’ through music. I also had been actively performing/playing guitar and piano, both of which are essential instruments for music therapists to treat patients. Since then, I’ve had a growing personal and professional interest in music therapy and felt the calling to become a music therapist. And so after recovering and returning to Boston, I decided to major in music therapy.

*2. What is music therapy and what do music therapists do?*

Generally speaking, music therapy (MT) is the clinical use of music to achieve therapeutic goals. From premature babies, to children with special needs, to adults with mental health disorders, and the elderly in nursing homes, music therapists can utilize the power of music to address different issues and improve their overall well-being of patients.

**More info about MT:**

"Music Therapy is the clinical and **evidence-based** use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program.

Music therapy interventions can be designed to:

* Promote Wellness
* Manage Stress
* Alleviate Pain
* Express Feelings
* Enhance Memory
* Improve Communication
* Promote Physical Rehabilitation” (source: <https://www.musictherapy.org/> American Music Therapy Association)"

*3. How does the therapy work scientifically that it can heal / improve our body, especially for children?*

As an evidence-based practice, music therapy (MT) process follows the main stages as part of the standard practice as explained below:

1. ***Referral:****obtaining referral from doctors, registered nurse in medical settings (e.g. hospital, psychiatric unit), or speech therapist in special education school, or at times, the patient himself can self-refer to the MT service*
2. ***Assessment:****Upon building rapport in the first session for a successful therapeutic relationship, the music therapist will also analyse the nature of the presenting problems by observing behaviours of clients or conduct standardized tests such as the visual analogue scale to measure pain intensity. This will determine the clients' level at the start of the therapy and then compare this baseline to subsequent changes later.*
3. ***Goals & Objectives:****based on the assessment, the music therapist will examine and decide on the specific objectives to be focused on during sessions. Some examples of treatment goals are to improve expressive language, increase self-esteem, improve manual dexterity and pain management/reduction {these are general long term goals, i can talk more about targeted, short-term objectives such as “to increase attention to musical task by 50 percent during sessions” or “to play the melody of the assigned song on the piano using the correct three fingers}*
4. ***Treatment Plan & Implementation:****After knowing the client-preferred song(s), the music therapist will devise the individualized, music-based interventions/techniques, such as songwriting, rhythmic auditory stimulation (for stroke rehabilitation), and multimodal neurologic enhancement (for premature babies in NICU/neo-natal intensive care unit)*
5. ***Evaluation & Termination***

Additionally, in order to qualify as a music therapist in the United States, you need to have a music therapy degree, i.e. either a bachelor’s degree in music therapy or equivalency/masters degree in music therapy. The music therapy degree is a professional, specialised music degree which requires an audition for acceptance into the school of music (offered at over 70 colleges/universities whose degree programs are approved by the American Music Therapy Association (AMTA))

The degree is "four or more years in length and includes 1200 hours of clinical training, which is a combination of fieldwork experience embedded in music therapy courses and an internship after the completion of all coursework. The music therapy degree is designed to impart professional competencies in three main areas: music, music therapy, and related coursework in science and psychology.” (source: <https://www.musictherapy.org/careers/employment/#PERSONAL_QUALIFICATIONS>)

*4. Can you share your experience about the impact you created through this job? (preferably in pediatric patients)*

Yes! **I have many memorable experiences in MT with my patients, but here are two of my favourites:**

a) When working at Florida Hospital, I received a referral from a nurse to provide individual music therapy session for a pediatric inpatient (10 years old). She just had a surgery and her pain perception level was 9/10. I remember seeing her (despite already on pain medication) grimacing in excruciating pain and holding her parent’s hand tightly. Because she was too in pain to choose a song, I ended up guessing a pop song that she might like (utilizing intuition), took my guitar out, played the intro and sang for her. Fortunately, she happened to know the tune and was very engaged by the song as evidenced by her singing the chorus part together, and later requested to learn how to play the simple chords with the small ukulele that I brought on my music cart! Long story short, we ended up jamming to that song and I ended up teaching her a few simple chords so she can accompany herself with that ukulele that the hospital provided for her. It was such a meaningful moment to see how quickly she was positively distracted by the power of the music, and later through active-music making. At the end of the session, she gave me the widest, prettiest smile I’ve ever seen and her pain level was down to 1/10 (with visual analogue scale measurement).

b) Another memorable experience was an individual music therapy session with an adult inpatient whose family members was visiting him after a relapse. After getting referral, I visited his room and observed that he looked so downcast and seemed very frustrated by the recent hospitalization. When asked what kind of music he liked, he said quietly "James Taylor”, and so I opened my book, sat by the bedside and started to played the ‘lick' of the guitar intro to “You’ve Got a Friend” (one of the classic hits by James Taylor & Carole King). I purposely chose it due to its positive theme despite the trying times. At first, I was just singing by myself, but gradually to my surprise, he started to sing together with me in an expressive manner. In the middle section of the song, I decided to create an interlude (instrumental break) and facilitated a lyric substitution technique, whereby instead of the original line “you’ve got a friend”, I prompted the the patient to think of his support system, i.e. family members and close friends, whom most of them happened to be in that room visiting. We then sing all of their names, as well as the ones not in that room…*"You’ve got {insert his/her name here}… You’ve get {insert another name here}”*over the chorus of the song. We all shared laughters and eye contacts, making this section the climax and very personalized for him (since of course it’s not included in the pre-recorded recording). To my surprise, this turned out to be a successful intervention as he was able to shift his negative thoughts into a more positive reflection as he pondered and expressed his gratitude for his support system despite his current condition—being stucked in the hospital; but he’s never alone. It was also beautiful to see his friends and family sang together with us and later hugged him at the end of the session. To this day, I still remember closing the song (after that special improvisation) with the original chorus*“Winter, spring, summer or fall…all you got to do is call..and I’ll be there…You’ve got a friend…”*, as well as seeing his grateful tears and lifted mood at the end of the session.

*5. We are having an online charity concert where children from the orphanage in Sumba, Flores and Papua will act, sing and dance. Some of the children have a history of sexual abuse, PTSD and personality disorders. What is your opinion about the musical event from the perspective of a music therapist for the children?*

THIS IS AMAZING! I’m super excited to learn and hear about this concert. Because music is subjective, i.e. certain music can cause different reactions to people (e.g. good/bad memory association, or due to preference of genres), I cannot give a definite answer for its after-effect. However, children are generally known to enjoy the process of making-music/watching engaging musicals, and so I’m positive that your musical event will be beneficial in potentially lifting their moods and self-expression (i.e. if they know the song and can sing along), esp. during this trying times where they are isolated. For I believe that music can “name the unnameable and communicate the unknowable” (quote from one of my favorite composers—Leonard Bernstein)