VIRTUAL MUSIC THERAPY

SERVICE DELIVERY: DEVELOPING NEW APPROACHES & MODELS

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INTRODUCTION AND OVERVIEW

• A time for rapid revolution

• Conceptualizing digital opportunities

• Providing a framework to build
THREE TIERS – ONRAMPS TO A VMT SERVICE

• Tier 1: Curate online resources - assemble a list of online resources useful for your clients/patients

• Tier 2: Create original content - develop and record short videos or audio podcasts to address therapeutic goals

• Tier 3: Implement VMT - via telephone or videoconferencing, what works best considering the needs and resources of those you serve
TIER I - CURATE ONLINE RESOURCES

• The internet is vast - You are an expert
• Use your knowledge of your client/patient needs to find helpful content
• Organize it
• Share it
• If working in an organization, coordinate with website management to include
• Cite these resources as they will require copyright permission. Seek further clarity or permission from source content owner.
TIER II - CREATE ORIGINAL CONTENT

• Develop, record, post short videos to address therapeutic goals

• Examples: finger plays for infants & toddlers, relaxation videos for school age, adolescent/YA or adult, therapeutic music lessons

• If possible, use original compositions, improvisations, or music from the public domain

• Copyright protection still applies - consider licensing or permissions to use others’ music
TIER III IMPLEMENTING VMT: TELEHEALTH APPROACH

A. Practical Considerations

B. Operational Considerations

C. Clinical Considerations
VMT PRACTICAL CONSIDERATIONS

• Patient/client’s ability and ease of access

• is there a caregiver that could assist with the technology?

• Though many organizations are relaxing HIPAA standards use what is approved by your organization
VMT OPERATIONAL CONSIDERATIONS

• Identify Essential Technology and Workstations

• Hardware: Computer, digital interface, microphone, webcam

• Software: Garageband (mac) or Cubase (pc)

• Practice and practice some more, technology is a skill
VMT OPERATIONAL CONSIDERATIONS CONTINUED

• Initiate contact and patient/client communication

• Marketing via MT flyer materials

• Method for contacting patient/clients

• Audio options: phone, Google voice, Jabber, Webex

• Video options: Zoom, Skype, Facetime

• *Note U.S. Government relaxed restrictions on all media platforms to allow use, however consult with your specific site or organization.
Therapist Receives Referral

- Patient returns call to therapist
- Therapist attempts and does not reach patient via patient room phone
- Therapist charts attempt and leaves voice mail*
  
  If consent is given, therapist contacts patient via personal cell, tablet, or computer (if available)

  Therapist assesses patient and offers appropriate intervention based on their needs

  Therapist facilitates songwriting intervention over room phone or via patient's personal device (cell, tablet, or computer)

  If over room phone, therapist verbally processes with patient afterward and schedules follow-up if applicable

  If over patient personal device, therapist processes with patient afterwards, schedules follow-up if applicable, and records the finish product which is shared with the patient's personal email or via secure internet link

  If consent is not given, or additional technology is not available telesession continues via room phone

  Therapist facilitates guided relaxation intervention over room phone or via patient's personal device (cell, tablet, or computer)
VMT CLINICAL CONSIDERATIONS

• Intervention Procedures that are VMT deliverable

• Music assisted relaxation and imagery

• Lyric and Songwriting technique

• Playlist creations

• Resource identification
NEXT STEPS

• Follow AMTA on Facebook, Instagram and LinkedIn

• Community resource:

• Don’t wait for the Coronavirus pandemic to end, use this model to see what you can do RIGHT NOW to support those you serve through music therapy. These 3 tiers are onramps to develop VMT services that work for you and your clients/patients. See what is possible and make it happen for them.