Regional Liaison Paper

*Music Therapy Worldwide: Exploring Trends and Challenges in Research, Practice, and Education*

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   Design: Dr. Petra Kern
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ABSTRACT

‘The World is where we are!’ In this paper the Regional Liaisons of the World Federation of Music Therapy (WFMT) share information and their reflections on current trends and challenges in music therapy research, education, and practice from around the world. The authors describe these aspects of music therapy in Africa, Australia/New Zealand, North America, Latin America, Southeast Asia, Western Pacific, Eastern Mediterranean, and Europe.

In bringing alive their region of the world, the Regional Liaisons report on:

- Demographics in a snapshot of the region and its people,
- Work settings and populations served,
- Music therapy approaches applied,
- Undergraduate and graduate music therapy programs available,
- Key research and publications, and
- Future directions, perspectives, as well as personal vision statements.
PREFACE

Since the beginning of music therapy as a health profession, the field has come a long way. Students of music therapy take the opportunity to study abroad, professionals live and work in countries other than their origin, and the Internet makes it possible to access publications and communicate with colleagues around the globe. As music therapists we see clients from many different countries and backgrounds that requires cultural sensitivity and a diversified repertoire. Therefore, modern music therapy is based on a global understanding of our profession.

This paper aims to contribute to the global understanding of music therapy and to give an overview of the current status of the profession in each region. The Regional Liaisons of the World Federation of Music Therapy (WFMT) task is

- To be the contact and network person in a specific geographic area
- To distribute information related to WFMT
- To provide information to specific topics, and
- To bring ideas, suggestions, and information specific to the geographical area and relevant to the mission and work of the World Federation.

In 2009, we gathered information about clinical practice, education and training, and research and publications in music therapy by contacting music therapy colleagues in each region, reviewing literature, and evaluating current trends and challenges in music therapy. This information has been provided in eight video clips, which are posted on the WFMT website www.wfmt.info. This paper gives updated information and can be seen as accompanying handout to the video clips.

We hope you find the information helpful and enjoy the individual and cultural differences of each region and country.

Happy Anniversary to the WFMT and all of us!

Yours,

Petra Kern
President of WFMT
North America

By
Gene Ann Behrens
Ph.D., MT-BC

Snapshot of the Region and its People

Area
- Canada: 9,976,140 sq km
- United States: 9,631,420 sq km

Population
- Canada: 28,846,761 (1996)

Ethnic Groups
- Canada: British Isles origin 40%, French origin 27%, other European 20%, indigenous Indian and Eskimo 1.5% (1996)

- United States: Caucasian 75.1%, African American 12.3%, Hispanic origin 12.5%, Asian 3.6%, American Indian and Alaska Native 0.9%, Native Hawaiian and other Pacific Islander 0.1%, other race 5.5% (2009)

Median Age
- Canada: 40.4 years
- United States: 36.7 years

Music Therapists
- Canada: 388 (1996)
- United States: 2,274 (2009)

Source
Documented history of music therapy in Canada and the United States.

"The rich history of music therapy as a profession in Canada and the United States that has spanned the decades since the 1940s continues to support the promotion and development of a variety of models, methods, and techniques – all with the common focus of improving the well-being of individuals through the research based, systematic use of music in and as therapy."

~Gene Ann Behrens

INTRODUCTION

A strong professional organization exists in Canada (the Canadian Association for Music Therapy, CAMT) and the United States (the American Association for Music Therapy, AMTA) that focuses on advancing the awareness of music therapy. However, the practice of music therapy in Canada and the United States varies as a result of how health care is regulated and delivered. In Canada, a national system implemented in each province regulates how health care is provided and the recognition of music therapy as a treatment modality. Music therapists apply for positions at the facilities or programs, but the government regulations in each province controls the availability of jobs. As there is no universal health care system in the United States, the recognition of music therapy as a treatment modality is defined by each program, facility or individual paying for services. Salaries are paid by a facility or program; reimbursement from insurance companies, or statewide programs; or by private pay. One exception exists within the state of New York where a practice licensure bill was passed that defines the practice of music therapy.

CLINICAL PRACTICE

As far as the types of approaches, populations, and settings, a music therapist’s practice is very similar in Canada and the United States. In both countries, music therapists are influenced by one or more psychological approaches within their practices, behavioral, cognitive, psychodynamic, and humanistic, just to name the most common. Many practitioners in each country also seek out specialized training in specific methods such as Guided Imagery in Music, Nordoff Robbins, and Neurologic Music Therapy. Music therapists work with a wide range of populations, anywhere from infants, children, adults, and older adults within medical hospitals, schools, day care programs, correctional institutions, in and out-patient psychiatric programs, geriatric facilities, and palliative or hospice care, just to name a few. Their methods involve composing or improvising music, singing or playing symphonic or rhythmic instruments, and moving to, listening to, and discussing music.
TRAINING AND EDUCATION
The training of music therapists is somewhat similar in each country. Within Canada, seven schools provide an undergraduate degree in music therapy; two of those programs also provide a master’s degree. Given that a number of graduate degrees also are obtained from Europe, an international perspective exists within the schools. Students complete four years of coursework and a 1000-hour supervised internship. Their credentialing process is regulated through their national association, CAMT, the Canadian Association for Music Therapy. After completing the internship and an approved written portfolio, the accreditation of MTA, Music Therapist Accredited, is obtained. To maintain the credential, music therapists complete 100 continuing education credits every five years.

Presently, there are 73 schools offering a degree in music therapy within the United States with 31 offering master and/or doctoral graduate degrees. For an undergraduate degree, students complete a total of 1200 hours of clinical work with at least 900 hours occurring during an internship. The credential, MT-BC, Music Therapist-Board Certified, are obtained by passing an exam from an independent organization, the Certification Board for Music Therapists. In both countries, music therapists need to obtain 100 continuing education credits every five years to maintain their credentials.

RESEARCH AND PUBLICATIONS
A strong emphasis on research to support clinical practice exists in both countries. In Canada, research supporting the work of music therapists primarily comes from the universities and some from practitioners. Within the United States, practitioners and those at colleges and universities conduct evidence-based research. Quantitative and qualitative researchers exist in both countries with slightly more qualitative researchers existing in Canada.

Publications from CAMT include: Canadian Journal of Music Therapy, CAMT newsletter.

Publications from AMTA include: Journal of Music Therapy, Music Therapy Perspectives, Music Therapy Matters On-line, Early Childhood Online Magazine, imagine.

FUTURE PERSPECTIVES
The mission statement for each professional organization focuses on advancing the awareness of music therapy. Within the United States, the focus is on promoting music therapy among facilities, programs, insurance agencies, and potential clients as well as state legislatures proposing licensure bills. Within Canada, the emphasis is on promoting the recognition of music therapy within the regulating system of each province. In addition, the associations in each country support the development of research and the evidence-based practice of music therapy. As the North American Liaison, I would like to support further interaction among music therapists in Canada and the United States and among music therapists in other countries.
**INTRODUCTION**

Latin American Music Therapy community is working hard for almost 60 years in order to consolidate educational and health programs into the following twelve countries: Argentina, Brazil, Colombia, Bolivia, Uruguay, Cuba, Venezuela, Chile, Peru, Honduras, and Mexico. Most of those countries have already bachelor, master’s degree, or a specialization in music therapy.

Latin America music therapy emerged around 1950. Since then, the practicing of music therapy as health professional was approved by the government of the province of Buenos Aires, Argentina in 2005. Recently, in Brazil music therapy was received by the Brazilian Governmental Ministry of Work Code on Occupations (CBO) a work license under the employed code number 22.39-15. Most of the others countries are in the process of recognition as occupational health profession services or on music therapy educational courses recognition by government general education.

**CLINICAL PRACTICE**

Music therapy practice in Latin America is offered to many populations, such as: neurologic rehabilitation, mental health, intensive care, substance abuse, gerontology, AIDS, haemodialysis treatment, cancer, autism, international problems, substance abuse, victims of sexual abuse, adolescent pregnancy, public and private special schools, early intervention centers, hospital schools and in the area of prevention services.

The common approaches in clinic practices in Latin America are based on different psychotherapy and more recently on neurologic music therapy approach.
About the Author

Cybelle Loureiro, Ph.D. is professor and the coordinator of the music therapy at the Federal University of Minas Gerais (UFMG). Her area of interest is stroke, multiples sclerosis, optic neuritis, and child development.

Dr. Loureiro serves as the WFMT regional Liaison for Latin America. Contact: latinamerica@wfmt.info

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TRAINING AND EDUCATION

Argentina
Since 1974
4 MT Training Programs

Brazil
Since 1974
3 MT Training Programs

Uruguay
Since 1988
1992 Ugatayan Music Therapy School

Honduras
Currently working on establishing the profession in the country

Cuba
Since 1988
1993 Cuban MT group, Phil Music Therapy Laboratory/Academy of Scientific centre of Fundamental Brain Investigations

Mexico
Humanistic Music Therapy Mexican since 1996
2 MT Training Courses

Colombia
Since 1970
1 MT Training Program in progress

Venezuela
Since 1990
5 postgraduate degrees. Latest opened in April 2010

Chile
Established in 1997
3 MT Training Courses

FUTURE PERPECTIVES

The Latin American music therapy community is working hard all those five decades in order to consolidate more courses and to developing research. New trends on music therapy research are growing and opening new challenges for interdisciplinary and multidisciplinary research.

Studies have being made in medical area, community health, special schools, in music and on assessment and clinical evaluation methods.

Sample National Publications:

Argentina
Revista de la Asociación Argentina de Musicoterapia. Argentina Music Therapy Journal. Revista Internacional Latinoamericana de Musicoterapia” (ISSN 0328-9125).

Brazil
Revista Brasileira de Musicoterapia Brazilian Journal of Music Therapy.

Mexico

Cuba

www.wfmt.info
**INTRODUCTION**

As yet, in this region, information is scant from many of the Embassies contacted. The countries that are in regular contact include Bahrain, Qatar, and Jordan. In Bahrain, the music therapist works free-lance and mainly in education. The Shafalah Centre – a special needs school was established approx 10 years ago by the wife of the Emir of Qatar and they have employed several music therapists over the years. Iran, Qatar and Egypt have featured on Country of the Month in the world forum for music therapy ‘Voices’. There is also evidence of pockets of activity happening in some of the other countries where war and disruption to regular life happens. An Ashti (peace) drum circle in Iraq established by Christine Stevens and promotes leadership training programs. In Lebanon, the band AC/DC dedicated a music therapy room for sick children at Sarasota Hospital. The are probably many other activities going on but as yet have not been documented or brought to our attention.

**CLINICAL PRACTICE**

I work independently in Dubai, mainly in the education sector. As yet the government has not recognized music as a therapy, so there is no music therapy practiced within the health system. One of the challenges we face is to gain the recognition that would allow us to work in the hospital setting.
TRAINING AND EDUCATION
In Amman, Jordan, the first established Bachelor Degree in Music Therapy was set up in the Arab Region at the National Music Conservatory and the first graduation will be in summer 2011.

RESEARCH AND PUBLICATIONS
Currently not available!

FUTURE PERSPECTIVES
What I would hope for in this region would be continuing raising of awareness, through education, of how music therapy can help people. Perhaps then, some of the barriers, which exist due to cultural concerns plus a varying degree of suspicion relating to music inherent in Islamic society, can be overcome.

TABLE. Snapshot of the region and its people

<table>
<thead>
<tr>
<th>Country</th>
<th>Area sq/km</th>
<th>Population (July 2009)</th>
<th>Median Age</th>
<th>Ethnic Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>652,290</td>
<td>33,609,937</td>
<td>17.6</td>
<td>Pashtun 42%, Taj 27%, Hazara 9%, Uzbek 9%, Other 13%</td>
</tr>
<tr>
<td>Bahrain</td>
<td>741</td>
<td>727,765</td>
<td>30.1</td>
<td>Bahraini 62.4%, Non-Bahraini 37.6%</td>
</tr>
<tr>
<td>Djibouti</td>
<td>23,220</td>
<td>518,055</td>
<td>18.1</td>
<td>Somali 60%, Afar 35%, other 5% (Oromo, arab, ethiopian, italian)</td>
</tr>
<tr>
<td>Egypt</td>
<td>1,001,485</td>
<td>83,082,869</td>
<td>24.8</td>
<td>Egyptian 90.6%, other 0.4%</td>
</tr>
<tr>
<td>Iran</td>
<td>1,648,105</td>
<td>66,429,264</td>
<td>27</td>
<td>Persian 51%, Azer 24%, other 25% (Kurd, Gilak, Arab, Lur)</td>
</tr>
<tr>
<td>Iraq</td>
<td>438,857</td>
<td>28,948,657</td>
<td>20.4</td>
<td>Arab 75-80%, Kurdish 15-20%, other 5%</td>
</tr>
<tr>
<td>Jordan</td>
<td>89,312</td>
<td>5,242,458</td>
<td>24.3</td>
<td>Arab 98% other 2%</td>
</tr>
<tr>
<td>Kuwait</td>
<td>17,818</td>
<td>2,681,158</td>
<td>26.2</td>
<td>Kuwaiti 95%, other Arab 3%, Asian 3%, Iranian 4%, other 7%</td>
</tr>
<tr>
<td>Lebanon</td>
<td>10,400</td>
<td>4,017,069</td>
<td>20.3</td>
<td>Arab 96%, Armenian 4%, other 1%</td>
</tr>
<tr>
<td>Libyan Arab</td>
<td>1,750,140</td>
<td>6,315,434</td>
<td>23.0</td>
<td>Berber and Arab 97%, other 3% (greeks, maritza, italian, etc)</td>
</tr>
<tr>
<td>Jamahiriya</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morocco</td>
<td>448,590</td>
<td>34,856,364</td>
<td>25</td>
<td>Arab-Berber 99.1%, other 0.9%</td>
</tr>
<tr>
<td>Oman</td>
<td>302,545</td>
<td>3,118,050</td>
<td>16.8</td>
<td>Arab, Baluchi, South Asian, African</td>
</tr>
<tr>
<td>Pakistan</td>
<td>796,056</td>
<td>17,044,294</td>
<td>20.6</td>
<td>Pashtun 44%, Taj 15%, Sikh 14%, Beri 6%, Other 15%</td>
</tr>
<tr>
<td>Qatar</td>
<td>11,538</td>
<td>833,285</td>
<td>30.8</td>
<td>Arab 40%, Indian 18%, Pashtun 18%, Iranian 10%, other 14%</td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>2,149,630</td>
<td>28,080,033</td>
<td>21.6</td>
<td>Arab 90%, Arab-Asian 10%</td>
</tr>
<tr>
<td>Somalia</td>
<td>631,591</td>
<td>8,332,017</td>
<td>17.5</td>
<td>Somali 85%, Bantu &amp; others 15%</td>
</tr>
<tr>
<td>Sudan</td>
<td>950,012</td>
<td>41,087,625</td>
<td>19.1</td>
<td>Black 52%, Arab 39%, other 5%</td>
</tr>
<tr>
<td>Syrian Arab</td>
<td>185,190</td>
<td>20,179,468</td>
<td>21.7</td>
<td>Arab 90%, other 10%</td>
</tr>
<tr>
<td>Republic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tunisia</td>
<td>163,610</td>
<td>10,480,339</td>
<td>29.2</td>
<td>Arab 98%, other 2%</td>
</tr>
<tr>
<td>United Arab</td>
<td>83,050</td>
<td>4,798,911</td>
<td>30.1</td>
<td>Emirati 10%, Arab &amp; Iranian 23%, South Asian 50%, other 5%</td>
</tr>
<tr>
<td>Emirates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yemen</td>
<td>527,968</td>
<td>23,822,783</td>
<td>18.8</td>
<td>Predominantly Arab, also Afro-Arabs, South Asian, European</td>
</tr>
</tbody>
</table>

Source: http://www.intute.ac.uk/worldguide/html/802_people.html

Marion Tennant (formally Ritchie) has lives and work in Dubai for 8 years. As a former music teacher, she targeted special schools initially to raise awareness about music therapy. As a result Marion now runs music therapy sessions in the Dubai Autism Center, Rashid Pediatric Therapy Centre and the Al Noor Training Centre. She has written articles and given several presentations to various local groups about music therapy.

Marion Tennant serves as the WFMT regional Liaison for Eastern Mediterranean.
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INTRODUCTION

The World Federation of Music Therapy provides an opportunity to promote innovative professional exchanges. It’s a chance to learn and celebrate throughout the world, the consonance and dissonance of our values, understandings and practices in music therapy. The professional associations for music therapy in Australia and New Zealand were both constituted in the 1970’s, after long periods of advocacy by clinicians across disciplines and enlightened administrators across sectors.

CLINICAL PRACTICE

All over the world, federal, state and local government regulations influence access to music therapy, as well as the philosophical standpoints that underpin clinical practices. This is no different in our region. New policies and priorities continually emerge for education, health, disability, community development, and the arts. Current government policies and funding priorities emphasize the delivery of programs that strengthen early childhood development and learning. There are also strong lobby groups for children with autism, aged care and end of life, Indigenous affairs, and mental health. There are opportunities for music therapy practice and research in Australia and New Zealand to become increasingly visible in this capricious political climate, representing a range of philosophical standpoints and clinical practices.

Many music therapists in our region work part-time or sessional, although there are increasing numbers of full-time employment opportunities. These positions may be funded substantively, but often rely on short-term funding from government bodies and philanthropy. There is increasing support from the corporate sector, with a heightened awareness in big business of the value of making visible social investments. Service delivery methods include interdisciplinary, inter-agency, child-centred, family-focused, individuals, families, small groups, community development, preventative approaches, early intervention and acute care.

Snapshot of the Region and its People

Area
Australia: 7.6 million sq km
New Zealand: 268,680 sq km

Population
Australia: 22.3 million
New Zealand: 4.4 million

Ethnic Groups
Australia: Indigenous Aboriginal population 2.5% of the total Australian population
New Zealand: Indigenous Maori population 14.6% of the total New Zealand population

Median Age
Australia: 36.9 years
New Zealand: 36.5 years

Music Therapists
Australia: 251
New Zealand: 28

Source
Australian Bureau of Statistics
http://www.abs.gov.au
Statistics New Zealand
http://www.stats.govt.nz/

(All figures current March 13, 2010)
**TRAINING AND EDUCATION**
In New Zealand music therapy graduate studies are offered at the New Zealand School of Music, a partnership between Massey University and Victoria University in Wellington. In Australia there are four universities offering graduate and post-graduate studies in music therapy: University of Melbourne, University of Queensland, University of Technology Sydney and the University of Western Sydney in partnership with Nordoff-Robbins Australia. In conjunction with The Music and Imagery Association of Australia, the University of Melbourne also offers Advanced level training for Registered Music Therapists in the Bonny Method of Guided Imagery and Music.

Flexible distance learning is a long-awaited new development for music therapy in the region. A Masters by coursework is now offered by the University of Melbourne comprising online study, weekend intensives, and supervised clinical practice in students’ home states. Geographical distance has previously limited the capacity for people outside the major cities to access music therapy training.

**RESEARCH AND PUBLICATIONS**
The publications record of Australian and New Zealand music therapists in the international literature hints at the diversity of practice and research in the region

- clinical studies in education, health and community
- education and training evaluations and innovations
- quantitative, qualitative, and mixed methods research designs
- theory building
- and policy development

Both organizations produce a peer-reviewed journal and have annual conferences and seminars to support continuing professional development requirements.

*Australian Journal of Music Therapy*
http://www.austrmta.org.au

*The New Zealand Journal of Music Therapy*
http://www.musictherapy.org.nz

**FUTURE PERSPECTIVES**
The diversity in music therapy research and practice mirrors the diversity of our populations in this region. As Regional Liaison for Australia and New Zealand I bring my commitment to professional dialogue and learning partnerships across gender, generation, and culture, and across the waters that separate the people of our region.
INTRODUCTION

In many countries and cultures in Africa, music has formed part of healing rituals since the beginning of time – Africa knows that music heals. In South Africa, Music Therapy is a fairly young, but very dynamic profession. It is viewed as an allied health care profession and music therapists are registered with the Health Professions Council of South Africa.

CLINICAL PRACTICE

There are approximately 30 registered music therapists in South Africa. They are working in different contexts ranging from private practice to community settings. Settings include centers for children and adults with special needs, children and adults with physical and mental disabilities, psychiatric clinics, schools for children with Autism and private hospitals. Music therapy programs in community settings offer psychosocial support to people and communities who have been affected by socio-economic issues such as HIV&AIDS and TB, violence and poverty.
TRAINING AND EDUCATION
The University of Pretoria offers the only Music Therapy training programme in South Africa and on the African continent. The training is in the form of a 2 year post graduate degree. Completion of this Masters degree leads to registration with the Health Professions Council of South Africa. This year, the University of Pretoria will be running its 7th Music Therapy training programme and the programme has delivered 34 graduates since its inception in 1999.

RESEARCH AND PUBLICATIONS
As music therapy is such a young profession in South Africa and funding is limited, very little research has been published. However, music therapy programmes run by the non-profit organization, The Music Therapy Community Clinic have recently been part of an international research collaboration that studied Community Music Therapy in four countries (Norway, Israel, South Africa and England). The book entitled, Where Music Helps – Community Music Therapy in Action and Reflection was compiled by Stige, Ansdell, Elefant & Pavlicevic and develops disciplinary theory grounded in music therapists’ work.

FUTURE PERSPECTIVES
Africa is a fast continent with many different peoples and cultures. One of the challenges of this region is bringing together the many different voices of music therapists working in vastly different countries, contexts and settings. Although unique in its own way, many countries in Africa are faced with common issues related to poverty, illness and violence. Music therapy can be a powerful tool to offer psychosocial support to the children and adults; individuals, families and communities of Africa.

About the Author
Sunelle Fouche graduated from the University of Pretoria’s Masters in Music Therapy program. In 2002, she co-founded the Music Therapy Community Clinic (MTCC), a non-profit organization that provides music therapy services to underprivileged and previously disadvantaged communities in Cape Town, South Africa. She is currently serving as the executive director of the MTCC.

Sunelle Fouche serves as the WFMT Regional Liaison for Africa. Contact: africa@wfmt.info

www.wfmt.info
“Music therapy in India integrates ancient healing practices and musical traditions.”

~ Dr. Sumathy Sundar

WORK IN PROGRESS...

COUNTRIES IN THE REGION
• Bangladesh
• Bhutan
• Democratic People’s Republic of Korea
• India
• Indonesia
• Maldives
• Myanmar
• Nepal
• Sri Lanka
• Thailand
• Timor-Leste

VIDEO FEATURING INDIA AVAILABLE AT
http://www.wfmt.info/WFMT/Regional_Information.html

Dr. Sumathy Sundar serves as the WFMT Regional Liaison for Southeast Asia.
Contact: southeastasia@wfmt.info
INTRODUCTION

Music therapy has emerged within the Western Pacific as a quickly growing and diverse profession. During the past fifty years music therapy has been introduced to various countries of the region (Japan in 1960’s, Korea and China in 1980’s) and has since then seen strong growth and the establishment of many training courses. As in many other regions of the World, governmental recognition and accreditation is an important challenge within the Western Pacific.

CLINICAL PRACTICE

The clinical application of music therapy throughout the Western Pacific is quite similar, many music therapist are working in psychiatric hospitals, special educational schools, rehabilitation institutions. A smaller number of music therapists are working in medical settings and private practices.

TRAINING AND EDUCATION

The developments of music therapy training and education are much faster than the clinic practices of music therapy in various countries of the Western Pacific area such as Japan.

The Japanese Music Therapy Association (JMTA) now approves 15 music therapy programs at the undergraduate level in universities and music colleges in Japan. The Association suggests a curriculum-based program for 4 years. The current system works this way: Students are certified as “provisional music therapist” after completing their internship in the 4 year-curriculum. They then graduate, go out to the field, practice for more than 3 years under supervision before being certified as a real “music therapist.” There are large concerns as to the shortage of teaching staff, clinical sites and supervisors. Many of the staff are self-taught clinicians and sometimes have their own philosophy. It is also necessary to equip educators and supervisors to provide aspiring students not only with more expanded knowledge and skills, but also with opportunity for personal growth and development (Kana Okazaki-Sakaue, 2003).
Since SookMyung Women’s University first started the master’s level music therapy training program in Korea during the spring of 1997, many other schools have followed its path and developed music therapy programs. There are now master’s level music therapy programs at nine universities. In addition, there are also music therapy courses offered in continuing education centers at several other universities and educational institutions. A rough estimate of practicing music therapists in Korea is c.500, each with a master’s degree, and about 200 music therapists from other types of training programs (e.g., students graduating from 6 or 12 month continuing education programs).

Since 2003, Korea has offered a PhD degree in music therapy. SookMyung Women’s University, the pioneer of the first music therapy program in Korea, currently has about 60 doctoral students majoring in music therapy. Besides the Korean Music Therapy Association (KMTA), which is the first and only governmentally registered organization in Music Therapy in Korea, there are about five to six other music therapy related associations. Also, Korean music therapists work with certification issued by their associations. Although there were some calls for issuing licenses to creative arts therapists such as music therapists, there has yet to be any concrete decisions regarding the topic.

In China, this author received a music therapy master degree from Temple University in USA, and came back to Beijing at 1996, and established the first music therapy program at Central Conservatory of Music, Beijing. The course accepts 10 undergraduate and three graduate students each year, and 20 graduate students and 34 undergraduate students have graduated since 2003. Parallel to this, there have been six universities and colleges establishing music therapy programs. Four of these are music colleges, and two of them are medical schools.

RESEARCH AND PUBLICATIONS
Within the Western Pacific, research and publication work is emerging. Based on the development of clinical models, which incorporate eastern-medical perspectives, research studies are in development to capture the specific nature of the therapeutic role of music within these contemporary practices.

FUTURE PERSPECTIVES
The goal of music therapists in the Western Pacific is to attain governmental recognition, and promote the acceptance of music therapy in health institutions. It seems that we have a long way to go, but we are making determined efforts to reach the goal.

About the Author
Tian Gao, M.M. is a professor and director of the music therapy program at the Central Conservatory of Music in Beijing, China. His area of interest is Post Traumatic Stress Disorder (PTSD).

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INTRODUCTION
Within the many countries of Europe there is a large diversity in the way that music therapy is integrated into health, education and community contexts. With an obvious shift away from a model of alternative intervention strategies, music therapists in Europe have in the past years explored the role music therapy has to play as an integrated therapy within institutions, groups and communities. The concept of ‘diversity’ is key to generating an understanding of how music therapy is implemented many of the 50 countries within Europe. This diversity does not only emerge from the large number of theoretical and practical models, methods and techniques, but also grows from and within the local and national cultures in which the music therapists live and work. In this geographical area there is a strong essence of cultural centering of music in and of therapy. Within the settings that music therapy is explored, bridges have been built between music therapy and the infrastructures that it serves. But Europe is not a place of utopia, and a large number of music therapists continue to work daily at enhancing the way in which their services are formally organized within the health and educational service provision of the counties and areas in which they work. State recognition continues to be a significant core issue within many European states. There are however, encouraging changes such as the celebration of the state recognition of music therapists in Austria that came into effect on the 1st July 2009. A great credit to all involved - this development is a wonderful sign of hope for many music therapists around Europe.

CLINICAL PRACTICE
Within the European area, music therapy is implemented in diverse settings including general healthcare, psychiatry, oncology, neurology and neurological rehabilitation, neonatology and pediatrics, special education, prisons, deaf and hearing impaired children and adolescents, palliative and hospice care.
In addition to these areas, there are exciting emerging areas of the application of music therapy focusing on local communities within organizations such as youth clubs, community welfare services, and community music groups.

Common approaches in music therapy in Europe are strongly referenced to theoretical considerations in other disciplines. In many countries within Europe, humanistic psychology has strongly influenced the models of music therapy that have been developed and expanded. Further, political conceptual frames have provided music therapists with a societal identity from which to develop the core values of music therapy. Psychoanalytic, behavioral, and medical models have widely been applied successfully in many sites around Europe. Also, the past twenty years has seen a strong and highly effective fusion of developmentally informed theory to practice, research and education of music therapy.

TRAINING AND EDUCATION
The first training course in music therapy began in 1959 in Vienna, Austria and there are now over 50 training courses in music therapy within Europe. Within many countries, music therapy study has been restricted to the postgraduate phase of studies, although there are an increasing number of courses that are developing strong undergraduate entry-level courses. In the future, it will be of significance how advanced level training will be conceptualized and formalized within Europe. With the increasing number of clinicians working in different areas during their careers, this may be increasingly become a significant aspect of training and education within Europe.

RESEARCH AND PUBLICATIONS
The number of studies and related published papers carried out within Europe is expanding in number and scope of focus. A culture of publications of a diverse range of type of evidence has successfully forced its way forward and readers of the contemporary music therapy literature can read from student authors, pilot studies, explorative narrative studies, randomized controlled trials and meta-analyses and systematic reviews. This is certainly one way forward in achieving a sensible balance between conceptual development of good ideas and providing evidence of efficacy of music therapy in the future.

FUTURE PERSPECTIVES
With its large number of states and cultures, Europe has continued to offer a wealth of diversity throughout history. Let us hope that the future of music therapy will be protected from ‘monoculturism’ and directionless globalization, and that it will be possible to maintain the diversity of cultures and the bridges that have been built between them.
Suggested citation: