The University of the West Indies
St. Augustine Campus
Faculty of Humanities and Education
Caribbean Studies Project
HUMN 3099

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Degree Program: BA Musical Arts (Special)

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Title of Thesis:

Music Therapy: A Comparative Study on The Growth of Music Therapy in Trinidad, Barbados, Grand Cayman and The United States of America.

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ABSTRACT

Music Therapy has long been utilized as a form of treatment and source of relief for ailing persons from since antiquity to present. This healthcare profession has grown over the years and has been established in various parts of the world. Gradually it has made its way to the Caribbean region. This paper compares the growth of the field of music therapy in the islands of Trinidad, Barbados and the Grand Cayman with that of the United States of America. The research examines the respective history and current development made by music therapists on each, the misconceptions surrounding the field and the practitioners as well as the factors responsible for presence of music therapy on each island. Additionally, the research also examines the factors that are responsible for the absence of music therapy on other Caribbean islands. The information obtained through interviews with five (5) board certified music therapists highlight the fact that in each culture of the named islands music plays a significant role in the lives of the citizens, thus making music therapy a useful treatment method. Therefore, the growth of music therapy in Trinidad, Barbados and the Grand Cayman is evident and will continue to grow.

Keywords: Music therapy, Caribbean, healthcare, Trinidad, Barbados, Grand Cayman

INTRODUCTION

The practice of using music as a means of healing has been around for many years. In the book, “Music as Medicine: The History of Music Therapy since Antiquity” edited by Peregrine Horden numerous examples of music being used for medicinal purposes are recorded across various cultures and time periods (from the middle ages). Some of the cultures that used music were that of South- East Asia and India along with places that followed Judaic and Islamic traditions. In the United States Music therapy or rather the use of music in a therapeutic sense was used after the second World War. At that time, a group of musicians, both professionals and amateurs, went to various hospitals where veterans were suffering from both physical and mental trauma to play for them (American Music Therapy Association, History of Music Therapy). Due to the notable response created by these musical interventions the doctors and nurses in turn requested that musicians be hired to work in the hospitals; however, these musicians lacked the necessary training to formally work in a hospital. Since then, Music Therapy was added to the teaching curriculum in universities, the American Music Therapy Association was founded and many scholarly articles published, in the United States alone. According to the American Music Therapy Association (AMTA), 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” (“American Music Therapy Association”, Definition and Quotes). The first time Music Therapy was referenced was in 1789 in Columbian Magazine titled "Music Physically Considered,". However, Music Therapy (MT) is still a relatively new field in comparison to physical therapy and speech and language pathology and as such new studies and research are continuously being discovered in terms of MT. The

prospects and benefits of using music therapy are many included but not limited to improving speech patterns in children with autism, reduction of pain, increase motor function in persons with Parkinson's disease. In the Caribbean region MT is a fairly new field as a result there is a lack of MT practices, scholarship and attention being paid to the field.

In Trinidad free health care is provided to all citizens. Persons suffering from or with mental illness or neurological or degenerative diseases can access assistance from any of the six health care facilities. Despite these facilities being equipped to facilitate a large variety of mental illnesses/ disorders there continues to be a negative perception of these institutions as well as persons with these disorders/ illnesses (Youssef 2). In Trinidad and Tobago there are schools and homes that benefit from music therapy but due to the limited number of music therapists on the island the music therapy sessions are seasonal and limited. Also, in 2014 the Trinidad and Tobago Music Therapy Association was founded. In Barbados, this year (2020) is the first time music therapy services have been offered through Morningside Music Therapy. However, prior to that there were persons providing music therapy interventions since 2000, as well as music therapy being incorporated into music education (Adams). Additionally, the Grand Cayman, music therapist Julianne Parolisi "brought music therapy to Cayman in 2010, starting the first private practice in the country and collaborating with the CI government to build an MT program within the Ministry of Education" (Parolisi).

Thesis Statement

In the Caribbean there is a high population of aging individuals along with those who suffer from mental illness/ disease. This number includes persons with Autism, Dementia, Alzheimer's and other diseases. While there are no tertiary level institutions within the Caribbean that have a sole music therapy program i.e., a Bachelor or master's in music therapy program as a part of their

curriculum, the growth of music therapy in Trinidad, Barbados and Grand Cayman has been steadily increasing with the establishment of various practices in those islands. As a relatively new field there is a lack of documentation on what is happening in music therapy in the aforementioned islands.

Parameters

This paper will focus on only three Caribbean islands, which are Trinidad, Barbados and the Grand Cayman, and their growing music therapy practices while drawing comparisons from the United States. It will highlight the work done by one to two different therapists in those islands along with the progress made in the field of music therapy with regards to the role it plays in the society and healthcare systems in those islands.

Objectives

This paper is intended to:

- Document the growth of music therapy in the named islands.
- Identify reasons why music therapy is being practiced in Trinidad, Barbados and the Grand Cayman.
- Identify why music therapy is not being practiced in other islands.

Methodology

Data Collection: -

This research was conducted using qualitative methods. A qualitative approach was taken because the research conducted dealt with a specific group of professionals in the music therapy field and their personal perspectives and opinions on problems faced by music therapists in the Caribbean region either in private practice or public service. Both primary and secondary sources were used, some being local and the majority being international journals, websites and e-books. This was done as there is little research done in the region.

Oral primary sources (interviews) were conducted via email with all responses documented. This method of collecting data was chosen as some of the interviewees preferred this method since it allowed them to think about their responses as well as due to prior work schedules/ appointments. Additionally, due to Covid-19 restrictions, different time zones and countries. The interviews were conducted over the period of one month, with some therapists responding within the first two weeks while others utilized the one month time frame. The interview questions were forwarded to five board certified music therapists, certified by the Certification Board for Music Therapist (CBMT) located in the United States. Two Trinidad based MT's, one based in Barbados, another in the Grand Cayman and the last MT works in psychiatric settings for teenagers in the US while also providing MT services in Trinidad. The interview questions consisted of fifteen open ended questions. The first four questions asked for their full name and credentials (optional), place of study and the model of music therapy used and the name of their practise (once applicable). The remaining questions focused on the factors that affected their decision to become a music therapist as well as their view on what hinders the development of the field (See Appendix G for full list of questions).

List of therapists interviewed and credentials:

Ms. Jean Raabe, M.Ed., MBA, MT-BC (United States and Trinidad)

Ms. Julianne Parolisi, MA, MT-BC (Cayman and United States)

Ms. Tamara Adams, MA (Barbados)

Mrs. Martina Chow, M.A., MT-BC(Trinidad)

Mrs. Keisha Martinez, M.S., MT-BC (Trinidad)

Limitations

- Due to music therapy being a fairly new field only a small number of therapists on a limited number of islands were included.
- Lack of local and regional publications on the subject meant using data collected from international journals and organizations.
- Due to the work schedules of the majority of therapists interviews were conducted via email instead of a virtual/ physical interview.

Chapter Outline

This paper consists of three chapters. Chapter one presents the definition, benefits and usage of music therapy along with the history and development music therapy and music therapists have made in the United States of America, Trinidad, Barbados and the Grand Cayman. Chapter two presents the information gathered by the research after interviewing five (5) board certified music therapists and the comparisons that can be drawn from the US. Chapter three discusses those

findings from chapter two and give recommendations to the music therapists from within the region.

CHAPTER ONE: Literature Review

Music Therapy, Usage and Benefits

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" (American Music Therapy Association, Definitions and Quotes). It is a healthcare profession where music is used therapeutically to address the physical, emotional, cognitive, and social needs of individuals. This is done after the individual has been assessed by the therapist. According to the American Music Therapy Association the research done in music therapy supports its effectiveness in the overall rehabilitation and facilitating of movement, providing emotional support for clients and their families as well as an emotional outlet. To become a music therapist person must have the following qualifications.

> "A bachelor's degree or higher in music therapy, including 1200 hours of clinical training. They must hold the MT-BC credential, issued through the Certification Board for Music Therapists which protects the public by ensuring competent practice and requiring continuing education/ licensure for board-certified music therapists" (American Music Therapy Association, History of Music Therapy).

In music therapy there are different approaches that can be taken. The first is the humanistic approach which "sees individuals as mind, body and spirit" (What is the humanistic approach?). This approach also views persons as "nondeterministic, meaning that they have free will and are able to grow and mature on their own terms" (Nebelung and Stensæth 2). Another approach is the

Psychoanalytic approach. Additionally, there are also various types or models of music therapy. Some include Nordoff- Robbins Improvisational Music Therapy, Neurological, Behavioural, Psychodynamic and Guided imagery.

Music therapists can work with older adults to lessen the effects of dementia, children and adults to reduce asthma episodes or with hospitalized patients to reduce pain. they may also deal with children who have autism in order to improve communication skills. One specialization in the music therapy field places therapists in the Neonatal Intensive Care Unit (NICU) where therapists work with premature infants to improve sleep patterns and increase weight gain as well as their mother's (American Music Therapy Association). Music therapist and licensed speech and language pathologist Kathlen Howland states that, "Studies have indicated that the structured use of music therapy in the NICU can positively affect premature infants, such as by improving feeding. This can result in reduced hospitalization stays and significant cost savings" (Howland, Approaches). Some other issues that persons can seek music therapy for are chronic pain, anxiety, depression, stroke schizophrenia and communication challenges (Strong). Some of the benefits of music therapy interventions are but not limited to "reducing the side effects of cancer treatment, easing discomfort and anxiety during medical procedures and improving the quality of life for persons in hospice care" (Harvard Medical School). As more research and studies are conducted, more benefits are discovered along with the way music therapy can be used.

Growth and History of Music Therapy in the United States

The history of music therapy in the United States of America started around 1789. In an article released by Columbian Magazine named Music Physically Considered, the article explored the connection between the soul and the body in terms of treating diseases. It also indicates the

first instance in which music was physically considered as a form of treatment. It was said that based on a patient's behaviour or mood using music may put the patient in a critically dangerous situation. After the article in 1789 the next reference to music therapy was made in the 1800's. The first reference was by Dr. Edwin Atlee who wrote a dissertation on the influence of music in the cure of diseases in1804 and the second was by Dr. Samuel Mathews who also wrote a dissertation on the effects of music in the cure and palliating of diseases in1806. Both Atlee and Mathews studied under Benjamin Rush, an American physician who was a strong advocate for the clinical use of music (Howland, Music Therapy). After these papers were published the first recording of a music therapy intervention in an institutional setting was recorded. These interventions were in Blackwell's Island Asylum in New York (Howland, Music Therapy). After the first and second world wars there was a surge in the growth of music therapy in the United States. during that time hospitals employed musicians to work with veterans who would today be diagnosed with Post-traumatic Stress Disorder (PTSD). Those who had experience started the development of a professional music therapy practice. which later led to the development of a college level curriculum. Music therapy curricula was established at Michigan State College in 1944, the University of Kansas in 1946, the College of the Pacific in 1947, The Chicago Musical College in 1948 and Alverno College also in 1948. During the 1900's the interest in music therapy continued to grow such there was the creation of various associations (American Music Therapy Association). Late in the 1900's the American Music Therapy Association (AMTA) was founded in 1998 as a merger between the National Association for Music Therapy (NAMT) and the American Association for Music Therapy (AAMT). The AMTA is now "the largest professional association which represents over 5,000 music therapists, corporate members and related associations worldwide" (American Music Therapy Association).

From the year 2000- 2010 the AMTA expanded their efforts to increase publication efforts resulting in “new resources that yielded broader respect and revenue for the association.” During this ten year period various funds, grants and projects were able to be conducted to help various populations. Some include persons affected by 9/11 as well as military families. In 2001, the New York City Music Therapy Relief Project was initiated in response to 9/11. In 2005 Gulf Coast Hurricane Relief Initiative was implemented. The AMTA Research Priority was launched in 2006, the Music Therapy Military Family Grant was started in 2007, 2008, AMTA took part in an historic meeting with practitioners working as therapeutic bedside musicians. Chuck Wild (musician) collaborated with Dr. Alicia Clair (Director of Music Education and Music Therapy at the University of Kansas) to provide custom music for music therapy applications (Recorded Music for Therapeutic Applications) on the members-only website (American Music Therapy Association, History of Music Therapy). In 2010 the AMTA released the publication of its first online magazine, imagine, dedicated to early childhood music therapy (American Music Therapy Association) as well as placed great importance on research done in the field. In 2015 with relation to the emphasis placed on research the AMTA held a conference and research symposium where the topic addressed was “Improving Access and Quality: Music Therapy Research 2025.” According to the proceedings booklet the symposium was, “designed to recommend guidance for future research in music therapy...” (American Music Therapy Association and Farbman 7). The total number of studies and articles published based on music therapy practices continue to grow with each passing year.

History and Growth of Music Therapy in Trinidad

In Trinidad, there are currently five active music therapists. The Music Therapy Association of Trinidad and Tobago was formed in 2011. The five therapists currently active in

Trinidad and Tobago. They work in both the public health facilities as well as run their own practices. For example, Mrs. Chow has worked at Autism Place, Special Ed. schools and orphanages in the country and in 2014 founded Solari Centre for music therapy where she runs various sessions and interventions. Mrs. Martinez, another therapist in the island who specializes in restorative practices has worked in prisons, juvenile detention centres and orphanages in Trinidad and Tobago. Another MT, Mr. Jamal Glynn currently offers music therapy services through the North West Regional Health Authority in Trinidad and Tobago to inpatients and outpatients at the St Ann's Hospital including the Forensic ward, Chaguanas Psychiatric Clinic, Barataria Mental Health and Wellness Centre, Child Guidance Clinic.

In an article released by the British Association of Music Therapy music therapist Jamal Glynn shared his experiences in working in Trinidad. In the article entitled "Work in Progress: Experiences of a music therapist in Trinidad and Tobago," Glynn recalls the challenges he encountered when starting his career. In 2011 "the North West Regional Health Authority (NWRHA) institution created the first music therapy post in Trinidad, and I am the first qualified MA music therapist based at the hospital," stated Glynn. The first known music therapy research article/ publication conducted by a music therapist in Trinidad was done by Glynn. The study was published by the Caribbean Medical Journal in December 2013. The title, "Music therapy and its relationship to Schizophrenia- A pilot study at a Rehabilitation Centre in Trinidad." The study examined the role music therapy played in relation to therapy as well as "to demonstrate the benefits of the initial implementation of music therapy within the mental health sector in Trinidad and Tobago" (Glynn 8). Glynn stated that, "research to date has tended to focus on developed nations rather than on developing countries such as the Caribbean regional states" (Glynn 8).

Furthermore, “no research has been found that surveyed the impact and benefits of music therapy in Trinidad and Tobago” (Glynn 8).

History and Growth of Music Therapy in Cayman

Music therapy was introduced in the Grand Cayman in 2010 by Ms. Julianne Parolisi, M.A., MT-BC. She is the founder and director of Music Therapy Without Borders (MTWOB). MTWOB, according to their website, offers music therapy students and professionals the chance to gain valuable clinical experience in a foreign country. persons are able to explore various instruments and interventions, learn how music therapy is practiced in other countries, gain exposure to different cultures in the Caribbean and globally. Since its establishment MTWOB has organized over ten international service projects. Parolisi is responsible for, “starting the first private practice in the country and collaborating with the Cayman Islands (CI) government to build a music therapy (MT) program within the Ministry of Education " (Parolisi). Which is referred to as Cayman Music Therapy (CMT). CMT provides services to children, adolescents and adults with special needs by using music to address emotional, cognitive, physical and social challenges and facilitate developmental skills. They work with both public and private schools across the island as well as hospice care. Additionally, CMT also offers a free annual summer camp programme to children with special needs. In 2010 Parolisi provided MT services to about one hundred and fifty clients within the government system from various institutes across the island. Between the year 2010 and 2013 board- certified music therapist Kin Febres joined the CMT team. Together they provided care to patients at Cayman Hospice Care in a pilot programme using money they received in a grant from the Cayman National Cultural Foundation (Were). In 2014 funding allowed six (6) hours of clinical service per week over a ten week period.

History and Growth of Music Therapy in Barbados

Unlike Trinidad and Cayman, the first certified and practicing music therapist on the island started work officially in 2020. Despite the late start others have been offering music therapy interventions. Ms. Christy L'Preece, since 2000 has been offering MT interventions (Adams). The first registered and certified music therapist in Barbados is Ms. Tamara Adams, a graduate of Lesley University. She started her fieldwork placement in September of 2013 in Barbados.

CHAPTER TWO: Data Analysis

The following are the data collected and analysis of the information gathered through responses given. Full list of interview questions in Appendix F.

Findings

Among all the MT's interviewed all five (5) studied and completed their training in the United States of America. Of the five (5) therapists, two (2) stated that they utilized the Humanistic Approach. Two (2) remain active in the US, functioning as therapists or speaking as a guest lecturer or in a conference. Four (4) out of the five (5) have founded and operate their own practices while one works primarily in institutions for teenagers.

In talking about the initial response to the music therapy services they provided when they started most stated that it was challenging. According to Raabe, she "loved having the freedom to choose the music (she) wanted to use for sessions." (see Appendix A for full responses) Compared to her working in Trinidad where she was required to learn new music since the culture is different. There was a need to prove oneself. Martinez, she stated that, "I had to learn to not be as rigid as I was taught in school, to roll with the punches, and to advocate for myself." Similarly, Chow noted that "It was difficult at first, because I often had to overcome people's initial scepticism about the efficacy of the services that I provide." This could be because of persons being unfamiliar with music therapy as a treatment method. Advocacy is an important aspect to resolving these misconceptions. Another misconception mentioned by Chow in a separate interview was that the person believed she would sing to make them feel better. Music therapy and using music in a therapeutic way are often confused as both involve the use of music. However, this is there only

similarity as music therapy utilizes the various elements of music to achieve a specific treatment goal determined by a treatment team and the therapist.

In speaking to the therapists, they each identified some of the misconceptions that persons had about the duty and responsibilities of a music therapist as well as who could and or should access music therapy services. Raabe stated that persons believed that they "had to be a musician to be helped by music therapy services." Another misconception Raabe identified was "music therapy is to teach music skills and concepts to the clients." She goes on to explain that the teaching of music skills is music education regardless of whether a client does learn how to sing or play an instrument during sessions. She states that the treatment goals set by the therapist will differ from that of a music teacher. Another misconception addressed by more than one therapist was that persons believed that anyone could provide music therapy services. Parolisi stated that "confusion over the years about the lines between therapeutic music making and the field of music therapy" was another misconception. These misconceptions were also fuelled through the misrepresentation by the media.

When asked about whether or not they believed their island had the potential to develop a MT culture that could be compared to that of the US the majority stated that they would rather that their island and the Caribbean as a whole could create its own unique culture. Raabe stated that, "When a culture is rich in the arts, and embraces that as an important part of their culture, I think the ground is fertile for growing the kind of support needed for music therapy (all creative arts therapies)" Adams also stated that unlike the culture created in the US, Barbados could create a culture unique to the region and the Caribbean. Chow reasoned that, "with regards to the legitimacy of the profession, and possible recognition by Government bodies, these will come in due time."

(see Appendix D) For the Grand Cayman, Parolisi stated that due to the size of the island such a culture may not be easily achieved.

When asked about the development made in the field each response was different. The following are extracts from the interview responses. Raabe stated that since she started practicing music therapy "there was an awareness of the value of music therapy in psychiatric hospitals and special education schools, but there was not as much acceptance for the other populations served by music therapists" (Raabe 6). She also noted the change of the credential's music therapists held since she started in 1982. She noted that before music therapists were referred to as BC-MT they were registered music therapists (RMT). After which they were called a registered music therapist – board certified (RMT-BC). She continues by stating that, "we were told by the national organization that registration would no longer be part of our credential, and we would be called a board certified music therapist (MT-BC), but I'm not sure of the year (though I think it was in the later 1990's)" (Raabe 6). In the US, although the training programs had specific requirements, the university programs could be approved by one or both of the two professional organizations. While therapists are board certified it is done through a separate organization. In Trinidad, according to Martinez the growth can be seen through the government's position and utilization of the therapists on the island. She states that she once "participated in government policy making for the treatment of young people living with HIV." The policy also included other arts therapies in the framework. Also Ms. Chow noted that there was a greater appreciation of the work she does with her clients, parents and caregivers surrounding music as a therapeutic tool. However, when compared the islands in the region have more areas that need to be developed. In the US despite taking many years curricula has been created and is being taught in NAMT and AMTA approved universities and colleges (approved by the National Association of Music Therapy). A certification board was

created (the Certification Board for Music Therapist or CBMT) as well as an exam for persons with the required qualifications to take as well as the criteria required to uphold the criteria (Certification Board for Music Therapist). On the other hand, neither Trinidad, Barbados or the Grand Cayman have a certification board, exam, licensure or curricula in place to produce "certified" music therapists. Trinidad does have a music therapy association.

The issue of the documentation of research and studies done in the field, the therapists each gave a different yet similar response. Both Parolisi and Adams stated that because music therapy is a fairly new field this problem can be expected. However, regardless of that fact "there needs to be much more research done in order to inform practice as well as training criteria," as Parolisi also stated (see Appendix E for full list of responses). In the interview she also stated that a contributing factor to the lack of documentation done is a result of the few practitioners in the region as well as the energy and time needed to conduct a study. This view was also shared by Chow in her interview where she mentioned that in addition to being "few in numbers" funding is also a major factor that hinders the process. For Raabe she stated that, "the biggest hindrance is because quality scientific research takes resources...funding for supplies and equipment, as well as human resources to design and conduct the research." She also noted that, "Many researchers in the US apply for grants to fund their work." While applying for a grant to conduct research may appear as a solution there are no known grants in Trinidad, Barbados and the Grand Cayman that fund music therapy research. However, Raabe believes that the University of the West Indies may be one of the institutions that could facilitate this process.

In relation to establishing music therapy curricula and licensure in the Caribbean the music therapists gave varying responses, but all agreed that this is a goal to work towards. Chow stated that, "While there are still only a few music therapists within the Caribbean, our numbers continue

to grow...more research is amassed, more experience as a group is gained and so, Caribbean specific knowledge learned should be passed on." Adams also stated that the collective number of MT's in the Caribbean is on the small side. However, she noted that, "It is not seen as necessary if there are no music therapists on an island." (See Appendix C for full response.) Therefore, the need to create curriculum and licensure is not warranted. She goes on to state that, "Not only would music therapy have to be more visible, but music therapists would need to be more vocal and engaged in popular matters impacting a society/ its population." For Raabe as a US based MT who usually provides music therapy services in Trinidad, she noted that, "before any university in the Caribbean will be able to start a training program for music therapists, there will need to be a clear analysis of statistics referring to necessity, longevity and sustainability of the profession." As mentioned before, if Caribbean islands deem that there is no apparent need for a training program for music therapists then this goal will be unachievable. "These things will become less ambiguous when the islands recognize music therapy as a health allied profession," she states. unfortunately, this is not the only issue as the creation and recognition needed for such a program has its own problems. Raabe notes that, "in order to be recognized as a certifying or licensing program on a global level, the alliance must be with a country/region that already has recognition." For example, countries like the United States and various countries in the UK. One issue that arises is that forming an alliance with another country who already has a recognised program would mean "having their standards in training adopted, but that may not leave room for the personalization needed to make it Caribbean" as she goes on to state. Parolisi, like Raabe shares the same view, with respect to the personalization needed in the development of a 'Caribbean' music therapy curriculum and licensure. Parolisi believes that, "policies, curricula, and training should be culturally centred, and developed to address the needs of the population within which the services

will be delivered." When looking at the US music therapy curricula was developed out of the need to properly train musicians at the time of the second World War. This happened because musicians were asked to play for the wounded patients but needed to be trained in order to efficiently work in compliance with medical practices of the time. A training program was then created, and licensure followed. These things came as a result of healthcare professionals and other officials witnessing the impact music had as a treatment tool. If this is not acknowledged in the Caribbean islands, then its development will be delayed.

When considering why music therapy should be practiced in the Caribbean the cultural background of the region was a major factor. Adams stated that music therapy should and must become recognised due to the "the role that music plays in our collective cultures and identities." She goes on the note that, "It is vital for us to develop our own theories, models and approaches which will inform how music therapy is applied to our diverse populations." For Martinez, she notes that while persons in the Caribbean may not fully understand what music therapy is, they do know that music can act as a form of therapy (Martinez 2) (see Appendix B). When asked Raabe noted that during her time providing services in Trinidad that, "music seems to be part of everyone's life in some way."

CHAPTER 3: Discussion and Recommendations

Discussion

Music Therapy is a relatively new and developing field in the Caribbean region. As such documentation of the development and scholarly articles done by therapists are few and not known by the public. As noted by many of the music therapists interviewed, there are a small number of certified therapists in these islands. Therefore, great advocacy and promotion needs to be done that will sensitize the public's perspective on music therapy and its benefits. This will in turn demystify the misconceptions surrounding music therapists and the services provided. The publication of scholarly articles and studies will also aid in educating persons on the benefits of having music therapy services. At present the only articles available are short sections written either about the music therapist from their alma mater or an article they wrote which was published in an international journal. The only music therapist to have published their work done on a study thus far to the knowledge of the researcher in a regional journal (Caribbean Medical Journal) is Mr. Jamal Glynn with his study done on “Music therapy and its relationship to Schizophrenia- A pilot study at a Rehabilitation Centre in Trinidad.” Furthermore, funding was another issue that was found when it came to the publication of articles and studies being conducted. There are no known funding options that music therapists in these islands can apply to in order to conduct such research unlike the various bodies and institutions in the United States where therapists can apply for funding and or assistance. Additionally, as mentioned there are a few music therapists on each island, the energy and time needed to conduct such research and publish an article which is of quality is a challenge.

However, despite these drawbacks the music therapists in these islands have slowly noted the growth and acceptance of music therapy. Chow noted that there are more music therapists returning to the region with board certification whether from the US or the UK. One of the factors mentioned by the therapists was that music played a major role in the various cultures in the different islands. Most therapists noted it was either through witnessing the influence music had on different individuals of varying backgrounds and their response to music or the need to combine their personal love for music and desire to help others that justified their reasoning in pursuing music therapy as a career. On the other hand, while other Caribbean islands share similar cultures where music is important music therapy may not be practised. There are several reasons for this. Firstly, persons who may have the skills to become a board certified music therapist may not be aware of the field as there are many countries in other continents that are unaware of music therapy. secondly, there may not be any support whether by the government or other for interested persons as there is no apparent need for music therapists. Unlike in the United States where, as music therapy developed as a healthcare profession in various states, therapists advocated for the use of music therapy practices to not only be used as a treatment method for mental health and psychiatric settings but also in other settings. They also encouraged the spread of music therapy to other states.

Recommendations

In tandem with the findings and literature reviewed in this research the following recommendations were noted:

1. Develop a regional association with the present music therapists in the different Caribbean islands in order to promote and advocate more for music therapy as a healthcare profession

and service. The association created will be responsible for the following: -

- ❖ Collecting and either publish or republishing any and all articles and studies done by music therapist in the Caribbean.
- ❖ Hosting conferences and seminars to encourage the diversification of the field and services provided.
- ❖ Conduct workshops in different islands, schools (primary, secondary, tertiary) and institutions to raise awareness of the field as well as to promote it as a possible career option for those interested.

2. To the music therapists in Trinidad: -
   - ❖ Promotion of the Music Therapy Association of Trinidad and Tobago the benefits of music therapy and the services provided by therapists.
   - ❖ The creation of an official website where persons seeking music therapy services can gain access to business contacts, their names and location of practices (if private).
3. To the music therapist/s in Barbados: -
   - ❖ Promote and advocate so more persons can gain knowledge on music therapy, in order to encourage persons with the skills to become board certified music therapist.
   - ❖ Conduct workshops and public community music therapy sessions to expose the public to the benefits of music therapy.
4. To the music therapists in Grand Cayman:-
   - ❖ Continue the promotion and advocacy of the use of music therapy on the island.
   - ❖ To Ms. Parolisi- encourage the inclusion of other Caribbean music therapist in the projects done by the company Music Therapy Without Boarders (MTWO).

CONCLUSION

Music therapy is a field of study that trains persons to utilize the elements of music in tandem with other knowledge from other fields to treat clients and patients with varying conditions whether mental or physical. It is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic setting. Music therapists who provide this service must be certified by a certification board (US or UK). In the Caribbean, this field is relatively new and as such the music therapist within the region are few.

Despite this fact the field continues to grow in the region. In the year 2000 the Grand Cayman welcomed their first music therapist, with the addition of their second and third in 2001 and 2002 respectively. As of 2020 there are three music therapists in Grand Cayman, one who was awarded a scholarship to gain their qualifications and another working with the Cayman government. In Barbados while persons have been using music therapy methods in different applications the first certified music therapist returned to the island and established her own practice as of 2021, Morningside Music Therapy. In Trinidad there are currently five active music therapists that are in different settings within the island. Some work with the special education schools, the autism society, psychiatric care, at risk youth and in rehabilitation. Some also have their own practices. Together they have established the Music Therapy Association of Trinidad and Tobago.

With that being said when compared to the United States it is evident that while music therapy is more accepted as a healthcare profession with multiple therapists in each state the islands mentioned above have proven that music therapy will continue to develop and grow in the region. It took many years before the unification of the varying associations for music therapy in the states,

along with the establishment of a certification board. While this may take many years these Caribbean islands, active therapists and those returning are aware of what must be done to achieve these goals.

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APPENDIX A

Interview with Ms. Jean Raabe

I JEAN RAABE (Insert name here) hereby give Shinelle Britto permission to place a copy of the materials collected in this interview and or any information collected, for educational purposes for her research course HUMN 3099 (Caribbean Studies Project) in the Department of Creative and Festival Arts. The materials will be housed in the West Indiana Collection located in the Alma Jordan Library at the University of the West Indies, St. Augustine campus. The project will be archived under their Caribbean Studies section.

By signing this form, I agree that.

1. I am voluntarily taking part in this project and have not been forced in any way.
2. The transcribed interview or extracts from it may be used in academic papers, articles or in an archive of the paper.
3. Any and all pictures shared can and will be used for archival purposes.

Signature of Interviewee: Jean Raabe (insert signature here)

Date: March 13, 2021

Interview Questions:

1. Full name.

Jean Raabe.

2. Where did you study?

Western Michigan University, Kalamazoo, Michigan for Bachelor of Music in Music Therapy; Regent University, Virginia Beach, Virginia for Master of Education and Master of Business Administration; East Carolina University, Greenville, North Carolina for teaching certification in Music (K-12)

3. What is your specialization?

I have worked mainly in child/adolescent psychiatric settings, including substance use, and have spent time with geriatrics in long term care (nursing homes). We were required to work with at least three different populations before our internships, but I worked with five different populations. I worked with three different populations during my 1040 hours internship, so was supervised working with a total of eight different populations before graduation with my bachelor's degree.

4. Name of practice if applicable

N/A

5. What was the defining moment that made you aware that Music therapy was what you wanted to pursue?

I was able to visit the music therapist at a special education school for students with moderate cognitive impairments when I was 17 years old (1977). I shadowed her the entire school day and was completely hooked. I was convinced about the power of music as a tool for therapy that day. I knew right then that I wanted to learn more about how to become a music therapist. Five years later I'd completed all the training and was a full time music therapist for the child/adolescent unit of a large psychiatric hospital.

6. What was your first encounter with Music therapy?

The school nurse where my mother taught sent a brochure about music therapy to me. She told my mother that I would be perfect for the profession and we should check it out. We visited the university to get more information and I decided to audition for the music department. The day (described in Q#5) *was the most crucial part of my decision to become a music therapist. The second most important day was a visit to a special education school with one of my music therapy professors. She was the music therapist for the school, so I was able to see her working with children who had severe and profound cognitive impairments (most were wheelchair bound). It was such an amazing experience to see how much joy she brought to the children and how the music improved their quality of life.)*

-How did you feel?

Elated to have found what I wanted to be when I grew up. I'd been very unsure until that day, even though I was already accepted to the same university to become a math teacher. I didn't really

want to be a teacher, but it was what both my parents were, and I didn't know about other professions.

-One thing that stood out –

The variety of music strategies the music therapist used with her students. I'd never seen some of the things she did and was amazed at how the students responded. I was most impressed by her hand chime choir, meaning the colored coded hand chimes that are popular now, but they were not so common in the 1970's.

7. Why did you choose to become a music therapist and work in Trinidad/Barbados/Cayman/ US?

Because I already shared the story of how I decided to become a music therapist, I'll focus this response on how I ended up doing music therapy in Trinidad. I came to Trinidad for a special summer workshop to study the cultural arts of Trinidad & Tobago and Jamaica, which was held at UWI in both countries (1993). We had one day focused on steelpan, and that was the first time I was able to play on a tenor pan. I purchased a used tenor pan while on that trip, mainly to learn to play it for use in music therapy sessions. Because of the contacts I'd made for that purchase, I was asked to work with some Trinidadians in a summer pan program for at risk youth in Virginia (1994). That led to me returning to Trinidad to play steelpan for Point Fortin Borough Day (1995), after which I returned to play during multiple Carnival seasons. Four Carnival seasons into my steelpan adventures, because the members of the steelband had been so generous in teaching me to play, I decided I should offer to do a workshop about music therapy at UWI-DCFA (because it was all I could think of to offer as a kind of return favor for all I'd be taught about steelpan). The director remembered the summer study I'd been on in 1993, so he was happy to connect me to the

music unit and we started planning for the next time I would be in Trinidad. The interest in music therapy was far greater than I expected, and it was convenient to stay in Trinidad a few weeks after Carnival to do the workshops. That evolved into MUSC 3503 – Music Therapy, for which students were required to observe and participate in music therapy sessions, so I was connected to St Peter's Home and several other places that were interested in having music therapy services while I was available in Trinidad. Therefore, you could say that steelpan and Trinidad chose me more than I chose them, as I was never initially seeking to travel to the Caribbean.

8. As a therapist in (Trinidad/ Barbados/ Cayman/ United States) what was it like when you first started providing MT services.

In the US, I loved having the freedom to choose the music I wanted to use for sessions, because some of my peers worked in facilities where there were a lot of restrictions. Working with teenagers can be tricky, and they can listen to some pretty inappropriate music, so being able to meet them halfway and build rapport with them through music choices they would enjoy was a real blessing. I had to defend my choices to the administrator but was able to do that in a respectful and convincing manner. In Trinidad, I had to learn a lot of new music, so it was very helpful that I'd been playing steelpan with a large band for several years. I could transfer acquired knowledge and ask my pan friends for assistance. I visited a number of secondary schools, and that was also helpful in learning about music that might be effective in music therapy sessions. I also sat in on the Afro-Caribbean drumming class at DCFA for three semesters. Basically, it was important to get to know the country and people, so I could understand the role of music in the culture. That has been an exciting and interesting adventure, but also a very fruitful one, so now it takes me less time to find the music needed for sessions than it did when I first started doing sessions in T&T.

9. Are there any misconceptions that surround the work that you do as a MT?

There are many misconceptions about music therapy, both in the US and T&T, and the most common of them being that you have to be a musician to be helped by music therapy services. Many co-workers of mine within the psychiatric hospital also thought I was just playing around with the patients, and thought my services were not to be taken seriously. Thankfully, the psychiatrists and family therapists knew how powerful my sessions could be in helping meet treatment goals for the patients. Many music therapists experience the same thing, so it's good to have a number of formally trained music therapists in your contact list so you can support each other. Another misconception is that music therapy is to teach music skills and concepts to the clients, but that is music education. Although a client may learn to sing or play an instrument, the treatment goals are different from the goals of a music teacher. This misconception goes hand in hand with another one, which is that anyone can be a music therapist or do music therapy sessions. Most people wouldn't want to pay a music teacher for their services unless they knew the teacher had some experience and training. Unfortunately, the profession of music therapy has been plagued with some saying they were a music therapist, but they had no formal training. This most likely happens in every country for which formally trained music therapists' practice, as I have heard about it from many when attending conferences in the US, Trinidad and Japan.

10. How has music therapy grown/ developed since you first started providing interventions and services?

When I first started working as a music therapist, in 1982, there was an awareness of the value of music therapy in psychiatric hospitals and special education schools, but there was not as much

acceptance for the other populations served by music therapists. That began to build and grow as more music therapists in the US and Europe engaged in scientific research to prove the value of music therapy in a wide variety of settings. Another thing that validated music therapy as a profession in the US was having a certification board and exam that were a separate entity from the national music therapy organization. The board exam made it necessary for schools providing training for aspiring music therapists to collaborate and set specific standards for the formal training expectations.

11. Do you believe that Trinidad/Cayman/Barbados has the potential to develop a MT culture that can be compared eventually to that of the States?

I hope so! But even more, I hope that it can become a well-respected profession that is thriving, because the culture of Trinidad is so musical and artistic already. When a culture is rich in the arts and embraces that as an important part of their culture, I think the ground is fertile for growing the kind of support needed for music therapy (all creative arts therapies). Music therapists will still have to conscientiously promote the profession, but it may need to be done differently than is taught to aspiring music therapists in the US. Most likely, there will be a need to personalize the promotion, rather than make it as what would appeal to businesses and politicians in the US. That's another reason it is critical that the music therapists in T&T and the Caribbean band together and support each other. There is also the lesson from the US that makes it clear music therapists may continue to struggle for broad support, because it remains a struggle for US music therapists to this day. The lesson is to keep moving forward and not let that stop clients from being served; keep working toward the goal of gaining the support and respect that is well-deserved.

Make good use of the national music therapy association in T&T, so that more will want to become music therapists, and so that more will be served by music therapists.

12. What would need to happen or change for that to occur?

I think I just answered this in the last question, but feel free to ask me again if you hope for more information from me.

13. What is your opinion on the development of music therapy policies and curricula aimed at training MT's in the Caribbean opposed to in the States or the UK?

When I started doing guest lectures at UWI, I was hopeful that there would eventually be supported to start a music therapy program to train new music therapists. It only took me a few years to understand how complicated that actually was, so I became more realistic in my expectations. Before any university in the Caribbean will be able to start a training program for music therapists, there will need to be a clear analysis of statistics referring to necessity, longevity and sustainability of the profession. These things will become less ambiguous when the islands recognize music therapy as a health allied profession, as well as when there are set policies regarding the practice of music therapy and the licensure of formally trained practitioners. I'm not sure if I have an opinion about whether it happens individually or collectively within the Caribbean, because I don't know if there is a system in place that could do it collectively.

Regarding training and curricula, most countries I know about trying to start music therapy training programs struggle with wanting to teach what will be most valuable in their home country. I think in order to have a recognized training program, an alliance will need to be formed with a county that already has programs in place, but then their program may be imposed on the

island(s). For instance, in order to be recognized as a certifying or licensing program on a global level, the alliance must be with a country/region that already has recognition. That means having their standards in training adopted, but that may not leave room for the personalization needed to make it Caribbean at the same time. The World Federation of Music Therapy may be the most helpful in guiding the Caribbean, as there are many small countries in Asia trying to build support for music therapy as a profession in their countries too.

14. There is a lack of MT research, publications and studies done in the Caribbean region what is your view on this issue?

Doing scientific research in music therapy requires a number of things that may not be easy to access in Trinidad, or in the Caribbean, so I understand why there is a lack of research done here at this point. Hopefully that will change over time, as I believe UWI will be willing to support music therapists needing resources to complete that research. Another reason for not having a lot of research conducted in the Caribbean is the fact that music therapy is still quite new to the islands. The new music therapists here have a significant amount of work to do in terms of building their music therapy practices and advocating for music therapy as a profession. Even though research can help promote the profession, there's a balance between doing the things that can keep music therapists working in the field and taking care of their families.

15. What is the biggest factor that either affects or hinders this documentation?

I think the biggest hindrance is because quality scientific research takes resources. By that I mean in funding for supplies and equipment, as well as human resources to design and conduct the research. Many researchers in the US apply for grants to fund their work, but I don't know what resources like that are available to the music therapists in Trinidad. Also, writing successful grant proposals is not a simple task, especially when there is significant competition for the funds. Another key factor needed is an understanding of the proper channels for getting permission to do the research, so it will be considered ethical and valid when it's completed.

15. Why do you believe or what are some of the reasons you believe music therapy should be practiced in the Caribbean/ Barbados specifically?

I might be repeating myself, from my response to another one of your questions, but I hope I give something new in this response. First of all, I believe music therapy should be practiced in every country that has used music within it's culture. I think there are some places in which it wouldn't be appropriate, as I believe there are religions that don't use/allow music, so music therapy would not be the most effective treatment modality within that environment. In Trinidad, however, music seems to be part of everyone's life in some way, as I have only come across people who say no to specific types of music instead of all music. That being said, I believe music therapy will eventually become known as a respected and highly effective treatment modality in Trinidad.

My reasons for saying that go deeper than Trinidad being a musical culture, as my experiences playing in a large steelband have taught me that music is easily accessible to people that may not have the option of acquiring formal music training. My 25+ years being part of the pan fraternity have revealed that panyards may be more successful at the practice of inclusion than other places in the country. Generally speaking, everyone is welcome in the panyard, and people are

encouraged to try to play pan if they are interested. A person may not get individualized attention or be able to play the music well enough to be part of a competition, but they're not sent away if they aren't a "good" player. And the people who come to listen are not sent away if the music "catches them" and they start to sing and/or dance while the band rehearses. Within the four panyards I've spent significant time, I have not witnessed anyone being sent away because of a cognitive or physical impairment, and I have observed some with behavioral and emotional challenges as being amazing pan players that find their solace while engaged with the music. Eventually the data to prove the therapeutic value of playing steelpan, and of actively listening/moving to steelpan music, will be published for the world to see. I believe the same may be true for the places where people go to engage with drumming groups, rhythm sections and tamboo bamboo bands. Along with the previous examples, my observations of people in all age groups listening to music, singing/playing music, and talking about music have been extensive wherever I've gone in Trinidad & Tobago. Because of these experiences, I concluded early in my years of visiting T&T that music therapy would be a highly effective treatment modality within the country.

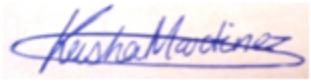
APPENDIX B

Scanned Permission Form

I KEISHA MARTINEZ hereby give Shinelle Britto permission to
(Insert name here)
place a copy of the materials collected in this interview and or any information collected, for educational purposes for her research course HUMN 3099 (Caribbean Studies Project) in the Department of Creative and Festival Arts. The materials will be housed in the West Indiana Collection located in the Alma Jordan Library at the University of the West Indies, St. Augustine campus. The project will be archived under their Caribbean Studies section.

By signing this form, I agree that.

1. I am voluntarily taking part in this project and have not been forced in any way.
2. The transcribed interview or extracts from it may be used in academic papers, articles or in an archive of the paper.
3. Any and all pictures shared can and will be used for archival purposes.



Signature of Interviewee: _____(insert signature here)

Date: 03/05/2021

Interview with Mrs. Keisha Martinez

1. Name

Keisha Martinez, M.S., MT-BC

2. Where did you study?

BM in music therapy and psychology - University of Miami, FL

MS in restorative practices- International Institute for Restorative Practices, PA

3. What is your specialization, if any?

Specialization- teens and adults with trauma. MT model- NMT (Neurologic Music Therapy)

4. Name of practice if applicable

Music Inspiring Change.

5. What was the defining moment that made you aware that Music therapy was what you wanted to pursue?

During Introduction to Music Therapy class at school. That was also my first encounter with music therapy. I had no idea what MT was when I started in 2006 at 17 years old. I just selected the major from a list of music majors. I sent that application in case I wasn't accepted elsewhere. I originally intended to study performance at a conservatory, but UM responded to my application first, and I accepted. The conservatories didn't send acceptance until I was already headed to UM. The reckless decisions of youth!

6. What was your first encounter with Music therapy? How did you feel? One thing that stood out.

7. Why did you choose to become a music therapist and work in Trinidad/Barbados/Cayman?

I began loving the field and excited to make a difference. I was a national scholar and had to return to Trinidad to fulfill the terms of my contract, anyway.

8. As a therapist in (Trinidad/ Barbados/ Cayman/ United States) what was it like when you first started providing MT services.

I was the first local certified therapist there, in 2012. It was TOUGH! I had to learn to not be as rigid as I was taught in school, to roll with the punches, and to advocate for myself.

9. Are there any misconceptions that surround the work that you do as a MT?

That we are just entertainment specialists!

10. How has music therapy grown/ developed since you first started providing interventions and services?

Music Therapy is more widely known now than a decade ago. The government has hired most of us at different times, and that has helped to lend legitimacy. I am most proud of advocating for some residents of a teens rehabilitation centre to receive court-ordered music therapy! I also participated in government policy making for the treatment of young people living with hiv. Music and other creative and expressive art therapies were included in the framework. These are indications of growing respect for our field, I believe. I am sure the others have similar experiences.

11. Do you believe that Trinidad/Cayman/Barbados has the potential to develop a MT culture that can be compared eventually to that of the States?

N/A

12. What would need to happen or change for that to occur?

N/A

13. What is your opinion on the development of music therapy policies and curricula aimed at training MT's in the Caribbean opposed to in the States or the UK?

That should happen eventually.

14. There is a lack of MT research, publications and studies done in the Caribbean region what is your view on this issue?

This is quite understandable. The field is new.

a. What is the biggest factor that either affects or hinders this documentation?

Funding. Also, we are all relatively new professionals trying to survive and legitimise a field that is completely new to our countries. It is hard enough to advocate for funding for employment, and for treatment programs. Again, the field is new. With time and exposure, it will happen. Rome wasn't built in a day!

15. Why do you believe or what are some of the reasons you believe music therapy should be practiced in the Caribbean/ Trinidad specifically?

Yes I do believe that we can eventually get to that. I think, however, that would require us to do more advocacy work. I think music therapy in the Caribbean works well because of how important music is in our culture, in general. Also, because many are still resistant to talk therapy, etc. On the contrary, when people hear the term "music therapy", it often makes sense to them, even though they may not understand it quite completely. You would often get responses such as "oh yes music does definitely be therapy for me!"

APPENDIX C

I TAMARA O. ADAMS hereby give Shinelle Britto permission to
(Insert name here)
place a copy of the materials collected in this interview and or any information collected, for educational purposes for her research course HUMN 3099 (Caribbean Studies Project) in the Department of Creative and Festival Arts. The materials will be housed in the West Indiana Collection located in the Alma Jordan Library at the University of the West Indies, St. Augustine campus. The project will be archived under their Caribbean Studies section.

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1. I am voluntarily taking part in this project and have not been forced in any way.
2. The transcribed interview or extracts from it may be used in academic papers, articles or in an archive of the paper.
3. Any and all pictures shared can and will be used for archival purposes.

Signature of Interviewee: TAdams (insert signature here)

Date: 2021-03-18

Interview with Tamar Adams

1. Full name.

Tamara D. Adams, M.A.

2. Where did you study?

Lesley University, Cambridge, MA, U.S.A

3. What is your specialization (What model of MT do you use)?

Humanistic Approach

MA Clinical Mental Health Counseling with Music Therapy Specialization

4. Name of practice if applicable?

Morningside Music Therapy

5. What was the defining moment that made you aware that Music therapy was what you wanted to pursue?

In my work as an Occupational Therapist, I introduced music as part of the interventions when working with children and elderly patients with neurological conditions. The results were unexpectedly positive and a privilege to observe.

6. What was your first encounter with Music therapy? How did you feel? One thing that stood out.

I attended a service trip to Grand Cayman and shadowed a music therapist who co-treated with a physiotherapist on a paediatric case. I felt really excited about the observations I made and about how well the session went. What stood out was how much enjoyment the child showed while engaging in therapy.

7. Why did you choose to become a music therapist and work in Barbados?

I chose to become a music therapist because it was a long-term dream, I had to become one. As I received a Barbados National Development Scholarship in order to study in the Us, returning to Barbados was part of my bond agreement, and personally important to me.

8. As a therapist in Barbados what was it like when you first started providing MT services?

Early on, it was good to have parents who were open to Music Therapy services as an additional option for their children, but COVID restrictions impacted my plan to go into schools as a consultant.

9. Are there any misconceptions that surround the work that you do as a MT?

It is two-fold. Being considered as someone giving music lessons is a misconception, but also a client has shared it is more normalised to say one is going to music lessons than music therapy, so it also may have something to do with a client's comfort level as well possible misconceptions.

10. How has music therapy grown/ developed since you first started providing interventions and services?

I have recently submitted a proposal to the Ministry of Education in Barbados for consideration. It is my hope that it will allow me to take referrals from them in the near future.

11. Do you believe that Barbados has the potential to develop a MT culture that can be compared eventually to that of the States?

No. I think that Barbados has the potential to develop a MT culture that is unique to the local and regional population of the Caribbean.

12. What would need to happen or change for that to occur?

More musicians need to be facilitated in going to study Music Therapy as well as more internships/ placements and service trips need to take place in Barbados.

13. What is your opinion on the development of music therapy policies and curricula aimed at training MT's in the Caribbean opposed to in the States or the UK?

Currently, the numbers of total music therapists in the region are very small. It is not seen as necessary if there are no music therapists on an island. Not only would music therapy have to be more visible, but music therapists would need to be more vocal and engaged in popular matters impacting a society/ its population. There are no schools in Barbados offering music therapy.

14. There is a lack of MT research, publications and studies done in the Caribbean region, what is your view on this issue?

This is an issue where studies are done but not widely disseminated or easily accessible.

15. What is the biggest factor that either affects or hinders this documentation?

There are currently no active music therapy associations in the region. Persons are either members of UK or US associations as part of their studies. These same associations host conferences and offer training opportunities, publish journals and call for regulation of the profession.

16. Why do you believe or what are some of the reasons you believe music therapy should be practiced in the Caribbean/ Barbados specifically?

I believe that music therapy should and must become a recognised profession in Barbados and the wider Caribbean region because of the role that music plays in our collective cultures and identities. Yes, we are part of a diaspora; and each island is so unique- yet there is this amazing field of study and practice which has the ability to unite us. It is not enough to rely on Western forms of music, or learn only from therapists/ professors who know a limited amount about the indigenous rhythms, melodies/ harmonies, lyrics and instruments that play such a crucial part of our everyday existence. It is vital for us to develop our own theories, models and approaches which will inform how music therapy is applied to our diverse populations, inform practice and feedback into how the profession will be viewed and taught regionally in the future.

APPENDIX D

I MARTINA CHOW hereby give Shinelle Britto permission to
(Insert name here)
place a copy of the materials collected in this interview and or any information collected, for educational purposes for her research course HUMN 3099 (Caribbean Studies Project) in the Department of Creative and Festival Arts. The materials will be housed in the West Indiana Collection located in the Alma Jordan Library at the University of the West Indies, St. Augustine campus. The project will be archived under their Caribbean Studies section.

By signing this form, I agree that.

1. I am voluntarily taking part in this project and have not been forced in any way.
2. The transcribed interview or extracts from it may be used in academic papers, articles or in an archive of the paper.
3. Any and all pictures shared can and will be used for archival purposes.

Signature of Interviewee: _____ (insert signature here)

Date: 24/03/2021

1. Full name.

Martina Chow

2. Where did you study?

Bachelor of Arts (Music) at UWI, St. Augustine; Master of Arts (Music Therapy) at New York University, New York.

3. What is your specialization (What model of MT do you use)?

I use the Humanistic Approach to my music therapy.

4. Name of practice if applicable?

Solari Centre for Music Therapy

5. What was the defining moment that made you aware that Music therapy was what you wanted to pursue?

During my 6th form studies at secondary school, I discovered the career and thought it would be the perfect merge for my love of music, science and psychology.

6. What was your first encounter with Music therapy? How did you feel? One thing that stood out.

My first encounter with music therapy was through Ms. Jean Raabe, adjunct lecturer at UWI. I was excited to see music used in a therapeutic way. I observed a group session at a home for the

aged, what stood out most to me at the time was how simple musical motifs and basic songs could impact so positively.

7. Why did you choose to become a music therapist and work in Trinidad/Barbados/Cayman/ US?

I chose to become a music therapist because I enjoy using music to make a positive difference. Doing so within the Trinidad community is an added bonus, as I can connect with the people here and Caribbean music much more easily than I would elsewhere.

8. As a therapist in (Trinidad/ Barbados/ Cayman/ United States) what was it like when you first started providing MT services.

It was difficult at first, because I often had to overcome people's initial scepticism about the efficacy of the services that I provide.

9. Are there any misconceptions that surround the work that you do as a MT?

Some persons can often confuse music therapy with music activity groups or music lessons.

10. How has music therapy grown/ developed since you first started providing interventions and services?

Through my work with the Special Education schools and homes for the elderly, I have seen a greater appreciation for music therapy. Many clients, their parents and caregivers have come to understand and appreciate the power of music and how it can benefit therapeutically.

11. Do you believe that Trinidad/Cayman/Barbados has the potential to develop a MT culture that can be compared eventually to that of the States?

Certainly! While I do believe that there will always be differences due to our differences in culture, with regards to the legitimacy of the profession, and possible recognition by Government bodies, these will come in due time.

12. What would need to happen or change for that to occur?

A group effort by all the music therapists. Getting the right proposals on the right desks!

13. What is your opinion on the development of music therapy policies and curricula aimed at training MT's in the Caribbean opposed to in the States or the UK?

This is a lovely goal for Caribbean music therapists to work towards. While there are still only a few music therapists within the Caribbean, our numbers continue to grow. As more music therapists return to the Caribbean to work, more research is amassed, more experience as a group is gained and so, Caribbean specific knowledge learned should be passed on.

14. There is a lack of MT research, publications and studies done in the Caribbean region what is your view on this issue?

As we are few in number, and approximately 15 years young as a profession in the Caribbean, research is limited.

15. What is the biggest factor that either affects or hinders this documentation?

As a board certified music therapist, I am required to keep documentation of my each of my sessions, whether in written format, audio or video recording. The same goes for my music therapy colleagues. Factors that possibly hinder publication of such material, could be time to compile the information, funding for specific research, funding for publication.

APPENDIX E

Music Therapy Questions

1. Full name.

Julianne Parolisi

2. Where did you study?

Yale University 2002 (BA in music, minor in psychology)

Lesley University 2010 (MA in Mental Health Counseling with specialization in Music Therapy)

3. What is your specialization (What model of MT do you use)?

I practice with a humanistic, culture-centered, client-led, improvisational approach to music therapy, often incorporating elements of community music therapy.

4. Name of practice if applicable?

Cayman Music Therapy (company in the Cayman Islands)

Music Therapy Without Borders (US based organization that runs volunteer MT projects to Cayman and around the world)

5. What was the defining moment that made you aware that Music therapy was what you wanted to pursue?

While on a concert tour with the Yale Alumni Chorus in South Africa in 2007, I spent some time volunteering with an organization that led arts-based activities with young people in a township that had been decimated by HIV/AIDS with the goal of helping them express themselves, begin to process their traumas, and find healing through the arts. There was a specific moment when I was standing outside in a dusty schoolyard singing with a group of children, our arms all linked together in a circle, connecting beyond the barriers of language/race/background through music, when I decided that I wanted to become a music therapist.

6. What was your first encounter with Music therapy? How did you feel? One thing that stood out.

My first actual encounter with music therapy was a couple of months after that tour, at the AMTA National Conference in Kentucky. I showed up at the conference at the last minute having just heard about it and wanting to learn more about the field. I walked in on the first day, got a program, and saw a session that sounded interesting about Nordoff-Robbins music therapy, which turned out to be presented by none other than Clive Robbins. So, my first encounter with music therapy was watching videos of Clive and Paul and listening to one of the Founders of the field describe his lifetime of work, before I even had any idea who he was. It was incredible, and I knew that moment I had found my career. What stood out to me the most was the way the music made this little girl who at first had seemed locked inside herself by disabilities come to life and experience joy and connection and ability and pride.

7. Why did you choose to become a music therapist and work in Trinidad/Barbados/Cayman/ US?

I had previously lived in Cayman from 2005-2007 working as a SCUBA diving instructor and underwater photographer and had fallen in love with the country and its people. I also knew that at that time, there were very few services for individuals with disabilities, and I felt that music therapy could be highly beneficial for those folks in particular. There was at that time and in many ways still is a huge stigma around disabilities, mental illness, and therapy in the Cayman Islands, and I felt that music therapy could be a way around that stigma by engaging people in a modality they intuitively used anyway in their lives—music. Music courses through the veins of the Caribbean, and folks already turn to it in times of celebration, in times of grief, and everything in between, so I felt that it could be a more acceptable offering than more traditional therapies.

8. As a therapist in (Trinidad/ Barbados/ Cayman/ United States) what was it like when you first started providing MT services.

My first foray into providing MT services was to organize and run a volunteer project in Cayman to demonstrate what music therapy could do. I brought 10 music therapy student volunteers down to Grand Cayman to run a week-long project at various locations, as well as give in-service presentations to schools, centres, hospitals, and the Government. There was a lot of interest generated from that project, and subsequently the Government asked me to help them develop a music therapy program within the Ministry of Education. So, I started a private company- Cayman Music Therapy- and my first contract was with the Ministry of Education to build a program and deliver services across multiple schools and centres. As I had anticipated, music therapy was a

welcome addition to the therapeutic offerings wherever I went, and people automatically understood the power of music and felt that the concept of music therapy intuitively made sense.

9. Are there any misconceptions that surround the work that you do as a MT?

Even though music therapy as a concept made sense to folks in Cayman- and perhaps because of the fact that music had already been an important part of life- there has still been confusion over the years about the lines between therapeutic music making and the field of music therapy. There has been the occasional article in the paper about a musician playing for older folks at the retirement home that refers to it as "music therapy," etc. There was also a time when a practitioner of a listening therapy was using the term music therapy on their website and materials. It has taken a lot of advocacy, press, and clarification over the years to try to clear up these misconceptions, which makes sense given that this was the first music therapy practice in the country and most people had never even heard of it before.

10. How has music therapy grown/ developed since you first started providing interventions and services?

Music therapy has grown tremendously in the Cayman Islands in the past decade since I first started my company in 2010. In my second year of practice, I hired and brought down a second music therapist from the US to help me expand my service delivery, and in my third year I hired another. We expanded the practice beyond the contract with the Ministry of Education to work in Hospice, the hospital, with the Special Needs Foundation (now Inclusion Cayman), in the prison, with corporate groups and other teams, and with private individual clients of all kinds. After five years of building the music therapy program for the Ministry of Education, they created an official

full time music therapist position which is now held by a local Caymanian who was given a scholarship to study MT in the UK. One of my former employees is now working in another branch of government, the Department of Counselling Services, thus expanding the reach even further. I have continued to run volunteer projects every year (except 2020 due to Covid), thus offering free services to sectors of the population that would typically not be able to access music therapy. It has been very exciting to see the traction that music therapy has gained in Cayman in the past decade!

11. Do you believe that Trinidad/Cayman/Barbados has the potential to develop a MT culture that can be compared eventually to that of the States?

I'm not sure. Cayman is so so small; it has the population of a town or even a large public university in the US. It is hard to imagine developing a music therapy culture here similar to a country of hundreds of millions of people.

12. What would need to happen or change for that to occur?

13. What is your opinion on the development of music therapy policies and curricula aimed at training MT's in the Caribbean opposed to in the States or the UK?

I believe that policies, curricula, and training should be culturally centered, and developed to address the needs of the population within which the services will be delivered.

14. There is a lack of MT research, publications and studies done in the Caribbean region what is your view on this issue?

Music therapy is still an emerging field across the Caribbean. There needs to be much more research done in order to inform practice as well as training criteria.

15. What is the biggest factor that either affects or hinders this documentation?

Could be the small numbers of practitioners in the region. For me personally, it has been difficult to find the time and energy to devote to research and publication while also running the business and trying to provide services to as many people as possible given that there are so few of us practicing here and the needs are so great.

APPENDIX F

Interview questions:

1. Name
2. Where did you study?
3. What is your specialization, if any?
4. Name of practice if applicable
5. What was the defining moment that made you aware that Music therapy was what you wanted to pursue?
6. What was your first encounter with Music therapy? How did you feel? One thing that stood out.
7. Why did you choose to become a music therapist and work in Trinidad/Barbados/Cayman?
8. As a therapist in (Trinidad/ Barbados/ Cayman/ United States) what was it like when you first started providing MT services.
9. Are there any misconceptions that surround the work that you do as a MT?
10. How has music therapy grown/ developed since you first started providing interventions and services?
11. Do you believe that Trinidad/Cayman/Barbados has the potential to develop a MT culture that can be compared eventually to that of the States?
12. What would need to happen or change for that to occur?
13. What is your opinion on the development of music therapy policies and curricula aimed at training MT's in the Caribbean opposed to in the States or the UK?

14. There is a lack of MT research, publications and studies done in the Caribbean region what is your view on this issue?
    a. What is the biggest factor that either affects or hinders this documentation?

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