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CONTENTS

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Editorial

The growing development of scientific articles on music therapy is significant, as they begin to include evidence within the critical care area among their publications. These findings stem from the incorporation of music therapists within the hospital settings, who are increasingly required for the care of patients with delirium, polyneuropathies and/or receiving mechanical ventilation, among other problems. In turn, this is added to structural and organizational changes that the critical care area presents, in the direction of incorporating non-pharmacological strategies, which favor work in both adult and pediatric intensive care units, as well as in neonatology.

At this point, the impact generated by a significant musical experience in a critical care patient is indisputable, promoting the activation of neural networks, the reduction of anxiety, pain, drug intake and/or hospitalization days. To this we must add the work with the emotional universe of the patients, many of whom cannot express themselves verbally, and the work with the families.

Is for this reason that music therapists from Argentina, Uruguay, Brazil, Colombia, Chile and Spain have come together for more than two years, trying to promote the development of music therapy within the critical care area in Iberoamerica, resulting in the creation of this magazine. In this way, from updated and evidence-based information, we will try to shed light on an area that deserves greater dissemination as a specialty and requires those who practice it to undergo constant training.

We hope in the following pages to open a door towards the dissemination of knowledge that promotes the recognition of music therapy as a specialty within the critical care area and brings information closer to those interested in knowing its concerns and benefits.

Editorial Team

Area article

Music therapy in the Critical Patient Care Unit or Intensive care unit: A general vision.

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Introduction

The Critical Patient Unit (CPU) or Intensive Care Unit (ICU) is one of the clinical environments that produces the most anxiety for patients and their families. Critically ill patients often experience anxiety, depression, post-traumatic stress disorder, cognitive decline, and a general decline in their overall well-being. Physiological stress can cause an increase in heart and respiratory rate, alterations in blood pressure, ... disorders that can affect the result of treatment. For this reason, the person hospitalized in these units has biophysical, emotional, social and spiritual needs that place them in a state of maximum vulnerability in a difficult and very hostile context. Music therapy proposes a comprehensive approach to the subject, which contemplates these needs, and through non-pharmacological interventions, can favor the recovery process of the critically ill patient.

We present an overview of the insertion of this discipline, music therapy, in Critical Care Areas in Ibero-American countries. For this purpose, the personal experience of the music therapists who work in it is related to the scientific evidence that supports this task and the contributions of the various professionals who work within the interdisciplinary team in the area, in coordination with the music therapists.

THE PROFILE OF THE MUSIC THERAPIST IN CRITICAL CARE AREAS

The complexity of the situation of the critically ill patient and the area, as we have already described, requires the music therapist to have a wide range of tools and techniques, attitudes and aptitudes to put at the service of their needs: active listening, flexibility and adaptability, acceptance... many of them, oriented towards a person-centered care model.

The main impact areas of music therapy in this area are:

Neurorehabilitation, Sedation, Analgesia, Delirium, Mechanical Ventilation and Weaning, Pain management, Work with the familys, Containment and emotional expression and/or sleep quality

Music therapy and Medicine

For decades, music therapy has been and is present in the intervention of patients within the medical field in very diverse contexts (hospital, outpatient, residential), covering a wide range of needs and pathologies (pain, cardiology, oncology, palliative care, ...) and is useful in the various stages of treatment of said needs (prevention, diagnosis, treatment, rehabilitation, palliative care and end of life), with different levels of depth in its application (Dileo, 2016).

These practices of music therapy in medicine have needed to be differentiated from other musical interventions that make use of music (fundamentally listening) but that are not applied by trained music therapists, and therefore do not evolve through a therapeutic process or a therapist-patient relationship that facilitates the work of the needs that arise and that characterize music therapy (Bradt and Dileo, 2014). The objectives in music therapy are aimed at alleviating, at a therapeutic level, the needs of each critical patient, beyond musical aesthetics. It is not a search for musical beauty, but for the therapeutic process that each patient requires, music being the means that facilitates it and not the ultimate goal.

Critical Patient

The serious biological needs associated with the cause of admission (neurological, polytraumatic, coronary and/or postoperative pathologies, among others), the physical and technical characteristics of a unit so instrumentalized that tends to depersonalization, the change in the economic situation, and the interruption of social relationships, place the person admitted to the Critical Care Units in a state of maximum vulnerability and great suffering. Despite the great efforts of health personnel, while some aspects of health are monitored and treated with great care, it is very common for the emotional area to be negatively affected. Being concerned about your state of health and about your relatives, loss of control of your life, pain, immobility, communication difficulties, frequently hearing unknown noises or loss of intimacy, are some of the main concerns and stressors of the critical patient (Ruiz, Consuegra and Ruiz, 2018)

The methods and techniques of intervention in music therapy in this area can be :

- Receptive music therapy with musical clinical improvisation and/or pre-recorded music.
- Choice, hearing and interpretation of songs chosen by the patient
- Songwriting or composition of songs
- Musical clinical improvisation

(Golino et al, 2019):

Among the therapeutic objectives that can be considered in a music therapy process in this area, we find:

At the physiological level → Impact on oxygen saturation, blood pressure and respiratory rate (Suhartini, 2010), stimulate the regulation of respiratory rate (Hunter et al, 2010), reduce the days of hospitalization in the unit, collaborate with the recovery of motor functions, work on pain management, stimulate sleep improvement.

At the cognitive level → Avoid or reduce the development of delirium, stimulate cognitive functions in order to prevent the appearance of symptoms of Post Intensive Care Syndrome (Noyes and Schlesinger, 2017), favor orientation and the perception of reality.

At the Emotional Level → Reduce anxiety and stress levels (Shultis, 2012), strengthen autonomy and self-esteem, facilitate emotional expression and provide emotional support (Aldridge, 1991), offer moments of distraction and gratification.

At the Social and Family Level → Promote the patient-family relationship (network), provide containment and tools to the patient's support group so that they become collaborating agents during their stay in the critical care area. In this sense, it is worth highlighting the intervention of Family-Centered Music Therapy, especially in Neonatal Critical Care Units (Ettenberger, 2017).

At the spiritual level → Accompany the patient in the search for the meaning of hospitalization and making contact with himself/herself, from an integral conception of the subject, respecting her belief system.

In the unit and the team → Improve the sound environment of the unit and favor communication in the professional team and the relationship with the patient and his/her family (Torres, Pereiro and Del Campo)

The interventions can be focal or procedural and the design of the treatment plan will depend on the needs of the patient and the objectives proposed in the assessment phase by the multidisciplinary team. This plan is presented in different stages that make up a music therapy process: establishment of referral criteria, assessment, intervention and evaluation, making use of various tools: protocols, questionnaires, scales and surveys, typical of music therapy and/or shared with other disciplines. (Ferrari, 2013) (Torres, Pereiro and Del Campo, 2020).

The format of the sessions can be individual or group. The individual musical experience is contained in the musical framework generated by the patient with the music therapist, thus exploring and transiting the patient's therapeutic process. In the case of music therapy with the family and with the patient, this musical exploration is done in the joint group setting, thus experiencing music therapy intervention from the family group, with the music therapist acting as a container of emotions (Ettenberger, Rojas Cárdenas, Parker and Odell- Miller, 2017).

Conclusions

In conclusion, we can say that the use of music therapy in the Critical Patient Unit or Intensive Care Unit fosters a non-pharmacological intervention that takes into account the patient's needs beyond the purely physiological, without losing sight of cognitive needs, emotional, social, family and spiritual, humanizing care in this area and promoting a more comfortable soundscape and a space for relationship, containment, expression, stimulation and care, through music and the relationships that evolve with it, as forces dynamics of change (Bruscia, 1997).

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Name of the critical area, in the different regions of Ibero-America

Data of interest

The critical care area cares for highly complex hospitalized patients. Patients can enter through three routes: 1. From the emergency room 2. When leaving a surgery 3. Being transferred from a hospital area for having had some type of complication. The denomination of the area varies according to each country, especially taking into account the organization of the health system of each region. It is very interesting to know the regional denominations, not only for interested music therapists from each country who wish to work in the area, but also to understand the references in conference presentations and publications. For this reason, the editorial team has consulted colleagues from Argentina, Bolivia, Brazil, Chile, Colombia, Spain, Paraguay, Peru and Uruguay. Here is the synthesis, organized from neonatology to adults, separating critical patients in general from those critical with cardiological conditions, since in some countries they are different areas.

Critical Care Area	ARGENTINA	BOLIVIA	BRASIL	CHILE	COLOMBIA	ESPAÑA	PARAGUAY	PERÚ	URUGUAY
Neonatology	NEO	NEO	UTI NEO	UPCN	UCIN	UCIN	UCIN	UCIN	NEO
Pediatrics	UCIP	UTIP	UTI PED	UCI	UCIP	UCIP	UCIP	UCIP	UCIPN
Adult	UTI	UTI	UTI	UPC	UCI	UCI	UCIA	UCI	UCI
Adults in cardiology	UCO	UCCO	UTI	UCO	UCIC		UCO	INCOR	

Description of abbreviations

UCIN Neonatal Intensive Care unit
UTIN Neonatal Intensive Care Therapy Unit
UPCN Neoanthology critical patient unit
NEO Neonatology
UCIPN Pediatric intensive critical care unit and neonatology
UCIP Pediatric Intensive Care Unit
UTIP Pediatric Intensive Care Therapy Unit
UPC Critical Patient Unit
INCOR Cardiac Intensive Care Unit
UCI Intensive care unit
UTI Intensive Care Unit
UCIA Adult Intensive Care Unit
UCO Coronary Unit
UCIC Coronary Intensive Care Unit
UCCO Critical Coronary Unit

IN DIALOGUE WITH ANDREW ROSSETTI

ZOOM INTERVIEW

In times of pandemic, our editorial director Karina Ferrari was able to hold a virtual dialogue and exchange meeting with Andrew Rossetti. In that meeting, Andrew shares from his training in the area, his ideas and proposals regarding interventions, as well as his opinion on music therapy in the Ibero-American region.

Andrew Rossetti PhD C and, MMT, MT-BC, LCAT, is a Certified Music Therapist and Licensed Psychotherapist. He is currently supervisor of the music psychotherapy program in oncology at the Louis Armstrong Center for Music & Medicine at Mount Sinai Beth Israel Medical Center in New York, USA. His clinical practice addresses multiple areas of oncology, including radiation oncology, chemotherapy, and surgery. In addition to providing services in the Neonatology ICU where he specializes in Environment Music Therapy in fragile areas, and in the treatment of trauma and post-traumatic stress. Andrew frequently lectures internationally and has been an invited keynote speaker at numerous conferences and universities in the US, Asia, Europe, Canada and Latin America. He is the author of several published articles and clinical studies. He is president of the NYC Regional Arts in Healthcare Group, secretary of the executive committee of the International Association of Music and Medicine, and is Editorial Manager of the International Journal of Radiation Oncology Biology and Physics. He is currently a faculty member at Montclair State University and the University of Barcelona.

Dear Andrew thank you for accepting our proposal, it is an honor to be able to interview you. To begin with, we would like to know how many years have you been working as a music therapist?

I finished the Master's degree at the Blanquerna Faculty of Psychology, which is part of the Ramon Llull University in Barcelona in 2007. So, if I do the math correctly, I have been in clinical practice for 13 years.

In the critical care area, how long have you been working?

I started in 2009, the first contact I had was when I started working at ICU in the summer of 2009. I did a two-month internship at the Louis Armstrong Center for Music and Medicine at Mount Sinai Medical Center and it was there that I had first contact with this area. Then, the following summer, they invited me to do what they call “Resident Scholar” and I spent another 2 months working on a project to investigate the environmental impact of music therapy, what we call “Environmental Music Therapy,” at ICU. From these two experiences, I was lucky enough to meet the doctor, Josep Planas, who, if I'm not mistaken, implemented the first comprehensive Palliative care program in Barcelona, and I think in Spain. So, I worked with him on the design and implementation of the program at the Hospital del Mar and the program that Nuria Escudé is currently carrying out.

Did you have to do any preparation, any training, in addition to the Master in MT to be able to work in this area?

That's a good question. Officially no, because at the moment there is no specialization in Spain and I think not on a global level either. This doesn't exist that I know of. So, although at the moment there is no professional obligation regarding training in specialized areas, there is an ethical obligation regarding adequate training. In my case, I learned to work and get to know the work in that area during the two stays at the Louis Armstrong Center of Music and Medicine with Dr. Joanne Loewy. The model we have there at Mount Sinai Hospital is Medical Music Psychotherapy, that is, music psychotherapy applied in the medical environment.
I began to learn this Model in those two stays and it is what we currently apply in adult ICUs. In the neonatal ICU we work with another specific model, RBL- Rhythm, Breath and Lullaby. In other words, I learned them under the tutelage of the LACMM music therapy staff and doing internships directly in New York.

Sure, let's say, you did as an action learning. Working in the area you began to train in parallel in a personal way. Something that almost all of us did, I think.

A- Yes, of course

So, after so many years of clinical practice, how much do you think Music Therapy can contribute to the critical care area? What would be the main contributions? What do we music therapists add to that area?

I think there is a wide range of options that we bring to this group, really. Perhaps they fall into two general areas, although the truth is, we really work with a gestalt, which is the idea of the patient's mind-body approach. So it is mainly this idea, an integrating strategy, which serves as a link between what is allopathic care, purely medical, and strategies outside what is traditional medicine. This is manifested in the control of symptoms of patients in the ICU, which includes everything from the management of different pain conditions, to the symptoms of psychobiological conditions, such as anxiety and depression, stress management and emotional trauma. ...Also, there is an important area that focuses on existential/spiritual issues that arise in critical care areas. As we well know, serious health problems frequently provoke the appearance of existential crises. So, being able to help people process and integrate what those transition states are is very important.

"Music therapists help the critical patient to find resilience, that is, the psychobiological resources of each one"

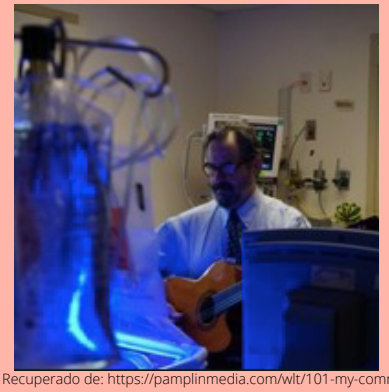
It happens that the passage through the critical area marks the lives of patients and generates a time of apparent stillness where they are at first very sedated, if everything progresses as expected they begin to be more vigilant and their rehabilitation begins there.... That time sometimes causes patients to rethink their being in the world. Clearly, being hospitalized in the critical area marks a before and after in a person's life.

I think so. In many ways, the work in music psychotherapy focuses on helping patients to recognize just that before and after that you mention and also helping to reconstruct and integrate experiences, to find resilience, that is, the psychobiological resources of each one

I think so. In many ways, the work in music psychotherapy focuses on helping patients to recognize just that before and after that you mention and also helping to reconstruct and integrate experiences, to find resilience, that is, the psychobiological resources of each one. And also, perhaps in neonatology, since the work with neonates itself is logically different than with adults, there are also different approaches... The issue of constructing what is called "trauma informed practice" is even more important with this group. It is about creating an environment that avoids the exacerbation of emotional trauma in newborns. So, this is an area that a few years ago was very controversial, in relation to whether or not newborns could suffer trauma. This is believed to depend on the ability to form consecutive or sequential memories. So, it is very difficult to check whether or not a newborn can build this type of memory, but there are indirect indications that it can. In almost the same way, years ago it was said that neonates could not experience physical pain in the same way as adults, because their CNS was not sufficiently developed for it. We already know by now that it is absurd, and in the same way the same thing happens with emotional trauma for newborns. So, there I think we contribute a lot by providing structure and a sense of predictability, which helps the newborn to self-regulate more easily. It is about creating an environment in which the newborn feels more secure and safe. And this has to do with known stimuli related to a sensation or a state of well-being

What we also provide are opportunities for constructive attachment between neonates and their parents, and not only with their parents, the attachment between the medical staff and the neonate, and also the attachment between the music therapist and the neonate.

From Music Therapy we offer the opportunity to build an attachment functional, since when attachment it is deficient there are many sequels that neonates experience both psychological and developmental.



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Music Therapy stands out from other disciplines for working in the critical area with families in a unique and very particular way. Not only offering emotional support to the family, but on many occasions we achieve from different musical experiences that the family take an active role in relation to what happens to their relative.

I think everything you say is very true. Thanks for reminding me, because I had left this topic completely aside. At the Louis Armstrong Center for Music and Medicine, in fact, we offer music psychotherapy to family members, both in the Surgery ICU, the medical ICU, and the Neonatology ICU. We try to create what is referred to as a "care nucleus" which is a strategy to encourage constructive interaction between patient, healthcare provider and family member. It is based on the "Polyvagal Theory" by Stephan Porges that speaks of the importance of constructive interaction in what are the transitions between functional biopsychological states and their relationship with homeostasis and health. Relatives of patients also have our services both simultaneously with the patient, and individually. In this context, it is often about helping with the management of stress and the emotional burden suffered by family members. Likewise, it is of the utmost importance to facilitate the normalization of the situation as much as possible and to bring into that environment something, which could be said, comes from the "outside and normal world" to stabilize. In addition, we try to promote the participation of family members in the healing process through music therapy.

Exactly. In the critical area it is essential to work from the perspective of Family Centered Music Therapy. And today too, in times of COVID, focused on family, patients and professionals.

Exactly, this fits perfectly with the idea of the “care center”. So it is a matter of including both the patient and their relatives, the medical and care staff and also the music therapist in a relationship based on exchange, creating, if you want, a small "community" with everyone contributing experiences that tend to foster the improvement of the patient. Using the socializing characteristics of music, we can actually facilitate constructive links between these elements. And what we have seen (although we do not yet have any clinical studies on this) that in general really facilitates and improves the medical care that the patient receives.

Yes, as is. Many times, supporting a situation of anguish, for example, from a newborn while blood is being drawn, not only affects the newborn, but also the nurse who is trying to draw blood.
Of course.

We are already reaching the end of the talk and I would like to ask you if you know the work that Ibero-American music therapists are doing in the area

The truth is that I do not have a deep knowledge. I don't have it because in fact, since I returned to the United States, I have much less contact than I would like with my Ibero-American colleagues. What I have seen is that they do a very decent job, both in Argentina and in Spain and, by the way, in neonatology in Colombia. I do not have great knowledge of colleagues in other Ibero-American countries. The work that I have seen, I think is very worthy. What surprises me and pleases me a lot is to see that we are all working, more or less, along the same lines.

What advice would you give to a music therapist who wants to work in the critical care area?
First of all, it is essential to take good care of yourself. I am referring mainly to self-care. For music therapists who work in this area, it is extremely important, because we are exposed to a high level of stressors on a daily basis. Therefore, it is very important to have a regimen of personal strategies to regulate stress. It is also essential to have a group or a person to turn to in order to process everything that may arise in this environment. Another one that I think is very, very important, is a topic that we have been talking about, which is about supplementary or additional training, I think that for any therapist who works in critical care areas, it is very important to go deeper into the studies of methodology and theory in treatment of emotional trauma. This is something that is not yet required of any music therapist in order to be able to work with groups at risk, like the ones we are talking about today. But I think it is even professionally unethical to try to treat trauma and post-traumatic stress without having specific training in the matter. since without it, it is more likely that not only would it not help the patient to solve the problem, but there would also be a greater risk of "re-traumatizing" him. Having said that, we are at an ideal time for this, since there are many resources in this regard that are easily accessible. Some of them are very rigorous courses, which last a year or two years, but there are others that are shorter and are very good as an initiation...

In 2018, Andrew Rossetti visited Argentina to provide, together with Karina Ferrari and her team of music therapists from the San José Hospital, a training in Critical Areas, with the presence of more than 60 participants.

What do you also think about supervision?

About supervision? It is absolutely necessary. I think that having another perspective or the perspective of another person on the clinical cases that one takes, is very important. I have a clinical supervisor and I have a session with him every week. On the other hand, within the structure of the department where I work, we have access to all co-workers, including our medical director who is a psychiatrist, to ask them questions ranging from questions of methodology, or theoretical or ethical questions, to what would be of more personal issues, such as our own emotional reactions to work, dysfunctional countertransference issues, work conflicts, etc. It is very important to be able to process all this with another professional or with another group of them to maintain well-being.

Yes, many times self-care alerts appear in supervision and that is where this supervisor tells us: “well, watch out”, “be careful”, “review this topic”, “take care of yourself” “you must work on it in your therapeutic space personal". In other words, to be able to have a space to prevent burnout. We work in a very complex area.

Very true. I believe that sometimes we enter into grieving processes and if there is no escape route to be able to process them, the trauma incidents add up and in the end they may negatively affect our health and even lead to burnout. By the way, there is a fairly high rate of burnout among music therapists.

We are finishing, I thank you very much for this shared time. I want to humbly ask you, that when you have the opportunity to share and tell about our work with colleagues from other regions, it is necessary that Ibero-America has a little more light and that it be recognized. As a region, we need the support of colleagues like you, who have been trained in Ibero-America, since we are really working very seriously from solid and evidence-based interventions, paving the way for therapies in our region.

Of course, I am delighted to be able to collaborate as much as possible with you and what you say is true, there is a part that I really identify with the Ibero-American population. I believe that the most important thing is that we all unite at a global level and that there is greater contact, an exchange of ideas, of questions and answers that we have found that could be shared among all and thus enrich what is the practice of music therapy world level. And if I can contribute something to this process, more than delighted. Many, many, many thanks to you, Karina. It has been a delight to see you again.

COMMENT OF SCIENTIFIC PAPER

Eloísa Beltrán Escavy, Karina Daniela Ferrari and Sheila Pereiro

In this section we will comment on the article, "Adjuvant therapies in critical care: Music therapy", Messika, Kalfon and Ricard (2018), which proposes a review of two types of interventions that use music within the critical care area. Music therapy (MT) and the patient-directed intervention (PDMI) system developed in France, Sweden, and the USA (Jaber et al., 2007). The authors make a description of both differentiating their uses, as well as the scientific evidence in relation to their effectiveness.

The use of musical experiences within the critical care area deserves to be discussed and thought about very seriously, understanding how risky its implementation can be without adequate knowledge and health training that enables an ethical and responsible exercise. It is for this reason that the editorial team decided to comment on this article, understanding that despite the fact that in many countries music therapy is not yet regulated as a health profession, it is necessary to start discussing this topic. The article begins by highlighting a key point, since it highlights music therapy as a discipline that must be carried out by an accredited professional and points out that patient-directed interventions (PDMI) do not require the intervention of a music therapist and can be carried out forward by nurses or nursing assistants after having received a short course given by a certified music therapist.

Given that there are currently professionals without academic training in music therapy who, with good intentions, use music with their patients in the critical care area, it is important to think that the existence of an academic training in this subject makes it clear that music and its implication at the neurophysiological and emotional deserves an in-depth study that allows its application in a responsible way. Although there is much to be done, in countries like Argentina, music therapy is part of the health sciences and has a regulatory framework (national law 27,153), which limits the use of music for therapeutic purposes only to an academically trained professional in music therapy.

The interventions carried out by health professionals without academic training in music therapy are usually only using pre-recorded music, which they administer to the patient through headphones, this would be the case of PDMI. In this sense, the article highlights that in some of the studies, the patients could choose the duration and the moment in which the intervention was carried out, but in other cases, the music was administered for a limited period, between 20 and 60 minutes. It also reports that for the intervention with PDMI, patients had to answer a questionnaire before the start to choose the type of music to use, which included: family music, relaxation music or music developed by companies specialized in interventions in multiple hospital settings (Music Care®, Paris, France; Music Cure ®, Copenhagen, Denmark).

In relation to the use of pre-recorded musical interventions, the appearance of negative emotions was noticed, in this way some researchers were more inclined towards the use of original music to avoid the risk that patients experience unpleasant memories after hospital discharge, by associate said familiar music with the ICU stay. In the preoperative field, other professionals advocated the administration of music known by the patient to reinforce positive emotional effects induced, by associating pleasant moments related to their life outside the hospital. In this sense, the article questions the musical source, whether it is specifically composed for therapeutic purposes or not.

This is another key point of the article and allows us to reflect on some things. Can a professional who does not have training in the area of mental health, determine if it is possible to use this or that particular music, understanding that it promotes negative or positive emotions? Given the mobilizing effect of a musical experience, what happens when emotion surfaces in that critical context? This shows that music in itself is not an innocuous resource, and that its use must be carried out with specific training that provides the patient with ethical and responsible care.

The article highlights the objectives revealed in the studies analyzed, which show that the interventions allowed to reduce anxiety, agitation, exposure to sedative agents, length of stay in the ICU and mechanical ventilation, and post-ICU syndrome. Describes that the physiological effects of music therapy were evidenced from the reduction of respiratory rate, blood pressure and in some cases the heart rate, probably as a result of a hormonal reduction in response to stress. It also highlights that in a recent randomized clinical trial, Chlan et al. (2013) showed that PDMI administered to mechanically ventilated patients allowed a greater reduction in the frequency and intensity of anxiety compared to usual care, as well as sedation, but did not show superiority to noise-cancelling headphones. However, it clarifies that this trial had numerous limitations.

An important point to highlight in the article is the reference in relation to the academic training that a professional must have to practice Music Therapy.

It also points out the need to be able to agree between the medical team and the music therapist which patients will be treated, valuing interdisciplinary work and evaluations as fundamental aspects.

An important point to highlight in the article is the reference in relation to the academic training that a professional must have to practice Music Therapy.
It also points out the need to be able to agree between the medical team and the music therapist which patients will be treated, valuing interdisciplinary work and evaluations as fundamental aspects.
Given that the stay in an ICU causes stressful situations, the authors state that both MT and PDMI have been tested in patients with waking mechanical ventilation and in patients with non-invasive mechanical ventilation (NIV). Most studies in critically ill patients have focused on physiological variables, but they point out that there are many others that deserve to be studied. It also suggests that this type of therapy could be extended to patients in a waking state, beyond the setting of a single procedure, in a comprehensive approach to improve quality of life throughout the ICU stay and thus reduce perceived discomfort related to income in critical areas.

It also warns that the results in patients who have passed through the ICU should be investigated, as well as evaluating the usefulness of MT or PDMI in relation to the tension generated by the performance and work of the ICU caregiver.
To conclude the article, it highlights that no significant difference was found from an economic point of view between MT and PDMI, and it is suggested that for the implementation of PDMI, precise recommendations developed by expert music therapists be made to the health personnel who use it. It also points out that the indiscriminate use of musical interventions in the ICU, without a true therapeutic relationship and only for relaxation purposes, could lead to the abandonment of their application and they are not considered therapies as such, but simple musical fillers. As a final conclusion of the review, the authors highlight the need to have the presence of a music therapist in critical care areas as a priority, even in the case of implementing PDMI, in order to offer supervision by a suitable professional duly trained in the subject. In conclusion, we suggest readers read the original article, inviting them to follow a path of thinking together and shed light on music therapy in the Ibero-American region, as an ideal discipline for the implementation of the therapeutic use of music in the critical care area.

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IBERO AMERICAN AGENDA

BOOKS, FORMATION, RESEARCH AND NEWS OF THE REGION

Recently published, this book shows interventions and case histories from ICUs, Palliative Care Units, Oncology Units, Newborn Units and cases of disease like (among others) fibromyalgia in the context of the Spanish Health System. It presents in detail the professional practices of music therapists that use a person-based approach, with music and its systematic applications and based on scientific evidence. It can be bought here:

:https://www.agruparte.com/producto/musicoterapia-y-medicina-intervenciones-y-casos-clinicos/

Torres, E., Pereiro, S., y Del Campo, P. (2020). Musicoterapia y Medicina. Intervenciones y casos clínicos. Vitoria-Gasteiz: Agruparte Producciones.

Published at the end of 2020, this guide was created in cooperation between Project HUCI (Humanizando los Cuidados Intensivos, Humanizing Intensive Care), The Foundation "Diversión Solidaria" and the University Hospital of Torrejón de Ardoz. It describes how a program of Music Therapy could be implemented in ICUs in Spain, and includes a decalog for Music Therapy in Intensive Care Units. It can be downloaded for free from the following URL:

https://diversionsolidaria.org/encuentro-online-de-musicoterapia-y-emociones-positivas-en-la-uci/

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MUSIC TERAPY AND COVID19

CLÍNICAL PRAXIS

Argentinian Music Therapists that are part of the health service teams of the Municipal Government of Buenos Aires have been working from the very beginning of the pandemic giving in-person therapy to patients that have suffered COVID 19. They work in halls named SARIP (Salas de Rehabilitación del paciente Post COVID, Rehabilitation Halls for post-COVID patients). Their goals are diminishing the delirium induced by the high doses of medication, helping patients in the process of being weaned from the diverse devices and IVs, giving emotional help to the patients and their families, and especially preventing Post-Intensive Therapy Syndrome.More information: https://www.lanacion.com.ar/sociedad/coronavirus-argentina-la-musica-aliado-inesperado-pacientes-nid2432350

POSTGRADE COURSE

SATI
SOCIEDAD ARGENTINA DE TERAPIA INTENSIVA

MUSIC THERAPY IN CRITICAL CARE

On March 2021 the Argentinian Society of Intensive Care (Sociedad Argentina de Terapia Intensiva, SATI) will begin giving a course of specialization in "Music Therapy in Critical Areas" directed by Karina Daniela Ferrari . It is an online course that will allow music therapists from all the world over to take part in it, allowing them to access specific evidence-based knowledge in the context of a formation given by first-class specialists. This postgraduate course will last for 1 year and has 20 modules, with classes every 15 days, which will include contents related to the attention of patients in critical situations, from NICU to adults.
For more information:

https://www.sati.org.ar/index.php/cursos/posgrados

Agreement for Research on Music Therapy an Weaning in the Basque Country (Spain)

In October 2020 the Institute Música, Arte y Proceso, directed by Music Therapist Patxi del Campo; the University Hospital of Álava belonging to the Basque Public Health Service (represented by ICU Dr. Esther Corral) and the Public Research Institute of Health Bioaraba, all of them in Spain, signed an agreement for cooperation and economic support in the frame f the MedTech initiative of the Basque Government (Spain) in order to start research on the effect of music therapy in patients being weaned from mechanical ventilation devices. It is an ambitious and humane project whose sponsors are passionate about that will take place during the following two years. It will involve a network of interdisciplinary specialists in medicine, nursing, statistics, research and, of course, music therapists.
More information:

http://osaraba.eus/es/la-musica-como-terapia-en-la-uci-de-la-osi-araba/

The following institutions and work teams support our project

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