

Program Proposal: Outdoor Music Therapy

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Summary and Mission Statement

The program I am proposing involves taking music psychotherapy outdoors along a hiking trail. Musical experiences are widely believed to be vehicles for emotions and experiences. Hiking adventures can serve a similar purpose, as they are literal journeys with ups and downs, challenges, and rewards. These can be related to internal journeys with the same facets. These journeys afford the client and therapist time to talk, solve problems together, and experience silence together. The still and secluded environment that one can find deep in the woods can greatly enhance the musical experience and provide freedom and safety in self-expression. Alternatively, taking time to make music in the woods gives the client a chance to focus on the details of their environment, process the emotions and interactions that occur throughout the journey, and be present in the moment.

I believe that having the opportunity to create music and art and spend time in nature is both a human right and a human need that, unfortunately, many humans often feel excluded from, intimidated by, or do not appreciate. This disconnect from the artistic self, musical self, and the natural world likely has negative repercussions on mental and physical well-being. It is also very likely a contributor to the exploitation and destruction of the environment, which is often feared, misunderstood, and undervalued. Conducting music therapy outdoors along mountain trails will help individuals realize their potential as artistic and musical human beings and as members of life on this planet. Hopefully, it can further foster a sense of wonder at the power of art and the magic of the natural world.

Hypothetical Example

The following is a fictional example that is inspired by: my education on improvisational music therapy; my experience as an intern working with clients in individual music psychotherapy sessions at the Baltic Street Outpatient Mental Health facility through South Beach Psychiatric Center provided by the Office of Mental Health in New York City; and nine years' experience hosting musical events in the woods and on mountains. Although this presents an ideal therapy situation, none of it seems unusual or unrealistic from my perspective and experience, and it is meant to highlight the potential in this sort of music therapy.

The therapist meets the client, Ashley, at 9:00 a.m. at the trailhead. It is a cloudy day, and the peak of the mountain is shrouded in clouds, as is the peak of Storm King mountain across the Hudson River. Though it is mid-August it is a relatively cool day. The forest is lush and green and alive with plants and the sounds of insects and frogs. The therapist tells Ashley the trail layout, reviews safety protocols, and ensures Ashley has the proper gear, food and water, and musical instruments.

Ashley tells the therapist that she is feeling depressed that her apartment is such a mess. She says she is embarrassed about this, and afraid that her landlord will see and that her new romantic interest will find out and reject her. As they begin walking, the trail quickly begins ascending steeply. Both Ashley and the therapist seem to be having trouble catching their breath. They take a break to drink some water. Ashley expresses regret for not taking care of herself and her responsibilities. She even doubts whether it is worth it for her to carve out this time to participate in this therapeutic experience when

she has so much going on in her life that feels like it is spinning out of control. The therapist reminds her that it is often best to take one thing at a time, and that she is surely taking care of herself by getting exercise on a mountain and focusing on her mental health. She agrees that this is an important part of the puzzle.

The ascent just seems to get steeper and steeper, and the sun is beating down on them. Ashley seems to be trapped in circular, self-deprecating thoughts as they repeatedly alternate between climbing and scrambling up the slopes and taking breaks to rest and drink. Finally, they reach a dramatic lookout. They have been here before in previous sessions, but it has never looked like this. There are many clouds below them and dramatic beams of light are shining into the Hudson River, which is partly obscured by a low-flying river of clouds. They can see the peak of Storm King mountain peeking out of the clouds across the river as well.

Ashley tells the therapist she has never seen anything like this before and never thought she would outside of movies and paintings. She says that she did not know things like this were real. Ashley decides that this is certainly a good location for their first improvisation. Ashley asks to play the xylophone and that the therapist play the acoustic guitar. He gets the xylophone out of his backpack and gives it to Ashley and she begins hitting notes, exploring the different notes and tones. The therapist initially mirrors these notes in his guitar playing. Ashley's playing picks up speed and intensity. The therapist gets the sense that Ashley is feeling frustrated and impatient from her playing, and responds with a similar energy, accompanying her playing with loud bursts of strummed chords. Ashley's playing gets louder and more constant, and the therapist matches this by quickly strumming chords. The intensity grows and grows until the

music comes to a sudden stop. Ashley then locks into a repeating pattern that leaps between wide intervals in the pentatonic scale on the xylophone. It is played quietly but confidently. The therapist quickly picks up on this rhythm and accompanies it with fingerpicked arpeggios in harmony with her playing that turn into gently strummed chords. Ashley subtly plays with the timing of the notes, as if to test the foundation of what she is playing, but she remains steadily locked into the rhythm. The clouds appear to pulse, rise, and fall, to the music. The breeze blows gently, as if it is being propelled by the music. A few times, turkey vultures make their calls. An airplane flies overhead and renders the music inaudible. Miraculously, Ashley and the therapist are still playing in sync once the plane and sound have passed. The melodies slowly shift and eventually the music comes to a fade. Ashley asks for the therapist's camera and takes some footage of the view and the clouds.

As they complete the last climb up to the peak, Ashley seems rejuvenated and effortlessly steps from rock to rock. Ashley reflects on her insecurities about her apartment, her new relationship, and herself with markedly increased optimism. She shares that her best friend has repeatedly offered to help her clean, and that perhaps it would not be so embarrassing to take them up on it. She begins to reflect on how far she has come, holding down a job and carving a life in New York City after a move from rural Florida. Ashley and her therapist eat the lunches they brought at the lookout at the peak and then begin their descent.

After 20 minutes of steep slopes, the trail flattens out. The sun is mostly blocked behind the mountain, the clouds, and the canopy of the trees. It looks as if it were late evening, just before sunset, even though it was only 11:00 a.m. Ashley finds a hollowed-

out tree and asks to have their next improvisation just below that. She says it looks like something out of a fairy tale or horror movie. She finds minor and dissonant intervals on a recorder and plays them at a crawling pace. The therapist matches them with spidery arpeggiations on his guitar, eventually hitting a drum at a crawling tempo with scratching and subtle pulses. Ashley joins in, and they create a halting and intense syncopated rhythm together. Rain falls, although the raindrops are completely blocked by the canopy, leaving Ashley and the therapist completely dry.

The rain stops soon after they continued their journey. Ashley talks about how her grandmother used to read her fairy tales that would simultaneously scare and thrill her when she was a young child. She fondly reminisces about her relationship with her grandmother and claims that she was the only family member to truly accept her for who she is and make her feel loved. Through talking with the therapist about this, Ashley mentions that thinking about herself through her grandmother's eyes greatly helps her to be less angry with herself for her perceived failures. Ashley identifies that this is a feeling she is perfectly deserving of, and how she needs to remember that this feeling is even possible to feel.

As they reach the final stretch of the trail, which descends gently with dramatic lookouts over the Hudson River, the clouds are dissipating, and the sun is beaming through. They find a spot with a good view and Ashley asks to play a drum. She begins playing a relaxed, constant, and assertive rhythm. The music therapist creates a drone that was a fifth on the keyboard and held the notes down with a small card. Then he plays chords in a steady strum on his acoustic guitar to match her rhythm. Ashley begins humming a melody over the music. The therapist begins to harmonize with her. The

music fades but they continued singing in a brief acapella, before quietly allowing their voices to fade out. They sit and listen to the sounds of crickets and frogs and to the roar of the train passing through below them. As they continued down to the parking lot, Ashley talks about her upcoming date with her romantic interest that weekend. They have yet not come up with a plan but perhaps they could go hiking together.

Literature Review

Music Therapy

Although music therapy is still gaining its footing as an established professional and clinical field, the notion that music and healing are intertwined has existed for ages. This relationship has often been accompanied by a spiritual element as well. Wheeler (2015) illustrates this with the story of David playing the harp for King Saul to rid him of an evil spirit in the bible. Meanwhile, the Zār is a healing practice that Beeman (2018) insists “is very ancient,” due to the fact that its practice is so widespread to this day throughout Egypt, the Sudan, and eastern Africa. In these ceremonies, religious leaders known as bābās and māmās utilize “extensive skill in musical performance, movement, and coordination” in order to heal afflictions ranging from “diagnosable allopathic illness to affective disorders that exhibit characteristics of depression, anxiety, uncontrolled violence, or suicidal tendencies” (p. 71). Wheeler (2015) also described how music played a role in rational medicine, which was removed from supernatural explanations and became prevalent throughout Greek culture at around 600 B.C.E. This practice involved using a concept called the four cardinal humors to explain disease. Music was used to restore harmony and equilibrium in these four humors, thus promoting wellness.

Currently, the largest music therapy association in the United States is known as The American Music Therapy Association (AMTA) (History of Music Therapy, 2021). The AMTA states that music therapy practice has been formally written about in as early as 1789. From that point on, momentum in the field continued to steadily rise. In the 1940s, jolted by the need for care during and following World War II, music therapy began to gain footing as an established field, with educational programs being offered at Michigan State College and University of Kansas (Davis & Hadley, 2013, p. 24). The National Association for Music Therapy (NAMT) was created in 1990, and the American Association for Music Therapy (AAMT) was formed in 1971. In 1998, these two organizations merged to form the American Music Therapy Association.

Definition of Music Therapy

This proposal is informed by Bruscia's (2014) definition of music therapy:

Music therapy a reflexive process wherein the therapist helps the client to optimize the client's health, using various facets of music experience and the relationships formed through them as an impetus for change. As defined here, music therapy is the professional practice component of the discipline, which informs and is informed by research. (p. 36)

It is worthwhile to elaborate on some salient aspects of this definition. The term "reflexive" refers to the therapist maintaining an awareness of what is occurring in their work with each individual client through self-reflection, collaboration with the client, and supervision, and adjusting their work accordingly to ensure the client's needs are being met (pp. 54-55). The notion of "using the various facets of music experience" (p. 36) is of particular importance, as the program being proposed seeks to provide flexibility based

on which facets speak to the client and arise from musicking together. Bruscia elaborates that clients will come from a variety of backgrounds and may not necessarily be trained in music, and “their tastes and musical preferences” must always be accepted nonjudgmentally (p. 113). He also insists that, although musical and artistic development will likely occur throughout the sessions, the therapeutic goals of the sessions should take precedence over the aesthetic and technical quality of the music made in the sessions. The relationship aspect of this definition is also very important. Bruscia lists the intramusical, intermusical, interpersonal, intrapersonal, and personal relationships to music as consisting of the “client-music-therapist constellation” (p. 174). Another important aspect of this constellation that Bruscia presents is ecological relationships (p. 163). He defines these as both sociocultural and environmental relationships (p. 164). It is worth mentioning that the idea of bringing music therapy into the natural ecology of the planet that this project proposes aligns closely with Bruscia’s concept of ecological relationships.

Music Therapist Credentialling

The Certification Board for Music Therapists grants the credential, Music Therapist-Board Certified (MT-BC), which provides a national standard for music therapy professionalism (CBMT Board Examinations, 2021). Candidates must complete an education and clinical training program that is approved by the AMTA, successfully pass an examination, and pay an annual fee. Board-certified music therapists must complete 100 credit hours of continuing education and re-apply once every five years in order to maintain their credential.

Music Therapy Licensure

In the United States, each individual state is responsible for their own legislation regarding state licensure. In order to practice music psychotherapy in New York State, music therapists must hold the Licensed Creative Art Therapist (LCAT) certification. Applicants need to complete a master's or doctoral program from a qualifying program, 1,500 post-degree supervised clinical experience with a supervisor who is registered as an LCAT, and pass the examination from the Certification Board of Music Therapists (Creative Arts Therapy License, 2021).

Music Psychotherapy

Bruscia (1998) defines psychotherapy as a treatment of the psyche that is concerned with assisting clients to make “psychological changes deemed necessary or desirable to achieve well-being” (p. 18) Bruscia highlights that the therapeutic relationship between the client and therapist is central to the facilitation of the desired change. Bruscia goes on to point out that traditional psychotherapy is a primarily verbal experience (p. 19). What differentiates music therapy, he states, is the use of music instead of or in addition to the verbal component. Bruscia identified four levels of engagement that are possible within music psychotherapy: music as psychotherapy, music-centered psychotherapy, music in psychotherapy, and verbal psychotherapy with music.

Musical experiences can be adapted to the individual interests of the client. Examples of musical interventions include improvisation, song re-creation, performance, songwriting, and song discussion. Shapiro et al. (2017), in their article about parallel processes in music and psychotherapy, assert that:

When therapists unconsciously resonate with this relational melody as they consciously follow the development of its themes, they participate with the patient in the process of his or her self-discovery and alter the established trajectory of his or her enactments. (p. 229)

Shapiro et al. (2017) theorize that music psychotherapy offers both verbal and non-verbal insight, something that might be missing from traditional talk therapy: “we can rewrite the mournful score of our patient’s relational melody, participating in the emergence of novel themes and novel ways of developing them” (p. 235).

As Shapiro et al. (2017) provide theoretical insight and expertise on the notion of music therapy and psychology, Jaakko et al. (2011) provide quantitative research on the use of music therapy the treatment of clients with depression. The study focused on 79 adults between the ages of 18 and 50 whose primary diagnosis was depression in central Finland. Anxiety metrics were also looked at due to its common comorbidity with depression. Participant groups were randomly assigned, with the experimental group receiving 20 bi-weekly, hour-long improvisational psychodynamic music therapy sessions in addition to treatment as usual. The music therapy interventions consisted of free improvisation and discussion. The control group received standard care, which involved medication, counseling, and psychotherapy interventions from trained nurses. The primary outcome of depression levels was measured through the Montgomery–Åsberg Depression Rating Scale (MADRS). Scores on this scale showed that there was a significant improvement in the music therapy group than the control group. The researchers also used the anxiety section of the anxiety Hospital Anxiety and Depression Scale (HADS–A) to measure anxiety levels and also found significant improvements in

the group that participated in music therapy. This study lends evidence towards the effectiveness of music psychotherapy in patients with anxiety and depression.

The findings of the prior study are not unusual. Aalbers et al. (2017) conducted a Cochrane Systematic Review regarding music therapy and depression in 421 participants of all ages throughout nine studies. This review included eight randomized trials and one controlled clinical trial. They examined the short-term effects music therapy had on depressive symptoms when combined with the non-musical treatment as usual (TAU). They found “moderate quality evidence of large effects favoring music therapy and TAU over TAU alone” (para 6). They also found a significant improvement when combining music therapy with TAU to reduce anxiety and improve functioning compared to TAU alone. The researchers did not find a significant difference between the effects active and receptive interventions. They also noted that seven of these studies took place in a group setting while two were individual. This practice will offer opportunities for clients to participate in both individual and group experiences, so it is important to consider the effectiveness of music psychotherapy in each of these situations.

Music Psychotherapy Session Format

Individual Music Psychotherapy. Some clients will prefer individual sessions over group sessions for a variety of reasons. One potential advantage to individualized treatment in general is that sessions can be tailored more specifically to the individualized needs of the clients (De Groot et al., 2007). Another advantage is increased confidentiality. Regarding confidentiality in psychotherapy, Riva and Lasky (2006) wrote that: “the literature is clear that absolute confidentiality in groups is difficult and at

times even unrealistic” (para 18). The reason for this is that, although the therapist is bound to confidentiality and informed consent, the other group members are not.

The aforementioned study by Jaakko et al. (2011) showed favorable results in individual music psychotherapy sessions with clients with depression. Zarate (2016) conducted a single-subject study looking into individual music therapy sessions with participants who fit the criteria for generalized anxiety disorder from the *Diagnostic and Statistical Manual of Disorders* (DSM-5). Twelve participants received hour-long sessions over a period of 12 weeks. Each session included verbal check-ins, grounding and warm up exercises, and a half-hour-long improvisation. Zarate (2016) used the Beck Anxiety Inventory to measure anxiety levels at 6 and 12 weeks. The participants demonstrated a statistically significant decrease in clinical anxiety at week six. Although the symptoms did not decrease between week 6 and week 12, they also did not increase. This suggests that the improvement in anxiety symptoms was maintained in the latter half of treatment.

Group Music Psychotherapy. Just as there are benefits to individual music psychotherapy experiences, there are also benefits to groups that can, for some clients, outweigh the drawbacks. In a group setting, healing can occur not only between the relationship of the individual client and music therapist, but also within the interpersonal relationships of all of the group members. Stewart (2002) in his description of what he terms psychodynamic group music therapy, describes the group as

a matrix, an “hypothetical web of communication” that draws on past, present, and future lives of the individual members, conscious and unconscious, verbal and non-verbal, to become the dynamic core of group development. (p. 31)

Stewart presented a case study of a music therapy group that took place in a therapeutic community setting for adults with chronic mental health difficulties that took place over the course of two and a half years. Through his description, he highlights how a group member who was “an otherwise virtually silent community member” (p. 36) initiated a musical idea in the middle of a group improvisation during a session. The whole group responded to, followed along with, and even elaborated on this member’s contribution. This example highlights how playing music in a group allows members to experience different roles, taking leadership or listening and supporting the ideas of others. Stewart’s (2002) impression from these experiences is that they can lead to a development of a “more solid sense of self” (p. 37) through the participation in a cohesive group.

Carr et al. (2012) conducted a randomized control trial involving 17 participants diagnosed with post-traumatic stress disorder (PTSD). Participants were between the ages of 16 and 65 years old and were recruited from a specialized National Health Service in London, England that provided trauma-focused cognitive behavioral therapy (CBT). All participants had persisting symptoms of PTSD that remained after discharge from their CBT program. While the control group was waitlisted, the experimental group received weekly hour-long music therapy sessions using a “combination of receptive and active activities, and an emphasis on free improvisation” (p. 185) over the course of ten weeks. The experimental group demonstrated a mean reduction in symptoms on Impact of Events Rating Scale Revised (IES-R) in all three domains: avoidance, re-experiencing, and hyperarousal.

Improvisational Music Psychotherapy

Improvisation is one of the four methods of music therapy. Bruscia (2013) defines improvisation as the client “making up music while playing or singing, extemporaneously creating a melody, rhythm, song, or instrumental piece” (p. 130). Clients may improvise alone, with the therapist, with other clients, or even with significant others. Possible goals for improvisation include non-verbal communication, self-expression, identify formation, interpersonal skills, developing creativity, and play.

Wigram (2014) identified techniques for music therapists in facilitating clinical improvisation. These include mirroring, imitating, matching, empathic improvisation, reflecting, grounding, holding, containing, dialoguing, and accompanying. These techniques are all client-centered, meant to reinforce, respond to, elaborate on, and challenge the playing of the client. It is essential that music therapist facilitate improvisation in a way that meets the client where they are in terms of skill and comfort in musical self-expression. Errkilä et al. (2011) pointed out that musical skills were not a requirement to participate in clinical improvisation.

Improvisation is well-suited for music psychotherapy. Zarate (2016) stated that clinical improvisation can harness:

the multifaceted unconscious psychological relational environment. It is understood that this environment opens up a contained space for the musical material to emerge that becomes the information, which the therapist works with, to assist in facilitating a transformative environment for their client. (para 12)

Agawu (2008) made the following statement about music in general: “the nonverbal essence of music has proved resistant to facile domestication within a verbal economy”

(p. 4). Simply put, music allows us to communicate in a way that defies and transcends language. McCaffrey (2013) included this quote from Agawu (2008) in her phenomenological investigation of the perspective of music therapists during clinical improvisation. She extensively interviewed two music therapists about their experiences. One of the therapists who was interviewed describes harnessing this feature of music described by Agawu (2008) during improvisation in the following statement:

I've always had the metaphor that it's like going to a country where you don't know the language and where you are speaking to someone and you are making yourselves understood and (.) it's that breakthrough, that moment of shared understanding that something is happening. Ok (.) we are on the same page ... there is a sense of privilege as well because, you ... it's like a door being opened into someone else's world and it's like being given permission to enter. And there's a sense of sense of joy, joy in that because with some clients ... there is a sense of joy, I think at being understood and I don't think that that would be a true communication and wouldn't be truly reciprocal if we didn't both feel that way.

(p. 14)

Meadows and Wimpenny (2017) completed a qualitative synthesis on 13 qualitative studies on improvisational music therapy, which included McCaffrey's (2013) investigation, and also included an arts-based component to their study. The extracted themes from the studies included entering client's world, musical techniques, performing self, potential for change, co-creative narrative of known and unknown moments, risks, meaning making, understanding, and integrating themes. They then had two experts in clinical improvisation create improvisations to express, capture, and explore their

findings. In their section on the theme of entering the client's world, they included the aforementioned quotation from McCaffrey's investigation to describe a phenomenon that they define as "reverent attention" (p. 174), where the music therapist is able to hone in on "significance, imagery, and the intangible" (p. 169) in their interactions with the client through improvisation.

Analytic Music Therapy. Analytic Music Therapy (AMT) is a model of music psychotherapy created by Mary Priestley. Priestley was a professional violinist who, after spending time in institutions due to episodes related to her bipolar diagnoses, received both music therapy treatment and psychoanalytical therapy (Scheiby, 2018). These experiences inspired her to create her own type of music therapy, enlightened and influenced by the theories of Melanie Klein, Carl Jung, and Sigmund Freud. This practice stood out from other music therapy practices that existed at the time in 1970 by requiring students to receive analysis themselves. Benedikte Scheiby is credited with further advancing the field, solidifying it as a music-centered approach and although occasionally incorporating pre-composed songs, keeping it as a mostly improvisation-driven approach (Kim, 2020). Of particular influence is the practice of recording and listening back to improvisations in this approach. In doing so, Priestley (1994) explains

The patient must learn to listen to her music and take responsibility for what feelings she expresses. She will also, probably for the first time, listen to the interaction of her own and the therapist's music, as most often the patient is oblivious of the music therapist's music during the improvisation, anyway at a conscious level. (p. 130).

Priestley (1994) insists that this moment of playback is the most important part of a session as new insight, acknowledgement, and acceptance can be gleaned from listening back on what occurred musically and how it corresponds with the inner feelings of the client.

Self-Listening of Clinical Improvisations. Trondalen (2003), also considered listening back to recordings of improvisations to be an important part of her music therapy practice. She conducted a phenomenological study on improvising and reviewing recordings with a young woman with anorexia nervosa. Trondalen's (2003) rationale for using self-listening is to promote regulation, appreciative recognition, and significant moments (p. 5). Trondalen (2003) describes how regulation of emotions can be likened to musical improvisors making errors and repairing them in the music. The music therapist and client will make and repair errors many times throughout improvisations and this will likely take the music to new and unexpected places and sustain the musical interaction. Appreciative recognition involves the music therapist gaining an understanding of what the client is expressing and appreciating the content. Trondalen (2003) explains significant moments as moments of "connectedness through musical sharing at a non-verbal level." (p. 6) The client initially reported feeling ambivalent towards the music therapy experiences, but upon listening back, claimed to feel a newfound peace and connectedness to the present moment. Trondalen (2003) theorizes that listening back allowed the client to hear and recognize significant moments, process her emotions, translate them into words, further understand, tolerate, and regulate them.

Humanistic Music Psychotherapy Approaches

Although this practice will lean towards and mostly utilize improvisation, the format and types of musical interventions are to be adapted to the needs and interests of the clients first and foremost, leaving flexibility for other types of interventions supported by research and practice to be effective including songwriting (Silverman, 2011), song recreation (Wilkerson & DiMaio, 2013), and receptive activities (Aalbers et al. 2017). This approach and philosophy is informed by humanistic music therapy, which is ultimately concerned with helping clients to self-actualize.

According to Abrams (2018), humanism has roots in Buddhism, Taoism, Confucianism, and Zoroastrianism. Abrams (2015) notes that Carl Rogers and Abraham Maslow are the main pioneers of humanistic thought in psychology. Rogers (2007) placed emphasis on unconditional positive regard and empathy towards clients to create a therapeutic relationship that is healing for the client. He described unconditional positive regard as acceptance from the therapist with no conditions to allow the client to safely express any feeling, regardless of how positive or negative that feeling might be. Maslow (1943) is famous for his hierarchy of needs, which placed health as a continuum that included an end goal of not just being cured of illness, but instead extended beyond baseline health all the way to self-actualization. By focusing on human needs and whole health, Rogers and Maslow marked a departure from the prevailing psychoanalytic and behavioral approaches, which primarily sought to eliminate disorder.

Abrams (2018) notes that humanism emphasizes creativity, personal meaning, authenticity, and individual identity, and is thus present in all forms of music therapy. After all, these elements are embedded in the way a person plays music as well as their

personal taste in music. Abrams (2015) points out how the formal emergence of music therapy in the 1950s actually preceded the acceptance of humanism in the 1960s, and was thus ahead of the curve of psychology as a field in this regard. Juliette Alvin, who founded the British Society for Music Therapy in 1958 (Haneishi, 2005), combined psychoanalytic theory with free improvisation therapy that included outcomes of self-liberation, positive relationships, and personal development (Abrams, 2015). Paul Nordoff and Clive Robbins, who began working in partnership in 1958 (History, 2021), championed their model of *Creative Music Therapy* which aimed to use a music-centered relationship in order to help clients transcend their illnesses through actualizing their musical potential (Abrams, 2015).

Abrams (2015) advocated that clients must be treated as beings that extend beyond the biological and physiological realms. He highlighted importance of the relational context in which people exist and how this ties into their humanity. As a result, it is important for a therapist to consider this relational aspect of all humans in their treatment. Abrams (2015) explained that music, much like humans, should be approached as a whole rather than the sum of its parts when following the humanistic model. In addition, it is also further interpreted through the unique experiences and cultural, social, and musical identity of the listener. Abrams described the ultimate therapy goals being self-actualization, beyond any specific clinical goals. Therapy itself is an avenue towards reaching these therapy goals and experiences, and is a client-therapist relationship that incorporates unconditional positive regard and empathy.

Outdoor Therapy

There are several different approaches to outdoor therapy. Some involve prolonged hiking and camping trips, while others involve hour-long strolls in city parks. The most famous approach is typically referred to as wilderness therapy, which generally refers to wilderness skill and experience-based programs like Outward Bound or strict and grueling bootcamps where teenagers must traverse obstacles and survive in hostile terrain. Outward Bound was founded by educator Kurt Hahn and Lawrence Holt in 1941 (History of Outward Bound, 2021). The official website defines the core philosophy as:

intense experience surmounting challenges in a natural setting through which the individual builds his sense of self-worth, the group comes to a heightened awareness of human interdependence, and all will grow in concern for those in danger and need. (para 3)

Bettman et al. (2016) conducted a meta-analysis that included 36 studies of wilderness therapy programs from private pay clients. Eleven of the studies examined self-esteem measures using such scales as the Rosenberg Self-Esteem Scale. Researchers found that there was significant improvement in these self-esteem metrics. They also found significant improvements when looking at locus of control, personal, clinical, and interpersonal measures when using a Hedge's G scale to analyze the data. This lends weight to the fact that some of the less-than-pleasant aspects of hiking can still be greatly beneficial towards mental health and self-esteem. They also found that these studies were missing important demographic data of the participants and recommended that studies explore this topic further going forward.

Doucette et al. (2004) described a significantly less intense form of outdoor therapy that still appeared to be effective in their phenomenological study that they named “walk and talk therapy”. The study focused on the experiences of eight youths from a middle school in Alberta, Canada. These youths received therapy sessions that took place over a 30-minute walk around the school property. The students as well as their families and the staff of the school were interviewed to observe their experiences and perceptions of the effects. The students demonstrated a more positive sense of self-image, more confidence in their ability to socialize with others, and improved anger management according to their self-reports and those of their teachers and families.

Schwenk (2019) conducted a phenomenological study of the lived experiences of three practitioners of outdoor therapy. These outdoor therapists take their clients on day hikes, conducting sessions similar to the walk and talk approach of Doucette et al. (2004), but in a wilder setting with more challenges in the terrain. These therapists participated in three interviews with the researcher, one for background information, one immediately after a session, and one after listening back to that interview sometime later. The researcher extracted several themes that demonstrated the uniqueness of these sessions. The first involved the physical journeys often aligning with the verbal therapeutic journeys, sometimes seeming to serve as a metaphor for the issues they were discussing. The second was an openness that comes from engaging in an activity together in the outdoors. Finally, they described a greater orientation toward the present moment from both the therapist and the clients with whom they worked.

Outdoor Music Therapy

In exploring the literature of the field, the work of Dr. Eric Pfeifer was notable. He published a book on the topic titled *Outdoor Musiktherapie* (2012) that has yet to be translated into English from German so it was unavailable in its entirety. Fortunately, a large amount of his work is published in English, including portions of the aforementioned book. In a chapter included in the book, *Environmental Expressive Therapies: Nature-Assisted Theory and Practice*, (2017) Pfeifer defined Outdoor Music Therapy (OdMT) as:

a generic or collective term describing a critical process of reflection and discussion concerning the application and acquisition of environmental, natural or outdoor settings and surroundings, materials and, therefore, altered therapeutic relationships in music therapy. (pp. 180-181)

Pfeifer et al. (2020) elaborated:

OdMT is not a kind of music therapy on its own, but an approach in music therapy that focuses on opening up and incorporating surroundings, environments and materials beyond the “typical” setting of a “traditional” music therapy room. (p. 78)

Pfeifer et al.(2020) pointed out that the combination of nature and sound for healing extends much further back into history. He pointed to evidence that during prehistoric times, certain caves were chosen for shamanistic healing rituals due to their acoustic qualities. Pfeifer et al. (2020) explained that OdMT can refer to therapy in forests, caves, near lakes, on beaches, but also in places like underground car parks and in mountain huts. He insisted that the therapy simply must occur outside of the door of the therapy

room to qualify as OdMT. He provided an overview of music therapists who incorporate outdoor experiences into their work and also ties the notion of OdMT and its relationship to other, better known models of music therapy. He described how nature can provide a more open and inclusive setting, which is also a goal of Community Music Therapy (Pfeifer, 2017, p. 182). He also ties music therapy to the works of prominent music therapists and authors Carolyn Kenny and Ken Aigen, who both wrote about both nature imagery and ritual in relation to music therapy.

Pfeifer (2017) pondered the role that the increasing disconnect between our societies and nature plays in both mental and physical illness. He mentioned that it is increasingly more often that children are doing their exploration of the world behind the screens of computers, smartphones, and tablets instead of out in the woods and the possible connection this might have to problems with mental health. Pfeifer (2017) also argued that there is diagnostic potential regarding client behavior in the woods including their manner of walking, participation, and confidence and initiative to explore (p. 191). Pfeifer (2017) credited the change in environment from the music therapy room to the outdoors, and the unique facets of nature for making his therapy more effective.

Pfeifer et al. (2020) explored one of the unique facets that one can find in nature: silence. The researchers conducted an experiment involving university students spending time in silence under the guidance of a music therapist in indoor and outdoor settings. They found that the students reported greater relaxation and orientation to the present in the outdoor setting when compared to the indoor setting.

The Human Relationship with Nature

Almost universal in the literature on the utilization of nature in therapy experiences is the notion that most therapeutic texts have neglected to consider the importance of the relationship between humans and the natural world. (Berger, 2017; Jordan, 2014; Pfeifer 2017; Rugh, 2017). Pfeifer (2017) argued that nature is a co-therapist in his sessions. He described how weather phenomenon, the route of the trail through the woods, and the sounds of birds and leaves rustling can give rise to metaphors, unconscious memories and associations, and provide a container for the emotional cathartic processes that occur in music therapy sessions.

Similarly, Berger (2017) defined this as the triangular therapist-client-nature relationship and that nature can often function as a backdrop for the client-therapist relationship. However, he also stated that it is equally valid for the therapist to be more of a mediator between the client and nature and a witness to what occurs. He suggested that the latter approach is especially effective regarding issues of identity and meaning, where the therapist's aims to intensify the individual's experience with nature. He also suggested that the therapist might shift between different roles throughout a session, but emphasizes that nature and the environment as a whole should be taken into consideration when discussing the therapeutic relationship.

Rugh (2017), an art therapist, argued that humans are neglecting their potential by viewing themselves as separate from nature. In essence, a poor relationship with nature equates to a poor relationship with oneself. Rugh revisited the psychodynamic concept of the ego and presents the argument that an ideal ego would experience unity with the outside world and interconnectedness in a great system. Rugh argued that instead, most

of society, including many psychologists, views the outside world as outside of oneself and something to control and dominate.

Jordan (2014) reflected on attachment theory and argues that the concept could be applied towards a human's relationship with nature. Jordan stated that industrialized society has developed an insecure, avoidant, and ambivalent relationship to nature and the planet. He mentioned how the idea of a secure base is essential to attachment theory, and the failure of modern societies to foster a secure relationship with the non-human world is destructive to both mental health and the health of the planet as a whole. Jordan further reflected on object-relations theory and the notion of a transitional space between the inner and outer world. However, he argued that for some clients, the outdoors is much better suited for allowing the establishment and maintaining of emotional contact with their therapists than the traditional therapy room (pp. 53-55).

Ecological Advocacy

Rugh (2017) did not bring up her aforementioned argument against the notion of an isolated and independent ego separate from the natural world only to heal the pathologies of her clients, but also to heal the destruction of the earth and the loss of all species living on it. She described topics such as loss of species, climate change, and environmental destruction as symptoms of a sick system, and ponders the implications of simply helping her clients accommodate and find complacency within this system instead of fighting to dismantle it. Jordan and Hinds (2016) express a similar sentiment when describing the term *ecotherapy*, where the environment nurtures humans, who must reciprocate and nurture nature to foster a greater connection. Simply put, bringing

therapy outdoors can amplify the concept that the health of our environment is deeply interconnected to our individual health.

Benefits to Being in Nature

Davis (2017) provided evidence that suggests that spending time in nature can lead to significant decreases in stress, blood pressure, and heart rate when compared to urban environments. Even brief experiences in nature can improve cognitive functioning, mood, and creativity, even in cases when the participants reported not enjoying the experiences.

The sounds of nature alone are purported to be beneficial, as several studies have looked at the impact these can have even when played on recordings in an indoor environment. Gould van Praag et al. (2017) examined the physiological, behavioral, and perceived effects of participants listening to naturalistic sounds as opposed to artificial sounds. The participants received an MRI while listening to different recordings and completing different mental tasks. Patients showed significantly increased reaction time, self-reported pleasant experiences, improved parasympathetic activity, and neurological stimulation in various locations in the brain related to integrative monitoring and visual working memory. This study illustrated the observable benefits to hearing nature sounds.

Benefits of music in nature. A phenomenological study conducted by Adams and Beauchamp (2018) involved taking children to different rural locations including beaches and caves and instructing them to create music together for a ritual dedicated to these landmarks. These performances were videotaped and shown to the students and teachers, who participated in interviews with the researchers after viewing them. The students expressed feeling greater freedom to express themselves, increased environmental

awareness, and increased emotional response. Several students described a feeling of traveling back in time or to another world. The researchers noted that the responses of the students seem to indicate they entered a flow state.

Practical and Ethical Concerns

Conducting therapy in an outdoor setting leads to unique practical and ethical considerations. Pfeifer (2017) emphasized that it is of utmost importance that the client feel comfortable in the therapeutic spaces. Jordan (2014) suggested creating a therapeutic contract with clients who take their therapy outdoors. This allows the client and therapist to have guidelines that they agree on in advance to appropriately respond to issues of weather, boundaries, safety and confidentiality. Jordan recommends a therapist agree with the client on how they should respond if they cross paths with another person on the trail, or if they run into someone either of them knows. This includes the condition of the weather, physical demands of the activity, and possibility of over-stimulation or triggering situations.

Pfeifer (2017) insisted that it is equally important that the therapist be both comfortable and have adequate preparation for these settings to avoid potentially dangerous situations. Jordan (2014) described the difficulty of accommodating a group of clients over a weekend expedition both therapeutically and as a nature guide. He had to protect his clients from hazardous weather, cook for his clients, lead them, and even provide toilet facilities all while facilitating a therapeutic experience. He stressed that a therapist must be prepared for such an experience.

Personal Experience: Mountain Shows

In 2012, inspired by the musical experiences I was exposed to in various do-it-yourself (DIY) communities in my travels around the world, I began to organize concerts that took place on a hiking trail. I had been an avid hiker since I experienced a seven-day backpacking expedition on Volcán Barva in Costa Rica as part of a biology class in my undergraduate studies. This hike began above the clouds at a crater lake at the peak of the mountain. The first day was spent descending through a cloud forest. Later days were spent traversing through muddy slopes and swamps, eventually reaching the tropical rainforest at the bottom. There was one day that our professor had planned for us to have lunch on rocks in a stream that is populated by hundreds of blue morphos butterflies. The journey ended with a swim in a pool at the bottom of a waterfall and finally a return to the biological research center, where things like money, roads, and restaurants were once again a part of our reality. It felt to me like that week stretched on for years.

This trip left me amazed at the endlessly diverse amounts of places and experiences one could find on a journey through the forest. Growing up in mostly the Philadelphia suburbs, I could not have imagined the woods being anything other than a hostile, boring, and uncomfortable place before I experienced this trip. I will never forget the mist in the air and condensation falling from the trees in the cloud forest, nor will I forget eating lunch in a stream with hundreds of shining blue butterflies all around me. After this trip, pursuing similar adventures and feelings became a priority in my life. However, many friends, especially in the urban music communities I was a part of, often shared a view that was way more in line with my own view prior to my trip to Costa Rica. Many argued that hiking was boring, needlessly exhausting, and unrewarding

when I tried to invite them along on hiking trips. When I came up with the idea to organize group hikes involving musical performances, I noticed a sudden enthusiasm that had not been present before.

The first mountain show took place on April 15, 2012 and attracted a group of about 15 friends and friends of friends. I chose a trail that gave me a similar feeling to all of the little zones I experienced on that Costa Rica trip, but that took place over the course of a single day hike and was accessible via public transportation from New York City. Two of the musicians canceled due to fear of rain, so there were only two performers. I performed with the help of a friend in the ruins of an old barn, sitting along a stream in the mountain valley. Another group performed in the ruins of an old mansion, containing isolated fireplaces jutting into the sky and beautiful remnants of walls made of large stones. Looking back to my writing from soon after the event, I remarked being grateful that people “got along, made new friends, and were safe.” I went on to mention that there were several in the group who hiked a mountain for the first time in their life through participating in that day. I had still been feeling greatly insecure about my own music at the time. I had one song that I felt was far from joyous and fairly sad and dark. I worried about bringing these emotions into this event. Amazingly, as I began playing the song, the sky turned dark and grey, and rain began to drizzle down onto us. As I finished the song, the rain cleared up and the sun came back out. It felt as if I were collaborating with nature itself in front of an audience of people! I wrote that “the whole day really worked out just as I dreamed it would. I felt one of the best feelings I’ve ever felt from this.”

This proved to be a wonderful way to find hiking buddies. Soon I had a dedicated group of devotees who were eager to attend whenever possible and to help. Each experience was unpredictable, spontaneous, free, and felt really creative. There was one mountain show where I was to perform and I had originally intended to perform at the ruins of the barn house. However, there was a bright glowing red spot a few hundred feet off of the trail that caught our attention. We walked out to inspect what it was. This was August, and although most of the leaves on the trees were still green, one particular tree's leaves had turned bright red and fallen off, covering a large area of the ground. There just so happened to be a hole in the canopy above the area that allowed a large beam of light to illuminate this area. I decided to do my performance in this temporary glowing zone that was unlike anything I had ever seen before. With a large enough gust of wind, these leaves could have been scattered through the woods and the red glow would be gone. It felt amazing knowing I was performing the ritual of my music in this fleeting and magical place, playing my songs which meant so much to me to a group of supportive and receptive listeners.

Although we always did the same trail, it felt so different each time. One performance at the peak was on top of a dramatic lookout in the bright sun with a view of seemingly endless mountains and hills while a musician sang and told stories over fingerpicking with a powerful voice. The next time the same view was obscured by fog and mist, appearing to go on infinitely. The person performing that day shared surreal music that was so patient and deliberate that everything appeared to be moving in slow-motion and perfectly in sync with the rising and falling fog and clouds. Another time, the rain was pouring heavily and the musician defiantly strummed a drone on her guitar that

got louder and louder, leading the members of the hiking group to sit still and soak in both the pummeling rain and the intensity of the music. Afterwards, that musician told me that if that was the end of the life of her guitar, it would have been a worthy sacrifice. Luckily the guitar survived the storm. The same musician recently informed me, now years later, that they would eagerly travel across the country if given the chance to perform at one of these events again

As word spread about my events, there were more and more people interested in participating. The park gave me permission to bring up to 50 people in the group, but I felt that 25 people was a manageable group number and also would have less of an impact on the environment. I eventually had to make an elaborate RSVP system using email, because I was getting up to 200 RSVPs per event. Quite the opposite problem from before, when I could not convince a single friend to hike with me! People made documentaries and wrote articles about it, even making its way to the New York Times as a cover story in the culture section. People were constantly thanking me for the impact these events had on their lives. I am convinced that these events created a deeper appreciation and understanding of nature among the attendees. I watched as attendees eagerly cleaned up the trash left by hikers who traversed the trail before us. I believe these events also opened the ears of the attendees to appreciate new and different sounds, and the audience members told me so on several occasions. I also watched friendships begin and unfold throughout these events. I have attended weddings of people who met during these events and also hosted a show in nature as the wedding celebration for the marriage of two attendees. I believe that anyone who has experienced the synchronicity that can occur when a musical performance lines up with the surrounding environment in

these events would say that the power of combining music and outdoor adventures is great and undeniable.

Program Details

Location

There is a mountain in the Hudson Highlands State Park Preserve known by two names, both “Bull Hill” and “Mount Taurus”. Its peak is 1,420 feet high and contains a loop trail that can take anywhere from 2.5-5 hours depending on hiking speed. This trail is accessible by Metro North trains and is the perfect length to challenge but not overwhelm newcomers and experienced hikers alike. The hike also leaves time for hikers to travel to and from locations as far as New York City by car or train on the same day. The trail has unique features such as the ruins of an estate including a barn and a mansion, a large cistern often filled with water and croaking frogs, and views of West Point, Storm King Mountain, the Shawangunk Ridge, a beautiful curve in the Hudson River, and even New York City on a clear day. The ascent is steep and challenging, featuring an open view of the sky and river at many points. The hike down is gradual and mysterious, with considerably more shade but often with sunbeams and sunspots on the ground. It is during this gradual descent that one can find the aforementioned ruins and cistern. If a client is not physically or mentally able to perform the steep ascent, these landmarks can be accessed by taking the more gradual trail normally used for the descent.

Evan Thompson, the park manager of Clarence Fahnestock Memorial State Park and Hudson Highlands State Park Preserve, has granted permission for me to conduct these sessions on the trail. I have been in touch with the park manager for several years

now, as I have led 38 group hikes involving musical performances on this trail in the past and I have always coordinated with him or the previous park manager.

Structure of Therapy

Initial Interview

The initial interview is extremely important for developing a contract and setting expectations in the clinical, musical, and outdoor realms (Jordan, 2016). The therapist and client must have a conversation where the therapist can have a clear idea what sort of physical challenge the client is prepared for and what sort of accommodations will need to be made. Perhaps the client's physical condition leaves them better suited to a shorter distanced hike or terrain with less of an incline. Perhaps special accommodations will need to be made due to injury or disability. The therapist should find out if the client has a fear of heights, to what extent, and what sort of situations will trigger this, and should prepare the hikes accordingly. The therapist should also inform the client of the risks and responsibilities that they will be expected to face in these experiences. The client should have a very realistic view of what sort of challenges lie in store for this sort of therapy and be able to make an informed decision about whether it is right for them or not.

This interview is equally important in determining the clinical goals of the client. The client should go over their background and what led them to seek therapy. They should discuss what they hope to gain from this sort of therapy so the therapist can devise a plan that accommodates them.

Musical interests and background are also to be discussed at this time. Is there a certain instrument that the client is interested in bringing into these sessions? Is it feasible to bring this instrument into nature? Is there music the client is interested in performing,

writing, or re-creating in these sessions. Is the client interested in free improvisation? Is there anything the therapist will need to learn or research to better musically accommodate these clients? These are all important questions that should be hashed out in the initial interview. A sample interview form is provided below in the appendix.

Individual Outdoor Sessions

These sessions will occur in Clarence Fahnestock Memorial State Park or Hudson Highlands State Park Preserve, as permission has been granted in these locations. If the client has a preference to any other location that is feasible for the therapist to travel to, the therapist can contact the park in an attempt to gain permission. The sessions are essentially a combination of the “walk and talk” approach discussed by Doucette et al. (2014) combined with music psychotherapy catered to the preferences of the client. Hiking length and route can be changed to accommodate the preferences and physical capabilities of the clients.

Before any outdoor sessions occur, there must be one indoor session where the client hashes out issues and preferences related to safety, confidentiality, and goals. The next first three sessions will be more gentle and less secluded hikes with increasing intensity each session. This is to ensure that the client is comfortable and able to meet the demands of hiking outdoors both physically and psychologically. If these occur safely and the client has no other special request, the sessions will begin on the Washburn trail on Mount Taurus, near Cold Spring New York. Therapist and client should meet at the trailhead. If needed, the therapist can also meet the client at the Metro North Train station and walk to the trail together. However, the client should be aware that the

therapy does not begin until they are on the hiking trail and ends once they step back onto the road. This is to ensure confidentiality.

This practice allows ample time for both musicking and verbal processing while hiking. Thus, this practice will generally fall somewhere in between music-centered psychotherapy, where issues are primarily accessed and worked through in the musical experience and verbal discourse is used to enhance or interpret these experiences, and music in psychotherapy, where simultaneous or alternating verbal and musical processing will occur.

The first hour of the hike is a steep ascent. The client is free to converse with the therapist and verbally process anything that comes up or that has come up since the previous session. This climb can sometimes be grueling to hikers, especially on a hot day, so the therapist should expect the verbal content to be affected by working through these physical challenges. As the client knows that this is a 4+ hour activity, the client should feel less pressure to speak. It is perfectly acceptable for the therapist and client to spend time hiking in silence while taking in the sounds, sights, and smells of the environment.

The peak of the mountain is often a great place for the first musical experience. This is the moment when the hard work of the climb pays off, and the adventurers have put some distance between themselves and life as they know it back on the ground. It is the moment where they have crossed a threshold to a world that not many get to see and have literally walked up into the sky with nothing but their own two feet. There are several lookouts around the peak with different views of the Hudson River and

surrounding mountains that are relatively secluded. There are also numerous areas in the shade if the sun is too bright or the air is too humid and hot.

Although this hike has a steep climb, the way down is comparatively gentle. It is also quite scenic. It is generally very green and shadowy, although large beams of sunlight shine through along the trail. Running water is plentiful with streams and small waterfalls. There are ruins of an old farmhouse, a pumphouse, a large cistern that is often filled with dozens of croaking frogs, and the ruins of an old estate containing a mansion, greenhouse, and swimming pool. Eventually the trail leads to stunning lookouts over the Hudson River Valley. The musical experiences can take place at any of these locations with relative ease of maintaining seclusion and privacy from other hikers. The client is also encouraged to point out any area that looks or feels inspiring to them and like a good place to make music. Ideally, there will be three or four musical experiences by the end of the hike. With permissions from the client, the entire experience should be recorded on a digital field recorder.

Individual Indoor Sessions

In the case of inclement weather or as decided by the client and music therapist, sessions can take place indoors. These will consist of music psychotherapy sessions inside of the music therapist's studio. During these sessions, the music therapist and client will review salient moments from the previous hikes and the music recorded. Listening back, the client may find insight into their experience when given the chance to observe the session from a different point of view that is situated more closely to their normal daily life. Indoor sessions also present an opportunity to flesh out ideas that arose during the musical experiences of the sessions. The music therapist and client will have

the opportunity to make a recording, or even bring the music into their next outdoor experience. There are many possibilities depending on both the clinical and artistic goals of the client, and the therapist should do their very best to assist them in reaching these goals.

Legacy Recordings and Films. Clients are encouraged to make recordings, music videos, and art objects inspired by their therapy. For example, the therapist or client can bring a video camera and the client can film aspects of the hike that stand out to them. The client will have the opportunity to edit both the recordings of music that they make as well as the footage they take into music videos. The indoor studio will be equipped with a projector and screen, so, in cases of inclement weather, the clients have the option to improvise along to footage they took of the mountain on prior hikes. This is especially useful in winter months, when playing music outdoors is significantly less feasible and comfortable. The therapist can also take footage of the trail in winter conditions and bring it into the session. These art objects will become the property of the clients, and there is a great deal of flexibility in these sessions to follow their artistic impulses and ideas.

Outdoor Group Sessions

Clients will have the opportunity to participate in hiking groups together. This will give the clients the opportunity to empathize, solve problems together, and support each other in their journeys up and down the mountain. The therapist will ensure that the group makes the journey safely and assists the clients in navigating any conflicts or issues that arise both intrapersonally and interpersonally. Groups will be divided based on musical interests. Some groups might be interested in improvisation, while others might

like to perform or discuss their own songs or preferred songs of others and engage in conversation about them. As with the individual sessions, group sessions can be geared towards the interests, strengths, and needs of the group members.

Overnight Expeditions

There is also a possibility of doing longer backpacking trips over several days. This presents additional issues because of the necessary gear and supplies in addition to the musical instruments. However, with the right clients who wish to challenge themselves, this is feasible. This can be an excellent way to conclude therapy as it will be a bigger and more immersive challenge. This is something that can make a significant impact on clients, as it could introduce them to the world of hiking, backpacking, and outdoor adventures for the first time.

Conservation on the Trail

The music therapist will bring a trash bag and gloves in order to clean up any litter found on the trail. Clients are encouraged to join the therapist in this activity if possible. This can help the clients feel closer to nature and foster respect for the environment and for wild spaces. Certainly one aspect that will bring clients to this type of work is feeling a disconnect from nature, and what better way to feel integrated with nature than to play a part in the healing of the earth.

Considerations

This type of therapy presents a variety of risks and concerns that are not found in typical indoor music therapy situations. Before stepping onto the trail together, the clients must be made aware of these risks and provided with information about how to

best address them and reduce their impact. The following section delves into the risks of injury, risks to confidentiality, and risks of negatively impacting the environment.

Risks of Hiking

Hiking a mountain involves some degree of risk. Risks include but are not limited to inclement weather, accidental injury, dehydration, malnourishment, wildlife, fear of heights, the sun setting before the end of the hike, and getting lost (Hike Smart NY, 2021). Clients should be made aware of these risks and how to prepare for them before engaging in this type of therapy.

Wildlife is a concern. Lyme disease, which can be transmitted through ticks such as deer ticks, is endemic to the area (Joseph et al., 2011). According to the Centers for Disease Control and Prevention (2021), there are approximately 30,000 confirmed cases of Lyme disease in the USA per year. However, they estimate that the actual cases greatly exceeds this number, suggesting 470,000 Americans likely contract Lyme disease each year. These are widely prevalent in the area and the clients and music therapists should expect to be exposed to them. The music therapist will educate the clients on ways to prevent ticks, ways to check for ticks, and what to do if they find a tick or experience symptoms of Lyme disease by sharing the New York Department of Health (2021) guidelines for Lyme disease prevention.

There are also black bears in the area. Although bear attacks in North America are extremely rare (Floyd, 1999), clients should be informed about how to avoid and navigate encounters with bears, including proper storage of food and waste (Bear Resistant Canisters, 2021), and proper etiquette when in the presence of bears (Black Bear Encounters, 2021)). In addition, there are both timber rattlesnakes and copperhead

snakes (Snakes of New York, 2021). Clients should be aware that these snakes are poisonous and how to identify them. Clients should be very aware not to disturb any wildlife that they find in the interest of preserving both themselves and the local ecosystem.

In the case of injury, the music therapist should have adequate training and a certification in wilderness first aid that meets the standard to the Association for Experiential Education's Clinical Adventure Therapist Certification. In addition, the therapist should share their expertise to encourage safe practice for hiking to minimize accidental injury.

The music therapist and client should try to avoid situations where they are hiking after sunset, as this goes against the rules of the park and significantly increases the risk of accidental injury and getting lost. However, the music therapist should come prepared with gear such as headlamps to prepare for unforeseen circumstances that might force them to remain in the park after sunset.

Even in a relatively small park, getting lost presents a risk. It is not an uncommon occurrence for rescue and search teams to be called into the lower Hudson Highlands. The music therapist should inform the client about the course that they are taking up and down the mountain. The music therapist should ensure that the client has an understanding of the layout of the trail. It is also recommended that whenever possible, the music therapist should be at least within viewing distance of the client and vice versa. In the event that the music therapist and client realize they are lost and cannot find a trail marker, they should follow the New York Department of Environmental Conservations suggestions for staying safe (Lost in the Woods, 2021).

In general, the music therapist should be aware of what sort of comfort their clients have with physical activity, temperature changes, heights, and weather risk. They should come to an agreement about how to approach each of these situations and be confident in their decision to either step into the woods or move their session to an indoor setting. The music therapist should also be made aware of any health conditions that might create extra risk when bringing these clients into an outdoor adventure setting. Clients should provide clearance from an appropriate healthcare provider before engaging in outdoor music therapy.

Risks to Nature

Although there are certain risks to humans who venture in the woods, there is also a risk to the woods that results from humans entering these spaces. Trampling through the forest can cause significant damage to the plant life. It can also cause erosion, changing the landscape and making the trails more dangerous to traverse. This is why it is essential that client and music therapist choose wisely each time they stray from the trail. There is also the possibility for littering and waste. The client should understand the “leave no trace” philosophy about not littering or altering the landscape no matter how small. One possible way to drive this point home is for the therapist to clean up litter left from other hikers along the way, setting an example that littering is not an option. Also, human waste can pose a problem, contaminating water sources and spreading disease. The music therapist should come equipped with a trowel for digging holes and should teach the client proper protocol for these situations including distance from the trail, appropriate terrain, and distance from water sources.

Therapy in Nature

Although the client and music therapist can expect a peaceful and secluded experience for the majority of time during their session, they can and will cross paths with other hikers. It is important that they come to an agreement about how to proceed when this happens, as it could be a threat to confidentiality. The therapist and client should agree on how to proceed when clients have emotional reactions, if they run into strangers, if they run into friends or acquaintances, or if people approach them to hear their music. The therapist and client should go over these different possibilities and work out how to react in their contract together. The more thorough they can be, the more securely they can conduct these sessions.

Music in Nature

In conducting these experiences, the music therapist and client should be aware that creating music in nature can cause disturbances to both the wildlife and other hikers. In an email from the director of education at Mohonk Preserve, I was told that:

Acoustic music is allowed, but volume must be kept low. The Preserve reserves the right to require that the music volume be lowered if, in its sole discretion it is determined that such level is excessive. So for example, if a visitor complained of disturbance from music while birdwatching, that would be an incompatible use. Even though this is a therapeutic use of music, many visitors come here seeking solace in the quiet melodies of the Song Sparrow, Wood Thrush more typical of a Forest Bathing experience. (K. Ambrosini, personal communication, 2021)

There are no such restrictions in the lower Hudson Highlands. However, we must be careful and aware of the disturbance that we are causing to other hikers. There are

several locations along this trail where we can safely leave the marked trail and find our way back. In doing so, we can play music without disturbing other hikers. There are times when we cannot guarantee that other people will not show up while we are playing, and we need to be aware of this. As per the rules of the park and in order to prevent a disturbance to wildlife, only unamplified sound should be used.

Finally, lugging instruments up a mountain in addition to supplies is not easy. The music therapist should be equipped with the equipment to safely and comfortably bring instruments up and down a mountain. A client should be aware of possible damage to any instruments of their own that they choose to bring into this experience. The music therapist should have several guitars with backpack cases that are waterproofed, and appropriate cases for drums, xylophones, keyboards, that are both lightweight and waterproof. A full inventory list can be found in the appendix. I am fairly confident in my ability to manage and plan for this after conducting 38 mountain shows without ever breaking or damaging an instrument, but it is still a significant and important issue.

Psychological and Physical Health Risks

Conducting therapy outdoors is inappropriate and contraindicative to some clients. The physical demands, fear of the unknown, fear of heights, and removal from everyday life are just a few elements that can exacerbate symptoms in some clients psychologically. Due to the aforementioned dangers from the previous sections, any episodes that occur in this setting would be markedly more dangerous to both the client and the therapist. If a client becomes a harm to themselves or others, a significant amount of time would be required for a qualified rescue team to arrive and intervene. Therefore, it is paramount that clients provide a psychological evaluation indicating they

are able to safely participate in this type of therapy before engaging in outdoor music therapy.

Therapist Credentials

Music Therapy Credentials

As music therapy interventions will be incorporated into these adventures, proper accreditation will be necessary to conduct music therapy in this capacity. The therapist should be a board certified music therapist (MT-BC) (American Music Therapy Association, 2021). In the state of New York, the music therapist will also need to be a Licensed Creative Art Therapist (LCAT) in order to practice music psychotherapy (University of the State of New York-New York State Education Department, 2019).

Outdoor Therapy Credentials

Outdoor therapy is a growing field, and there are several certificate and degree programs. It would be beneficial for the music therapist to learn best approaches, strategies, and contraindications. This will truly open the therapist up to the possibilities conducting therapy outdoors and also prevent false advertising when claiming to be an outdoor therapist. The Association for Experiential Education (AEE) offers a certification process in order to receive the title “AEE Certified Clinical Adventure Therapist” (CCAT) (Core Elements, n.d.). This certification focuses on technical outdoor skills, strategies and planning activities to address clinical goals, ethical and professional standards, and conceptual knowledge including different models of Adventure Therapy. It also focuses on individualizing activities to clients, their abilities, and needs, and documentation. Finally, it focuses on sociocultural aspects including backgrounds of

clients, environmental ethics related to location, and practitioner biases and countertransference.

This program requires applicants to be graduates of Master's programs in mental health, social services, or social sciences. This organization provides a comprehensive list of accredited programs that can fulfil the requirements of this certification. In order to practice outdoor music therapy, it is advisable that the therapist also is a CCAT in addition to being an MT-BC and LCAT.

Logistics

Fees

Therapy will be offered on a sliding scale from with a recommended price of \$250 per session. The reason for this cost is that outdoor sessions can take up to five hours. The rationale for this price is that average hourly music therapy rates in the Mid-Atlantic area is \$72.49 per hour (AMTA, 2017). This rate is negotiable. Higher payments will help to maintain the practice and also increase the possibility for the clinic to take on more pro bono clients. The indoor sessions also require preparation from transcribing the verbal sections of the recording to a script and extracting and editing the audio recordings of the musical sections of the hikes. This will also allow the therapist to maintain the gear and instruments necessary to conduct this therapy.

Pro Bono Sessions. Mount Taurus is only an hour and fifteen minutes from New York City. However, the Metro North train ticket costs nearly \$30 round trip. Bembry et al. (2017) stated that a current criticism of the social work profession is that it has abandoned the poor and other disadvantaged groups. The same can be said for music therapy, with average fees of over \$70 an hour. The ability to afford a trip outside of the

city to afford these green spaces is an immense privilege, and certainly not available to many residents of New York City, let alone being able to afford the price of therapy. Clients who are able to pay more in their cost per session will allow the music therapist to take on pro bono clients who otherwise face barriers towards accessing both nature and therapy. The fees will assist them in traveling to the wilderness trails and also allow the therapist time and resources to offer them free or affordable sessions. There are also programs that offer grants to clinics offering therapy in a pro bono format such as The Move Together Pro Bono Incubator (Pro Bono Incubator, 2021). These organizations are also possibilities for additional funds in order to serve more pro bono clients without needing to rely on the success of the clinic.

Scheduling Sessions

Depending on the season and hiking location, it is possible for the therapist to hold two outdoor sessions in a day, one in the morning and one in the afternoon. If the client is in the second slot of the day, they should keep an eye on their text messages for any unforeseen circumstances that have extended the time of the first session. The music therapist will notify clients of any delays as soon as possible in order to prevent any confusion, uncertainty, or idle waiting time for the client.

Consent and Waiver of Liability

Any therapeutic relationship should come with an informed consent form. Taking therapy into wild and public spaces means that there are added risks. As in any therapeutic contract, the therapist will vow to maintain confidentiality whenever possible, barring times when the client is at risk to themselves or others or shares information related to the abuse of elders or children. As these sessions do not take place on the

property of the therapist, the client must agree to sign a waiver that any accidental injury or injury due to the trail or nature conditions must not be the financial responsibility of the therapist. The client is entering these spaces at their own risk. These injuries must be covered by their health insurance or covered out-of-pocket. The client must also acknowledge that, although the therapist will do their very best to accommodate them, they cannot guarantee complete confidentiality due to the therapy being taken into a public space. The client must sign this form to acknowledge that they are entering a public space of their own will and volition and are taking on the risks of that independently in order to proceed with the therapy. I worked with an attorney to develop the informed consent form included in the appendix (M. Goldberg, personal communication, 2021). I did not, however, obtain a formal legal opinion with respect to this exact form or conduct extensive legal research under New York law as to its enforceability.

Conclusion

The purpose of this practice is first and foremost for the psychological well-being of the clients served. It takes into account however, the impact that physical activity, connection to the natural world, and achievement related to both musical and outdoor activities can have on this psychological well-being. I believe that this will not only have a significant and valuable effect on the presenting problems of the client, but it will also help to improve their physical health, and inspire them to create a positive change towards the health of our planet as a whole.

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Appendix A

Outdoor Music Therapy Interview/Intake Form

What is your reason for choosing to participate in outdoor music therapy?

What sort of goals do you hope to address in these sessions?

What is your favorite music?

Do you play any instruments? Have you made music before?

How would you like to respond if we cross paths with a fellow hiker on the trail?

How would you like to respond if we cross paths with a familiar person on the trail (e.g. friend, family, coworker)?

In which sort of weather conditions would you prefer to conduct therapy indoors?

Are you physically able and willing to hike for 3-4 hours with steep inclines and declines while carrying gear and supplies? Any questions related to this should be consulted with a physician. If not, please describe a trail length and incline that might better suit your needs.

Appendix B

INFORMED CONSENT FOR INDIVIDUAL OUTDOOR THERAPY

In connection with my decision to participate in outdoor therapy, I acknowledge, understand, and consent to the following:

- I am specifically requesting that my outdoor therapy take place on a hiking trail. I am aware that there are other forms of music therapy that take place indoors and in controlled settings. I have chosen this modality because I believe it will be the most beneficial to my goals, needs, and preferences in therapy.
- I understand that my music therapist is not responsible for acts of nature or conditions on the trail that may result in personal or psychological injury, or damage to my personal property, such as weather events, falling rocks, or failure of equipment.
- I understand there are risks related to the physical exertion needed to hike on mountain trails, and I confirm that I am physically capable of participating in these activities. If I have any questions related to my physical ability to participate in this therapy, I will consult with an appropriate healthcare provider. My music therapist is not able to provide any medical clearance or treatment related to my physical health and bears no responsibility for any adverse health effects or physical injuries of any kind.
- I understand that my music therapist cannot guarantee complete confidentiality due to the public setting where the therapy is taking place. It is possible that we will encounter other hikers who might see or hear the verbal or lyrical content of our session. The music therapist will respond appropriately as agreed upon in the contract that you will draft with your music therapist during your first indoor meeting.
- I understand that my music therapist will take every measure possible to avoid breaches in confidentiality. However, there are some situations where the therapist is required by law to disclose information from our sessions related to the following emergencies:
 - Physical or sexual abuse of minors, elderly, or incapacitated adults; and/or
 - Threats of harm to self or others.
- I understand that my failure to practice appropriate safety protocols or outdoor etiquette may result in the discontinuation of the outdoor portion of this practice.

Appendix C
Inventory List

Hiking Supplies (Prices Estimated from rei.com)

Survival Matches (\$3)

Fire Started Tinder (\$3)

2 Headlamps (\$80)

Map (Free)

GPS App with Downloadable Map (\$30-per-year)

First Aid Kit (\$14)

Safety Whistle (\$5)

Biodegradable Toilet Paper (\$3)

Sanitation Trowel (\$2.50)

2 Emergency Blankets (\$10)

Total: \$150.50

Musical Supplies (Prices estimated from guitarcenter.com)

2 Waterproof Guitar Bags (\$80)

Bongos with Bag (\$65)

12-key Xylophone with bag (\$40.00)

Egg Shaker Set (\$10)

Tambourine (\$5)

Mini keyboard (\$60)

Two packs of extra strings (\$20)

Total: \$280