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Andrea M. Hunt

Rowan University, hunta@rowan.edu

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The [Digital] Beat Goes On: Music and Meaning in a University Music Therapy Program during COVID

by Dr. Andrea McGraw Hunt



Up until the spring of 2020, music therapists nearly always practiced face-to-face with clients in a wide range of settings—from assisted living facilities to elementary school classrooms to bedside in private homes or perhaps in an ICU of a research hospital. Clinical training experiences included students shadowing clinicians in these settings, assisting their supervisors with preparing musical materials, supporting clients' hands as they played instruments, singing along with songs, or perhaps playing instruments to accompany clients' playing. Music therapy education sought to develop these skills through in-person classroom experiences involving live music making and spontaneous interpersonal interaction. The notion of music therapy telehealth was primarily an ethical question that we discussed in class: Is telehealth really the best way to do music therapy? What are the potential risks if we cannot be physically present with a client?

Not to mention the interstate regulatory questions and the need for secure and reliable online connections (Bates, 2014). Though my program included a great deal of asynchronous online work, I also insisted on some face-to-face teaching time for our hybrid courses so that students could experience and practice live music therapy interventions and demonstrations in the classroom.

In mid-March 2020, New Jersey shut down businesses and schools due to the COVID-19 pandemic. The university swiftly announced we would move to all-online teaching. As the situation evolved, our department eventually developed protocols for ensembles to meet in our building, but any class involving singing, including most of ours, had to move online, all the way through the 2020-21 academic year. Thus, my colleagues and I had to confront our assumptions about the practice of music therapy and how to best teach it so we could adapt to the circumstances.

Challenges and Adaptations

Clinical Musicianship

Students typically received instruction in clinical musicianship through live, interactive classes with instructors and their peers. However, along with all our other courses, our clinical piano, guitar, and Music Applications (a course addressing voice and many other instruments and their applications) classes moved to Zoom. Though Zoom was a stable and easy-to-use platform, it did not work well for live, interactive music making due to the sound delay. Our guitar and piano instructors immediately set up their home studios with camera angles and microphones that would best support their demonstrations and teaching. When they led playing for students to follow, students remained muted to avoid feedback and sound delays over Zoom.

For Music Applications, I was inspired by someone on Twitter who, while on COVID lockdown in New York City, made a video of herself improvising on piano along with an after-market car alarm sounding on her street. Thus, I addressed clinical improvisation in this course by asking students to record themselves improvising on instruments along with recordings of environmental sounds or mechanical sounds, such as a car alarm, or with the beeping and pumping sounds of machines from an intensive care unit, which were readily available on YouTube. Working with a recording from the ICU also directly related to actual clinical work known as Environmental Music Therapy (Canga, et al., 2012). Though these experiences were very different compared to improvising music live with another person, they provided a robust musical challenge, particularly for students with limited experience improvising with instruments. The resulting improvisations opened up interesting discussions around instrument choices for different clinical environments (e.g., can a cello provide a calming, rather than a more evocative, soundscape in an ICU?) as well as stylistic choices for ways to incorporate environmental sounds in improvisations (e.g., exactly matching pitches of the environmental sounds versus creating a chordal backdrop with more rhythmic contextualization of the sounds).

In addition, in Music Applications we worked with receptive music experiences, such as leading a progressive relaxation exercise with live guitar or piano accompaniment. This kind of experience did not need much adaptation for Zoom other than ensuring the sound settings were appropriate for live music. When we offered other acoustic experiences, we quickly adapted them to involve turn-taking and call-response structures to avoid any problems with lag over Zoom. Beyond this, however, we needed to incorporate much more digital music than we had before.

Digital Music Skills for Music Therapy

At the start of the pandemic, I had limited experience with Digital Audio Workstations (DAWs) or ways to use digital music making in telehealth and had not yet incorporated much digital music making into our curriculum. Our students in clinical training moved immediately into telehealth while our online courses had to pivot from creating live music together, in person, using acoustic instruments to digital applications that would work in telehealth sessions. Through emergency Zoom meetings, social media posts, and webinars, music therapy colleagues in the region and around the world quickly shared techniques that we attempted and would troubleshoot in class. One method involved using desktop sharing over Zoom while allowing clients to access the practitioner's applications. This eliminated the need for clients to have their own software or apps to make music with therapists. Thus, we experimented with desktop sharing using DAWs (Soundtrap, Logic, Ableton, or even Chrome Music Lab, <https://musiclab.chromeexperiments.com/>) where clients could choose and arrange their own sound loops with the practitioners' support. Local music therapists such as Hausig shared videos of specific tutorials around clinical applications, such as referential beatmaking (2020, May13) and songwriting (2020, October 2) using DAWs. Our class tried out and demonstrated these techniques on each other.

We also worked with web-based apps such as Plink (www.plink.in) where clients and practitioners could engage in real-time music making through the app directly, without the need for screen sharing. In addition, classes worked on collaborative recording projects in Soundtrap (www.soundtrap.com) such as our project working with a student's parody of the song "Stand by Me" (King, Leiber, & Stoller, 1961). This song was written for a presentation at our last class before lockdown, and the lyrics begged listeners to wash their hands and "Stay away from Me." Our collaborative recording included multiple tracks including vocals, piano, guitar, flute, and bass.

In addition, students also experimented with video editing for some clinical projects and expressed interest in learning more about audio and video editing. Fortunately, though I lacked these skills, other students already had some background knowledge in these areas and shared some introductory steps in our classes.

Meaningful Connections with/for Students

When all the music therapy courses moved online, students lacked regular face-to-face interaction with each other and their instructors. In addition to the change in course delivery format and expectations for coursework, all of us were under excessive stress during the pandemic with changes to our personal lives as well. I felt that students needed self-care strategies to sustain involvement in their studies through a long-term emergency situation. Inspired by a colleague at another institution, I added extra-credit components to the academic courses to encourage students to engage in self- and community care practices. Each month, students submitted monthly statements of ways they took care of themselves or others, whether via exercise, doctor or therapist appointments, mental health days, caring for family members, visits to a park or beach, engaging in hobbies, etc. I also shifted to using pre-recorded videos for course announcements, responding to online discussion board questions, and explaining the syllabus and specific assignments. Students reported that this shift was more engaging than having to read a lot of text, and though it did not replace live classroom explanations and informal questions after classes, it helped provide a sense of connection among us. In the spring of 2021, I switched the name of my Office Hours to an "Open Door" hour and encouraged students to visit my Zoom room for any reason, whether to ask for help with coursework or to just have a chat with someone. Several students took advantage every week, sometimes without a specific learning need, but for some social and informal interaction instead. For live classes over Zoom, we experimented with video filters and backgrounds, exploring their social and clinical usefulness for classes and telehealth.

Meaningful Connections with/for Clients

One aspect of teaching that stymied every music therapy educator at the start of the pandemic was clinical training. Many clinical sites around the country closed entirely, others carried on with few changes and presented great risks to students. In our program, several students were already in clinical placements at the start of the pandemic, and several others began clinical training during the next academic year. All these placements moved to telehealth or were completely restricted until safety and legal protocols could be implemented. Whether students were on site or seeing clients via telehealth, their hours were often reduced or greatly limited, thus preventing them from meeting requirements for both pre-internship and internship training established by the American Music Therapy Association (AMTA). In response to the many questions arising from this situation, my colleagues of neighboring programs in the Philadelphia region and I began meeting biweekly to develop feasible alternative assignments and options for clinical training that would satisfy AMTA requirements, and to share site contacts and resources. Given the close proximity of our programs, we had often competed for clinical placements in the past, but now we were working together to focus on our students' needs in a collective manner. After working together for a few months, we shared about our collaboration with colleagues via a national webinar for music therapy faculty to help guide other faculty about what we had learned.

In our program, students generally satisfied their hours by simply shifting to telehealth, and then once vaccines became available in mid-spring 2021, gradually returning to on-site assignments. Early in the pandemic, one student interning at a hospice agency spent a period of time making bereavement support calls to family members, while her supervisor (who continued to see patients in person) offered patients the opportunity to take part in telehealth sessions with the intern. Most patients declined this option. Once we had legal and safety protocols in place, the intern resumed seeing patients for visits through their windows ("window visits") and eventually in their rooms. Other students made pre-recorded videos addressing specific clinical needs. One student made sing-along videos for his hospice agency focusing on particular decades of popular songs. Another student wrote an original song for a specific client to help teach him how to tie his shoes, and then edited together his performing the song with lyrics on the screen and his actions showing how to tie his shoes. In the former case, the hospice agency handled the video editing, adding the lyric captions to the screen and adding opening and closing images. In the latter case, the student used his own copy of iMovie and personal knowledge to create his video. He then shared some of his knowledge with his classmates as part of the Music Applications class. By the 2020-21 year, some practices and schools had resumed face-to-face work, while a few others remained online. When students were short on hours, for example, we assigned videos and case studies of real clinical material and developed options for students to analyze and write about the work.

Building and Supporting Student Community

Though we are a young program, we already had a very active and sociable music therapy club on campus when the pandemic started, providing social and academic support. Students living on campus were now isolated in their dorm rooms, whereas others had moved back home with their families. Because the club had such strong leadership, the group swung into action to provide online meetings for the remainder of the spring 2020 semester, and then scheduled and held regular meetings, social events, and workshops throughout the 2020-21 year. The executive board also initiated a peer tutoring program, "A Tempo," and matched upper-level students with newer students to provide support with the online environment as well as for specific course and program requirements. The students also mirrored the increased collaboration among faculty at neighboring universities by designing and hosting the free, online Harmony Conference. Club leaders from each program solicited guest speakers, including graduate students and faculty from the regional universities, and a keynote speaker who practices at a major research hospital. The students also hosted networking sessions to connect students and professionals around several themes: Internships, Marginalized Groups in Music Therapy, Music Therapy Advocacy, and Communications.

Remaining Challenges

As mentioned in the introduction, throughout the pandemic we sought student feedback through informal check-ins as well as through formal course evaluations, and did our best to adjust to meet requests and needs. Students also demonstrated their capacity to learn and gain new skills through their coursework as well as through playing evaluations at the end of each semester, showing that despite all the numerous challenges of online learning, they made progress. Though teaching and music-making online during this pandemic has been much more successful than I would have imagined, there are ongoing challenges that preclude us from remaining entirely online despite these successes.

First, playing music together in real time online was simply not feasible. Though we tried real-time jamming platforms and apps such as Jamulus (jamulus.io) and JamKazam (jamkazam.com), these applications were not very reliable and required a great deal of time to configure. Until technology catches up, we will continue to need face-to-face music making experiences in our program. If we need to continue taking precautions during this pandemic, we will have to generate solutions that allow students to meet in person in a safe manner so we can make music together. Even once technology does enable remote, live music-making, students still need access to specific instruments and experience leading music-making experiences in different physical spaces—therefore, there will always need to be some element of live interaction with each other and clients in our training program.

Second, nothing could replace the spontaneous interactions and support we would experience with meeting and working together in our building. We aimed to create more live and spontaneous “hang” times for students, and student feedback from the 2021 semester indicated that they appreciated these efforts. However, students also wanted more interaction than we could feasibly provide. Thus, even once we return to face-to-face classes on campus, for courses that will continue to involve mostly online and asynchronous delivery, I plan to continue to offer frequent, optional live meetings for students who want and need them.

Finally, all-online teaching revealed learning differences in students who were not previously aware of their learning needs. Many students had not identified as needing accommodations prior to this academic year, but once they faced specific tasks involved in online learning, they had difficulty digesting and synthesizing all the information in the asynchronous format. Thus, I learned I need to urgently review my online course requirements and consider ways to make these and all the content more accessible. The Rowan Faculty Center sponsored a webinar featuring Jay Timothy Dolmage, an educator versed in Universal Design and who shared his ebook with helpful resources (Dolmage, 2017). I will not be able to realistically address every aspect of accessibility in my courses for this next year, but my first steps will include reducing written work in lieu of spending more time meeting with individual students, and I will endeavor to retain a mindset of centering accessibility in my teaching moving forward.

Conclusions

Though the COVID-19 pandemic brought great hardship and tragedy to us and people near to us and around the world, I am enormously grateful for our students’ dedication to learning and willingness to work through the unique challenges of learning and connecting through the highly dynamic situation spanning multiple semesters. My colleagues and I could plan all kinds of brilliant ideas and offer the most sophisticated solutions, but students would still need to collaborate on our learning goals for any of them to be successful. Though this cohort may not have experienced particular modes of learning or had opportunities to practice specific skills because of the limitations of online interaction, they also gained unique skills that will serve them well in their careers, for example, expanded digital music making and audio/video editing. Thus, we will continue to incorporate these digital skills into our coursework. This cohort also highlighted the limitations of our online teaching methods and content, prompting us to rethink the amount and nature of written work, the format of live meetings, the importance of interpersonal connection, and the need to enhance accessibility of course content and online materials.

References

- Bates, D. (2014). Music therapy ethics “2.0”: Preventing user error in technology. *Music Therapy Perspectives*, 32 (2), 136–141. <https://doi.org/10.1093/mtp/miu030>
- Canga, B., Hahm, C.L., Lucido, D., Grossbard, M.L., & Loewy, J. (2012). Environmental Music Therapy: A pilot study on the effects of music therapy in a chemotherapy infusion suite. *Music and Medicine*, 4(4), 221-230. <http://dx.doi.org/10.47513/mmd.v4i4.349>
- Dolmage, T. (2017). Academic ableism: Disability and higher education. University of Michigan Press. <https://doi.org/10.3998/mpub.9708722>
- Hausig, A. (2020, May 13). *Referential beat making by Philadelphia Music Therapy*. [Video]. YouTube. https://www.youtube.com/watch?v=OaEGBD7_NJc
- Hausig, A. (2020, October 2). *Songwriting with Garageband in music therapy*. [Video]. YouTube. <https://www.youtube.com/watch?v=DrUj2Yp9SmU>
- King, B.E., Leiber, J., & Stoller, M. (1961) Stand by me. [Recorded by performer B.E. King]. *On Don't Play That Song!* [vinyl record]. New York, NY: Atco Records. (1960).