

**CLINICAL IMPROVISATION
TECHNIQUES IN MUSIC THERAPY**
A GUIDE FOR STUDENTS, CLINICIANS
AND EDUCATORS

ABOUT THE AUTHORS



Dr. Debbie Carroll, LGSMT, MTA, is a music therapy professor at the Université du Québec à Montréal (UQÀM) where she has been educating and supervising students since 1985. She received her postgraduate diploma in music therapy from the London Guildhall School of Music and Drama, and worked as a music therapist in Germany (Heidelberg and Mannheim) and Canada (Montreal). An accomplished pianist and music therapy clinician with extensive experience in special education and child/adolescent psychiatry, she has researched children's intuitive musical understandings and the role of music (specifically rhythm and melody) in developing the expressive language of children with Down syndrome. She has also developed a guide for teaching clinical improvisation techniques that focus on the specific use of music to establish contact with a client, elicit, structure, guide and/or redirect their responses, and also to work on intrapersonal and interpersonal issues. Dr. Carroll has published and presented her work nationally and internationally. In 2009, she was awarded a lifetime membership from the Canadian Association for Music Therapy in recognition for her outstanding commitment to the organization and to the field of music therapy. She sits on the board of several associations and institutes, including the Canadian Music Therapy Trust Fund and the Institut Santé et Société, UQÀM (Institute of Health and Society, UQÀM). E-mail: carroll.debbie@uqam.ca

Claire Lefebvre, MA, MTA, began her clinical experience in special education and in child psychiatry. She worked at the Montreal Children's Hospital and also as a consultant for different school boards. Since 1986, she is a music therapy professor at the Université du Québec à Montréal (UQÀM). Her research interests lie in preserving and recounting the history of Music Therapy in Quebec. She has also developed a guide for teaching clinical improvisation techniques that focus on the specific use of music to establish contact with a client, elicit, structure, guide and/or redirect their responses, and also to work on intrapersonal and interpersonal issues. In 2010, she was awarded a lifetime membership from the Canadian Association for Music Therapy in recognition for her commitment to the organization and to the field of music therapy. In addition to her music therapy career, from 1996 to 2010, she was the director of the "École de musique Vincent-d'Indy". E-mail: lefebvre.c@uqam.ca



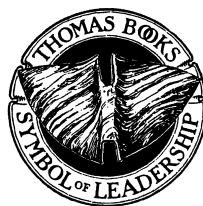
**CLINICAL IMPROVISATION
TECHNIQUES IN MUSIC THERAPY
A GUIDE FOR STUDENTS, CLINICIANS
AND EDUCATORS**

By

DEBBIE CARROLL, PH.D., LGSMT, MTA

and

CLAIRE LEFEBVRE, MA, MTA



CHARLES C THOMAS • PUBLISHER, LTD.
Springfield • Illinois • U.S.A.

Published and Distributed Throughout the World by

CHARLES C THOMAS • PUBLISHER, LTD.
2600 South First Street
Springfield, Illinois 62704

This book is protected by copyright. No part of
it may be reproduced in any manner without
written permission from the publisher.
All rights reserved.

©2013 by CHARLES C THOMAS • PUBLISHER, LTD.

ISBN 978-0-398-08890-3 (spiral)
ISBN 978-0-398-08891-0 (ebook)

Library of Congress Catalog Card Number: 2013010065

*With THOMAS BOOKS careful attention is given to all details of manufacturing
and design. It is the Publisher's desire to present books that are satisfactory as to their
physical qualities and artistic possibilities and appropriate for their particular use.
THOMAS BOOKS will be true to those laws of quality that assure a good name
and good will.*

*Printed in the United States of America
CR-R-3*

Library of Congress Cataloging-in-Publication Data

Clinical improvisation techniques in music therapy : a guide for students,
clinicians and educators / by Debbie Carroll, Ph.D., LGSMT, MTA, and
Claire Lefebvre, MA, MTA.

pages cm

Includes bibliographical references.

ISBN 978-0-398-08890-3 (spiral) -- ISBN 978-0-398-08891-0 (ebook)

1. Music therapy. 2. Music therapy--Instruction and study. 3.
Improvisation (Music)--Therapeutic use. 4. Clinical psychologists--Training
of. I. Lefebvre, Claire. II. Title.

ML3920.C26 2013
615.8'5154--dc23

2013010065

ACKNOWLEDGMENTS

This guide is the product of many years of teaching clinical improvisation to undergraduate music therapy students. We are especially grateful to Dr. Kenneth Bruscia, whose groundbreaking work on improvisational models of music therapy provided the inspiration and direction for the present text, in particular, the taxonomy of clinical techniques upon which this guide is based. We also wish to acknowledge Dr. Bruscia's encouragement and valued suggestions over the years

We deeply appreciate the interest and enthusiasm that Michael Thomas, president of Charles C Thomas, Publisher, Ltd, has shown in publishing the present guide and for granting us permission to reprint Table 37 (pp. 535–537) of *Improvisational Models of Music Therapy* (Bruscia, 1987, Charles C Thomas, Publisher).

We owe a special thanks to the many colleagues, who, over the years, have suggested we publish this guide that began taking shape within the clinical improvisation courses we were teaching in the music therapy program at the Université du Québec à Montréal from 1988 to 2010. We also extend our gratitude to Dr. Lillian Eyre, Assistant Professor of Music Therapy, Immaculata University, PA, Dr. Katrina Skewes McFerran, Associate Professor/Head of Music Therapy, University of Melbourne, and Dr. Grace Thompson, Music Therapy Lecturer, University of Melbourne, for reviewing our manuscript and for offering their detailed and insightful comments.

And finally, we are indebted to our students for providing us with the *raison d'être* for conceiving and writing this guide, and for their thought-provoking questions and suggestions throughout the process.

FOREWORD

To improvise music is to live in the unending possibilities of the moment. It is a precarious yet scintillating process of continually being on the edge of now, delighting in and managing the surprises, while trying to move sensibly and bravely from sounds of the past to sounds of the future. It is the ultimate experience of being in a liminal space, extemporaneously creating beauty or meaning out of sound. And when we improvise with others, their nows, surprises, and creative efforts become part of ours, and ours a part of theirs. It is a magical encounter of discovering meaningfulness and togetherness in sound, while also hearing who one is in the mix. All this gives improvisation tremendous potentials as a therapeutic process—potentials that all students of music therapy must discover as part of their training and self-development. And so the question inevitably arises, How in the world does one teach someone to improvise—to create one's own new music moment to moment? And an even more daunting question, How does one teach someone how to improvise with others for therapeutic purposes?

Certainly, musicianship is an important factor in preparing music therapists to use improvisation clinically. We know that musicianship is learned not only through study but also through practice and experience, especially when it comes to performers and improvisers. One has to engage in and experience the music-making process repeatedly before any sense of mastery or comfort is achieved. Thus, developing musicianship is necessarily an experiential endeavor, an active form of learning. It always involves making and experiencing music in the moment. This is particularly true of learning how to improvise. The learner has to experiment in sounds, under myriad conditions and with various instruments, over and over in one experiment after another until spontaneous music-making becomes a natural and comfortable process. The teacher's role then is to set up sound experiments in a way and in a sequence that

enables students to channel their musicianship into the extemporaneous art of improvising.

This is exactly what the authors have done. Based on years of their own experimenting with the teaching of improvisation, they have evolved a particular developmental sequence for presenting students with sound experiments that introduce basic techniques of improvising.

But musicianship is not the only skill area required in improvisation. Non-musicians can extemporaneously create beauty and meaning out of sound quite well, and sometimes quite masterfully. Otherwise, why would music therapists ask their clients to improvise? Notice that the first paragraph describing the experience of improvisation is not laden with musical technicalities. Improvising is not just a musical endeavor, it is a human endeavor. It requires as much of the person psychologically and socially, for example, as it does musically. I may be able to play chord progressions in every key and every mode, but still not be open to living in the moment; I may have absolute and perfect pitch, but still be afraid of risking a sound that might not be meaningful; I may have tremendous technical skill at my instrument, but still not know how to be truly present to another person in sound. Thus, teaching improvisation is as much about facilitating one's humaneness as it is about imparting musical techniques. In fact, one cannot teach "improvisation" without assisting the improviser to be "human musically." And once again, the only way to learn how to be human musically, and the best way of teaching it, is through experience.

This brings us back again to the present text. The authors take into account the need to develop musicianship as well as the need to become human musically. The exercises or sound experiments presented have been sensitively designed to bring one's innate musicality and humaneness together in a way that enables the learner to improvise—but not just music—just as importantly to improvise oneself, oneself-in-relationship, as well as one's life. These are the *arts of improvising* that are at the core of music therapy practice; these are the arts that music therapists share with their clients as an integral part of the therapeutic process; and finally these are the arts that music therapy students need to access and heal their own souls.

Kenneth Bruscia

December 4, 2012

PREFACE

Improvisation plays a central role in music therapy clinical practice, and the use of clinical improvisation is, in large part, what sets music therapists apart and makes our contribution to health care so unique. The growing body of literature focusing on improvisational approaches in music therapy as well as on broadening the clinical improvisational resources of music therapists underscores the value of improvisation as a major intervention strategy in the practice of music therapy.

Clinical Improvisation Techniques in Music Therapy—A Guide for Students, Clinicians and Educators provides a clear and systematic approach to understanding and applying improvisational techniques. This guide is inspired by the taxonomy of clinical improvisation techniques, as described by Kenneth Bruscia in his 1987 book on *Improvisational Models of Music Therapy*.

Part One provides an introduction to the techniques, as the authors have regrouped them. They are divided into two interconnected categories: musical techniques (M) and verbal techniques (V). The musical techniques are grouped according to interrelated moments of a therapeutic encounter—establishing contact (M1), eliciting responses (M2), structuring responses (M3), redirecting responses (M4), and working with the client on deeper intrapersonal and interpersonal levels (M5). The verbal techniques—V1 and V2—are used to engage the client in a discussion before, during or after a musical improvisation (or recording of it), and are often used in combination with the techniques of M5 in order to clarify elements related to the client's musical expressions.

Part Two focuses on how to apply the techniques with clinical intent in order to meet the diverse needs of a client, individually or in the context of a group. To this end, this section provides musical resources, relevant references and specific guidelines for using the techniques in goal-specific ways to work with the client's musical and verbal responses. Part Two concludes with a series of role-play exercises that are based on predeter-

mined clinical and musical parameters, specifically designed for practicing the techniques in simulated clinical contexts.

This “hands-on” guide fulfills the need for a clear process-oriented approach to mastering clinical improvisation techniques, and in a style that can be understood not only by music therapy students, clinicians and educators but also by health care administrators and providers alike.

D.C.

C.L.

CONTENTS

<i>Acknowledgments</i>	v
<i>Foreword</i>	vii
<i>Preface</i>	ix
INTRODUCTION	3
PART ONE—TAXONOMY OF CLINICAL IMPROVISATION TECHNIQUES	
MUSICAL TECHNIQUES	11
Prelude	11
Summary list of the musical techniques	12
Description of each technique	15
M1. Establish contact	15
M2. Elicit responses	19
M3. Structure responses	22
M4. Guide the client towards greater freedom of expression ..	24
M5. Work with the client on deeper intrapersonal and interpersonal levels	27
VERBAL TECHNIQUES	33
Prelude	33
Summary list of the verbal techniques	35
Description of each technique	36
V1. Ask questions	36
V2. Offer feedback	39

PART TWO—APPLYING THE TECHNIQUES

EXPANDING CLINICAL AND MUSICAL RESOURCES	45
Starting out	45
Moving beyond	46
Becoming reflective and effective practitioners	47
ROLE-PLAY EXERCISES	49
Warm-up exercises	50
Playing with different beating patterns	51
GUIDELINES FOR WORKING WITH THE CLIENT’S PLAYING	
Meeting the client in the music	53
Giving form to impulsive, continuous or chaotic-creative playing	54
Redirecting compulsive playing	54
Selected rhythmic, harmonic and melodic guidelines	55
Role-playing rules	56
SIX ROLE-PLAY EXERCISES WITH PREDETERMINED MUSICAL AND CLINICAL PARAMETERS	61
CLOSING WORDS	75
APPENDICES	77
1A. <i>Summary and synthesis of the 64 clinical techniques used in improvisational music therapy (Bruscia, 1987)</i>	79
1B. <i>Comparative table highlighting differences between Bruscia’s groupings of the 64 techniques and those of the present authors</i>	83
2. <i>Diagrams illustrating the connections among certain techniques</i>	85
3. <i>Students’ exploration of the potential therapeutic effects of intervals</i> . . .	87
4. <i>Scales (and more)</i>	93
5. <i>Three improvisational models of music therapy (Alvin, Nordoff-Robbins, Priestley)</i>	95
BIBLIOGRAPHY	105

Note: For the sake of clarity, in this document, the music therapist {MT} is female and the client {CL} is male.

**CLINICAL IMPROVISATION
TECHNIQUES IN MUSIC THERAPY
A GUIDE FOR STUDENTS, CLINICIANS
AND EDUCATORS**

INTRODUCTION

Improvisation plays a central role in music therapy clinical practice, and the use of clinical improvisation is, in large part, what sets music therapists apart and makes our contribution to health care so unique. We need only consider the broad range of emotional, social, language, cognitive and physical goals that music therapists can work on with their clients within the context of a creative and welcoming ever-expanding field of play (Kenny, 1989, 2006), using music—the birthright of all human beings—as the object of play.

Over the past four decades, an ever-growing body of literature focusing on improvisational approaches in music therapy attests to its therapeutic value. Paul Nordoff and Clive Robbins were the first to address the need to train music therapists to become competent improvisers, so that they, in turn, were able to improvise with clinical intent and help clients tap into their own musical creativity in order to maximize their potential. *Healing Heritage: Paul Nordoff Exploring the Tonal Language of Music* published in 1998, was based on a clinical improvisation course that Nordoff and Robbins gave in 1974. In their seminal text *Creative Music Therapy*, first published in 1977, then revised and expanded in 2007, Nordoff and Robbins present a series of improvisational exercises aimed at providing the necessary resources for music therapy practice. They also describe in musical and clinical detail the strategies they used for guiding children, with a wide range of challenges, toward greater musical mobility or greater musical control, as the case may be. Other music therapists, including Wigram (2004), and more recently, Lee and Houde (2011), have followed in Nordoff and Robbins' footsteps with the publication of textbooks specifically designed to enrich the clinical improvisational resources of music therapists. In addition, Lauzon (2006) describes his model for teaching clinical improvisation, and Gardstrom (2007) addresses the development of leadership competencies in improvisation and the use of clinical improvisational techniques within the

context of group music therapy with a focus on the use of percussion instruments.

The present guide began taking shape within the context of clinical improvisation courses that we taught in the music therapy program at the Université du Québec à Montréal from 1988 to 2010. It was developed in direct response to the need to provide a clear and systematic approach to teaching improvisational techniques to undergraduate music therapy students (most of whom were classically trained), and was revised annually in the light of ongoing student feedback and the literature dealing with clinical improvisation as mentioned above. This guide is based on the taxonomy of clinical improvisation techniques (Part One) as described by Bruscia (1987). It also describes an approach we developed for clinically applying these techniques (Part Two).

In our quest for clarity, we found that the unfolding of the therapeutic process, with its many subtleties and possibilities, provided a suitable framework for helping students understand the techniques and how to apply them with clinical intent in order to meet the diverse needs of a client, individually or in the context of a group. To this end, certain techniques, as described by Bruscia, are not included, and our grouping of the techniques differs slightly from Bruscia's. The comparative table in Appendix 1B illustrates these differences.

Part One provides an introduction to the taxonomy of techniques, as we have regrouped them. They are divided into two interconnected categories: musical techniques (M) and verbal techniques (V). Each category opens with a prelude and summary list of the techniques in each subcategory, followed by a detailed description of each technique. A technique is defined here as "an operation or interaction initiated by the therapist to elicit an immediate response from the client or to shape his/her immediate experience" (Bruscia, 1987, p. 18).

The musical techniques are grouped according to interrelated moments of a therapeutic encounter—establishing contact (M1), eliciting responses (M2), structuring responses (M3), redirecting responses (M4), and working with the client on deeper intrapersonal and interpersonal levels (M5). It is important to note that the techniques of M5, which correspond to Bruscia's "Emotional Exploration Techniques" (1987, pp. 536-537), are considered to be advanced techniques, requiring additional training and supervision.

The introduction to each of the subcategories M1–M5 includes general therapeutic goals (the *why*) and the clinical context in which the techniques might be used (the *when*). The descriptions of each technique pro-

vide details of the therapist's musical actions (the *what* and the *how*) as well as the goals particular to that technique (the *why*).

The verbal techniques—V1 and V2—are used to engage the client in a discussion before, during or after a musical improvisation (or recording of it), and are often used in combination with the techniques of M5 in order to clarify elements related to the client's musical expressions. These techniques are grouped according to the music therapist's role which can take on a more or less directive approach, depending on the perceived needs of the moment and the music therapist's theoretical orientation(s) (e.g., behavioural, cognitive, developmental, psychodynamic, blended eclectic model¹). In the first group of verbal techniques (V1), the music therapist asks open-ended questions (e.g., *what, when, how, with whom*) based on information provided by the client. In the second group (V2), the music therapist offers feedback based on what the client is doing, saying or feeling, and in so doing, might assume a more directive, confronting role.

Part Two focuses on how to apply the techniques based on predetermined clinical and musical parameters that are intended to serve as starting points for any given improvisation. Resources for expanding one's musical baggage and developing one's clinical musicianship are included. The reader is also directed to relevant references from the music therapy literature. Guidelines are provided for using the techniques to meet the client's way of playing and for moving him to a more controlled, or freer, manner of musical expression, as the case may be. To conclude, a series of role-play exercises for practicing the techniques in simulated clinical contexts are presented.

There are five Appendices. Appendix 1 includes two tables. Appendix 1A is a summary table of the 64 clinical techniques, identified by Bruscia (1987, pp. 535-537), and commonly used in improvisational music therapy. Appendix 1B is a comparison table that highlights the ways in which Bruscia's groupings of the techniques differ from ours. The diagrams in Appendix 2 illustrate the interconnections among certain techniques—how one technique may encompass others, or how a technique may be the outgrowth of another. Appendix 3 includes an exploration of the potential therapeutic effects of intervals by students (1994-2010). The scales/modes in Appendix 4 are in reference to the section "Expanding Clinical and Musical Resources." Appendix 5 provides a description of improvisational models of music therapy, developed by Juliette Alvin,

1. For a detailed description of this model, consult McFerran's *Adolescents, Music and Music Therapy* (2010).

Paul Nordoff and Clive Robbins, and Mary Priestley, as a means of understanding the therapeutic process from different clinical and theoretical perspectives.

Whereas this guide was originally developed as a teaching tool for music therapy students, clinicians and educators will find it useful for understanding and applying the techniques in a variety of clinical contexts. Furthermore, this guide not only includes strategies for developing clinical musicianship, it also provides a process-oriented vocabulary for articulating the *why, when, what* and *how* of our unique role as music therapists and in a language that can be understood by health care administrators and providers alike.

Bruscia (1987) describes clinical improvisation as the “locus” of the therapeutic encounter, where the essence of the therapeutic process can be found *being* in the music created with a client, while also guiding him towards the realization of therapeutic goals and objectives. This implies that the client is *being* and *becoming* in the music. From a humanistic perspective, the music-making experience can be a self-actualizing experience. In his book *Toward a psychology of being* (1968), Maslow notes that humans are both *being* and *becoming*, both actuality and potentiality.

The image of the flower in Figure 1 can be seen as a metaphor for blossoming or self-actualisation, which, as therapists, is our ultimate goal in working with clients who, for a variety of physical, emotional and/or cognitive reasons, have difficulties realizing their potential. The flower also represents the five musical categories and two verbal categories, with the petals illustrating the interconnectedness between these categories and the techniques contained within them.