



CHAPTER 30

Massage Therapists and Recreational Therapists*

Key Terms

American Dance Therapy Association
American Therapeutic Recreation Association
Art therapist (AT)
Arts Therapy Credentials Board (ARCB)
Art Therapist Registered-Board Certified (ATR-BC)
Board Certified-Dance/Movement Therapist (BC-DMT)
Cardiopulmonary resuscitation (CPR) certification
Certified Movement Analyst (CMA)
Certified Therapeutic Recreation Specialist (CTRS)

Complementary and alternative medicine
Dance movement therapy (DMT)
Federation of State Massage Therapy Boards (FSMTB)
Manual dexterity
Massage and Bodywork Licensing Examination (MBLEx)
Massage therapy
Music Therapist-Board Certified (MT-BC)
National Certification Board for Therapeutic Massage & Bodywork (NCBTMB)

National Coalition of Creative Arts Therapies Associations, Inc., (NCCATA)
National Council for Therapeutic Recreation Certification (NCTRC)
Recreational therapist (RT)
Recreation therapy
Registered art therapist (ATR)
Registered Dance/Movement Therapist (R-DMT)
Therapeutic recreation (TR)

* All information in this chapter, unless otherwise indicated, was obtained from Bureau of Labor Statistics. *Occupational Outlook Handbook 2016–2017 Edition*. Washington, DC: U.S. Department of Labor; 2016.

ALTERNATIVE AND OTHER THERAPIES

Massage has been part of traditional Chinese medicine for 4,000 years but has been slow to be recognized as a health profession in the United States. Swedish massage was introduced to the United States in 1850 and was practiced by some physicians. However, only since the 1970s, as part of the **complementary and alternative medicine** movement, has **massage therapy** become popular.¹

The expected demand for massage therapists is currently at an all-time high with a projected growth of 22% between 2014 and 2024 according to the U.S. Department of Labor (**FIGURE 30.1**).

Before 1988 very few states regulated massage therapy. The movement to license massage therapists began in 1992 when two different organizations developed licensing exams. The **National Certification Board for Therapeutic Massage & Bodywork (NCBTMB)** was founded in 1992 and administered the first licensing exam the same year. Also in 1992, the **Federation of State Massage Therapy Boards (FSMTB)** created the licensure exam, **Massage and Bodywork Licensing Examination (MBLEx)**, to allow reciprocity between states. In 2014, the NCBTMB and FSMTB agreed that only FSMTB



FIGURE 30.1 The demand for massage therapists is expected to increase by 22% between 2014 and 2024.

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would administer the *licensure* exam, MBLEx, for all new graduates, and that NCBTMB would be responsible for board *certification* of licensed massage therapists.²

In contrast, **recreation therapy** originated as “Special Services” in the U.S. Army during World War II in the 1940s, and in 1945 became known as “recreation,” a section under the Rehabilitation Medicine Service Office of the Veterans Administration (VA).³ By 1953, the National Association of Recreational Therapy was organized, and credentialing of recreational therapists began in 1956 through the Commission for the Advancement of Hospital Recreation.⁴ Since 1981, the **National Council for Therapeutic Recreation Certification (NCTRC)** has certified recreational therapists.⁵ Currently, the VA’s therapeutic recreation program offers social activities, games and sports, outdoor recreation, and arts and crafts. The program also includes music therapy, dance therapy, and psychodrama.³

Even though recreational therapists may include art, music, or dance as part of their treatment plan, each of these artistic fields offers a career that combines artistic skills with the skills as a therapist. All of these health careers developed in response to a need to serve armed services personnel affected by the trauma of war. Music therapy began after World War I, while recreation therapy, art therapy, and dance therapy began after World War II.

The **National Coalition of Creative Arts Therapies Associations, Inc. (NCCATA)** is an alliance of professional associations that promotes the arts as a therapeutic modality for treating disabilities and illness. The coalition includes art therapy, dance/movement therapy, and music therapy as well as poetry therapy and psychodrama.⁶ Dance and art techniques are used as nonverbal means of communication and expression, and, along with music, are often useful in helping patients improve physical, emotional, cognitive, and social functioning. Art therapy emerged in the mental health field in the 1940s as an approach to explore feelings and conflicts and manage behavior and addictions. The American Music Therapy Association was founded in the 1950s to gain professional status for music therapists who used vocal and instrumental music with individuals and groups to promote social, emotional, and cognitive function. Dance therapy integrates body, mind, and spirit through movement.⁷

This chapter will discuss massage therapy and recreation therapy in detail with only a brief overview of art, music, and dance therapies.

MASSAGE THERAPISTS

Significant Points

- Massage therapy is a rapidly growing healthcare profession.
- Postsecondary education training combining classroom study and clinical experience is required to become eligible for certification or registration.

- The majority of new massage therapists already have a career in either body movement or health care.
- Most massage therapists are self employed and work an average of 18 hours a week.

Work Description

Massage therapists treat clients by using touch to manipulate the soft tissues—muscles, tendons, and connective tissue. Stimulation from massage often improves joint mobility and range of motion; however, direct work on the skeleton is considered outside of the scope of practice. With their touch, therapists relieve pain and improve circulation, relieve stress and promote relaxation, and aid in the general wellness of clients. There is scientific evidence that massage therapy may alleviate back pain and improve the quality of life for individuals with depression, cancer, and HIV/AIDS.⁸

For an initial visit a massage therapist will obtain a medical history, including symptoms or areas of pain from a client. During therapy, the therapist is able to identify tense and painful areas of the body and manipulate muscles to release muscle tightness. Therapists talk with clients about what they hope to achieve through massage. Usually, the type of massage depends on the client's needs and physical condition. For example, therapists may use a special technique for elderly clients that they would not use for athletes. Some forms of massage are given solely to one type of client; for example, prenatal massage is given to pregnant women.

Massage therapists use their hands, fingers, forearms, elbows, and sometimes feet to knead muscles and soft tissues of the body. Therapists may use lotions and oils and massage tables or chairs when treating a client. A massage can be as short as 5–10 minutes or could last more than an hour. Therapists can specialize in many different types of massage, called modalities. Swedish massage, deep-tissue massage, and sports massage are just a few of the many modalities of massage therapy. Most massage therapists specialize in several modalities, which require different techniques.

Some massage therapists suggest personalized treatment plans for their clients and often instruct the client on techniques to practice at home—for example, stretching, muscle strengthening, and improving posture to prevent muscle pain. They also may offer information about additional relaxation techniques to practice between sessions. The therapist documents each treatment session and recommends follow-up therapy visits.

Work Environment

Therapeutic massage is employed throughout the health-care system for patients ranging from premature infants to the elderly. Massage therapists work in an array of settings,

both private and public, such as private offices, hospitals and drug treatment centers, and pain clinics as well as nursing homes, hotels, spas, airports, and fitness centers. Many have a home-based private practice or travel to clients' homes and those who are self employed provide their own table or chair, sheets, pillows, and body lotions or oils.

A massage therapist's working conditions depend heavily on the location and what the client wants. For example, a massage meant to help rehabilitate a client with an injury may be conducted in a well-lit setting with several other clients receiving treatment in the same room. But when giving a massage to help clients relax, massage therapists generally work in dimly lit settings and use candles, incense, body oils, and calm, soothing music.

Massage therapists must feel comfortable using touch to treat clients. Most massage therapists are sole practitioners, and many work part time, as the work can be physically demanding, requiring **manual dexterity** and dynamic strength, especially for deep-muscle massage. Massage therapists can injure themselves if they do not use the proper techniques. Repetitive-motion problems and fatigue from standing for extended periods are most common injuries. Therapists can limit these risks by using good body mechanics, spacing sessions properly, exercising, and, in many cases, receiving regular massage themselves.

Good listening skills are important to identify sources of the client's pain and response to massage therapy. Since most therapists are self employed they often do business-related tasks such as marketing and maintaining financial records. They also may need to buy supplies and do laundry. In addition, massage therapists may work closely with other members of the healthcare team, including physicians, physical therapists, chiropractors, and acupuncturists.

Employment Opportunities

There were 168,800 employed as massage therapists in May 2014.⁹ According to an American Massage Therapy Association survey, most massage therapists enter the profession as a second career from a first career that may include other forms of bodywork or work as a healthcare professional.¹⁰ About one-half worked in personal care services for massage therapy franchises and one-third worked in the offices of other health professionals (TABLE 30.1).

TABLE 30.1 Facilities with the Largest Numbers of Massage Therapists, 2014¹⁰

Personal care services	47%
Offices of other health professionals	31%
Travelers accommodation (hotels)	9%

Educational and Legal Requirements

Educational standards and requirements for massage therapists vary by state or other locality. Most states regulate massage therapy and require massage therapists to have a license or certification.

Education and Training

Massage therapists typically complete a postsecondary education program of 500 to 1,000 hours of study and clinical experience, although standards and requirements vary by state. Educational programs are typically found in private or public postsecondary institutions or community colleges.

A high school diploma or equivalent degree is usually required for admission. Massage therapy programs generally include both classroom study and hands-on practice of massage techniques. Programs cover subjects such as anatomy, physiology, kinesiology, and pathology, a study of diseases, business management, and ethics. The length of the program will vary with the program and educational and work background of the applicant. For example, students already working in a healthcare field will be able to finish the program more quickly because prerequisite courses such as English, health careers, physiology and anatomy, and medical terminology will not be required. On the other hand, recent high school graduates will need to take the prerequisites in addition to several courses in massage therapy. Programs may concentrate on certain modalities, or specialties, of massage. Several programs also offer job placement and continuing education. Both full-time and part-time programs are available.

Licensure

The FSMTB administers the MBLEx for all states that require it for licensure for massage therapists. Not all states do, however; some states require that the person seeking a license have NCBTMB board certification, and others will accept either the MBLEx or NCBTMB certification. As of 2015, five states did not require licensure—Kansas, Minnesota, Oklahoma, Vermont, and Wyoming—and two other states, New York and Hawaii, regulate massage therapy but require passage of a state-administered exam for licensure.¹¹ In Massachusetts, as of 2010 no exam is required, but applicants must provide transcripts from an approved school or provide evidence that, prior to 2010, they either passed the MBLEx or held NCBTMB certification.¹² In states with massage therapy regulations, workers must get a license or certification after graduating from an approved program and before practicing massage. Passing an exam is usually required for licensure.

Certification and Other Qualifications

Board certification replaced national certification in 2013, and by December 31, 2016, all nationally certified massage therapists will have transitioned to board certification since

national certification will no longer be valid. Board certification as a massage therapist is considered a more advanced level of practice, and most therapists are also required to successfully pass the licensing exam, MBLEx, before applying for certification. The requirements for becoming board certified are (1) to pass the Board Certification Exam for Therapeutic Massage & Bodywork (BCETMB), (2) complete additional hours of education and professional hands-on experience, (3) complete **cardiopulmonary resuscitation (CPR) certification** training, and (4) pass a national background check. Board certification must be renewed every two years.¹³ Many states require massage therapists to complete continuing education credits and to renew their license periodically. Those wishing to practice massage therapy should look into legal requirements for the state and other locality in which they intend to practice.

Personal qualifications required to be successful as a massage therapist include excellent communication skills to identify the client's goals of therapy and to explain the process of therapy and expected outcome of therapy—reducing muscle tightness and pain, for example. Empathy and the ability to build trust is necessary for repeated visits and referrals from other health professionals. Decision-making skills are also necessary to evaluate the client's needs and provide treatment to meet the needs of each individual client.

Advancement

Board certification is required by some hospitals and high-end spas. Massage therapists with board certification can expect to be more competitive in obtaining jobs with higher salaries. Other advancement opportunities are becoming an instructor or supervisor for training new massage therapists and initiating or participating in research to demonstrate the health benefits of massage.

Employment Trends

As more healthcare providers understand the benefits of massage, demand will increase as these services become part of treatment plans. Also, as more therapists become certified, the practice of massage is likely to be respected and accepted by more people as a way to treat pain and to improve overall wellness.

Massage also offers specific benefits to particular groups of people whose continued demand for massage services will lead to overall growth for the occupation. For example, some sports teams hire massage therapists to help give their athletes relief from pain and to rehabilitate clients with injuries.

Demand for massage services will grow as the baby-boom generation seeks these services as a way to help maintain their health as they age. Older people in nursing homes or assisted-living facilities also are finding benefits from massage, such as increased energy levels and reduced health problems. Demand for massage therapy should grow among older age groups because many older adults are enjoying longer, more active lives.

In addition, the number of massage clinic franchises has increased in recent years. Many franchised clinics offer more affordable massages than those provided at spas and resorts, making massage services available to a wider range of customers. However, demand for massage services may be limited by the overall state of the economy. During tough economic times, both the number of people who seek massage therapy and the frequency of their massages may decline.

Employment Change

Employment of massage therapists is projected to grow 22% from 2014 to 2024, much faster than the average for all occupations. Continued growth in the demand for massage services will lead to new openings for massage therapists.

Job Prospects

Opportunities should be available to those who complete formal programs and become board certified. However, new massage therapists should expect to work only part time until they can build their own client base. Even though the total number of massage therapists is high (**TABLE 30.2**), the majority work an average of 18 hours a week as an independent practitioner instead of as an employee.⁹

Because referrals are an important source of work for massage therapists, marketing and networking will increase the number of job opportunities. Joining a professional association also can help build strong contacts and further increase the likelihood of steady work. It may also be helpful for massage therapists who are seeking to attract new clients to complete education programs in specific modalities. For example, massage therapists may specialize in massage during pregnancy or in manual lymphatic drainage for women who have had surgery for breast cancer.

Earnings

The median hourly wage was \$17.88 and the median annual salary for massage therapists was \$37,180 in May 2014. Hourly fees for massage therapy vary widely, depending upon geographic location and work setting. A massage therapist working in a large metropolitan area or in a high-end salon might charge up to \$90 per hour, while a home-based therapist in a small town might charge \$40 to \$50 per hour.¹⁴ Most therapists earn a combination of wages and tips. Because

therapists work by appointment in most cases, their schedules and the number of hours worked each week can vary considerably, as can weekly income. Often, health professionals become licensed massage therapists to complement their work as a nurse or physical therapist or work as a massage therapist first and then complete course work to become a registered nurse or physical therapist.

Related Occupations

Similar occupations are athletic trainers and exercise physiologists, physical therapists, physical therapy assistants and aides.

RECREATIONAL THERAPISTS

Significant Points

- Applicants for recreational therapist jobs will experience competition.
- A bachelor's degree in therapeutic recreation is the usual educational requirement.
- Some states regulate recreational therapists through licensure, registration, or regulation of titles, but requirements vary.
- Recreational therapists should be comfortable working with persons who are ill or who have disabilities.

Work Descriptions

The **American Therapeutic Recreation Association** defines recreational therapy as “a treatment service designed to restore, remediate and rehabilitate a person's level of functioning and independence in life activities, to promote health and wellness as well as reduce or eliminate the activity limitations and restrictions to participation in life situations caused by an illness or disabling condition.”¹⁵ **Recreational therapists (RTs)** are employed in **therapeutic recreation (TR)** services, and they plan, direct, and coordinate recreation-based treatment programs for people with disabilities, injuries, or illnesses. RTs use a variety of modalities, including arts and crafts, drama, music and dance, sports, games, and community reintegration field trips to help maintain or improve a patient's physical, social, and emotional well-being.

TABLE 30.2 Projections Data for Massage Therapists, 2014–2024

Occupational Title	Employment, 2014	Projected Employment, 2024	Change, 2014–2024	
			Number	Percentage
Massage therapist	168,800	205,200	36,500	22%

Therapists help individuals reduce depression, stress, and anxiety; recover basic motor functioning and reasoning abilities; build confidence; and socialize effectively so that they can enjoy greater independence and reduce or eliminate the effects of their illness or disability. For example, a therapist may introduce a therapy dog to patients who need help managing their depression or anxiety (**FIGURE 30.2**).

In addition, therapists help people with disabilities integrate into the community by teaching them how to use community resources for example, riding a bus or participating in recreational activities offered through parks or senior centers. RTs are different from recreation workers, who organize recreational activities primarily for enjoyment.

In acute healthcare settings, such as hospitals and rehabilitation centers, RTs treat and rehabilitate individuals with specific health conditions such as alcohol or drug addiction, spinal cord or traumatic brain injuries, after a heart attack or stroke, or with mental illness. Therapists usually work in conjunction or collaboration with physicians, nurses, psychologists, social workers, and physical and occupational therapists. In long-term and residential care facilities, RTs use leisure activities, especially structured group programs, to improve and maintain their clients' general health and well-being. They also may provide interventions to prevent the client from suffering further medical problems and complications.

RTs assess clients by gathering information from observations, medical records, standardized assessments, medical staff, clients' families, and clients themselves. Based on this information, they develop and carry out therapeutic interventions consistent with the clients' needs and interests. For example, they may encourage clients who are isolated or who have limited social skills to play games with others, and they may teach right-handed people with right-side paralysis how to use their unaffected left side to throw a ball or swing a racket. Recreational therapists may instruct patients in relaxation techniques to reduce stress and tension, stretching

and limbering exercises, proper body mechanics for participation in recreational activities, pacing and energy conservation techniques, and team activities. As they work, therapists observe and document a patient's participation, reactions, and progress.

Community-based RTs may work in parks and recreation departments, special-education programs for school districts, or assisted-living, adult day care, and substance abuse rehabilitation centers. In these programs, therapists use interventions to develop specific skills, while providing opportunities for exercise, mental stimulation, creativity, and fun. Those few who work in schools help counselors, teachers, and parents address the special needs of students, including easing disabled students' transition into adult life.

Work Environment

RTs provide services in special activity rooms, but also use offices to plan their activities and prepare documentation. When working with clients in community integration programs, they may travel locally to teach clients how to use public transportation and other public amenities, such as parks, playgrounds, swimming pools, restaurants, and theaters. Therapists often lift and carry equipment. RTs generally work a 40-hour week that may include some evenings, weekends, and holidays.

Employment Opportunities

Recreational therapists held about 18,600 jobs in 2014. The majority were in hospitals and skilled nursing facilities (**TABLE 30.3**). Other RTs worked in state and local government agencies and in ambulatory care services. They also worked in substance abuse centers, rehabilitation centers, and parks and recreation departments. Only a small number of therapists were self employed, generally contracting with long-term care facilities or community agencies to develop and oversee programs.

TABLE 30.3 Facilities Employing the Largest Numbers of Recreational Therapists, 2014

Hospitals	35%
Nursing care facilities	20%
Government	19%



FIGURE 30.2 Recreational therapists use therapy dogs to treat anxiety and depression.

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Educational and Legal Requirements

A bachelor's degree with a major or concentration in therapeutic recreation is the usual requirement for entry-level positions. Some states regulate RTs, but requirements vary.

Education and Training

Most entry-level RTs need a bachelor's degree in therapeutic recreation, or in recreation with a concentration in therapeutic recreation. People may qualify for paraprofessional positions with an associate's degree in therapeutic recreation or another subject related to health care. An associate's degree in recreation therapy, training in art, drama, or music therapy, or qualifying work experience may be sufficient for activity director positions in nursing homes.

There are more than 80 academic programs that prepare students to become RTs. Most offer bachelor's degrees, although some also offer master's or doctoral degrees. Therapeutic recreation programs include courses in assessment, treatment, and program planning, intervention, design, and evaluation. Students also study human anatomy, physiology, abnormal psychology, medical and psychiatric terminology, characteristics of illnesses and disabilities, professional ethics, and the use of assistive devices and technology.

Licensure

Some states regulate RTs through licensure, registration, or the regulation of titles. Requirements vary by state. In 2015, New Hampshire, North Carolina, Oklahoma, and Utah required licensure to practice as a recreational therapist, while California and Washington state had other regulations that apply to RT professionals.¹⁶

Certification and Other Qualifications

Most employers, particularly those in hospitals and other clinical settings, prefer to hire certified RTs. The National Council for Therapeutic Recreation Certification (NCTRC) offers the **Certified Therapeutic Recreation Specialist (CTRS)** credential. Certification requires a bachelor's degree, completion of a supervised internship (normally completed as part of their degree program) of at least 560 hours, and passing an exam. Although therapists typically need at least a bachelor's degree in recreational therapy, in some cases therapists may qualify for certification with an alternate combination of education, training, and experience. Therapists must also take continuing education classes to maintain certification.

NCTRC also offers specialty certification in five areas of practice: behavioral health, community inclusion services, developmental disabilities, geriatrics, and physical medicine/rehabilitation. Therapists may also earn certificates from other organizations to show proficiency in specific therapy techniques, such as aquatic therapy or aromatherapy (FIGURE 30.3).

Recreational therapists must be comfortable working with people who are ill or disabled. Therapists must be patient, tactful, and persuasive when working with people who have a variety of special needs. Ingenuity, a sense of humor, and imagination are needed to adapt activities to individual needs, and good physical coordination is necessary to demonstrate or participate in recreational activities.



FIGURE 30.3 Recreational therapists may specialize in aquatic therapy.

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Advancement

Therapists may advance to supervisory or administrative positions or obtain specialty certification. Some teach, conduct research, or consult for health or social service agencies.

Employment Trends

Overall employment of RTs is expected to grow about as fast as average for all occupations. Competition for jobs is expected.

Employment Change

Employment of RTs is expected to increase 12% from 2014 to 2024, about as fast as average for all occupations. As the large baby-boom generation ages, they will need RTs to help treat age-related injuries and illnesses. Older persons are more likely to suffer from stroke, Alzheimer's disease, and mobility-related injuries that require recreational therapy. Continued growth is expected in nursing care facilities, adult daycare programs, and other settings that care for geriatric patients. Therapists will also be needed to help healthy seniors remain active in their communities and maintain their independence later in life.

In addition, the number of people with chronic conditions such as diabetes and obesity is growing. Recreational therapists will be needed to help patients maintain their mobility and to teach patients about managing their conditions. Therapists will also be needed to plan and lead programs designed to maintain overall wellness through participation in activities such as camps, day trips, and sports. Healthcare facilities will support a growing number of jobs in settings offering short-term mental health and alcohol or drug abuse treatment services. Rehabilitation, home health care, and transitional programs will provide additional jobs. Legislation requiring federally funded services for students with disabilities will continue to shape the need for RTs in educational settings.

TABLE 30.4 Projections Data for Recreational Therapists, 2014–2024

Occupational Title	Employment, 2014	Projected Employment, 2024	Change, 2014–2024	
			Number	Percentage
Recreational therapists	18,600	20,900	2,200	12%

Job Prospects

Job prospects will be best for RTs with both a bachelor's degree and certification. Therapists who specialize in working with the elderly or who earn certification in geriatric therapy may have the best job prospects. Opportunities also should be good for therapists who hold specialized certifications such as aquatic therapy, meditation, or crisis intervention. Recreational therapists will experience competition for jobs in certain regions of the country. Lower-paid recreational therapy aides may be increasingly used in an effort to contain costs. **TABLE 30.4** shows some projection data provided by the U.S. Department of Labor.

Earnings

Median annual earnings of RTs were \$44,000, and median hourly wages were \$21.15 per hour in May 2014. Median annual earnings in the industries employing the largest numbers of RTs in May 2014 are included in **TABLE 30.5**.

TABLE 30.5 Median Annual Earnings in the Industries Employing the Largest Numbers of Recreational Therapists, 2015

Government	\$55,500
Hospitals: state, local, private	\$48,320
Ambulatory healthcare services	\$46,200
Nursing care facilities	\$39,990

Related Occupations

Recreational therapists primarily design activities to help people with disabilities lead more fulfilling and independent lives. Other workers who have similar jobs are occupational therapists, physical therapists, rehabilitation counselors, special education teachers, recreation workers, and health educators.

Art Therapists

Art therapy emerged as a mental health profession in the 1940s. The most practical application of art therapy has been with those suffering from mental disorders, developmental

disorders, or other problems of social and psychological development, but innovative work has also been done on a variety of other problems. For example, art therapy is helpful to distract the focus from pain to comfort and creativity in those with chronic pain; and in those with Alzheimer's, art therapy is used to trigger short-and long-term memory and reduce agitation. Participation in art therapy facilitates cognitive retraining in those with head injuries. Art therapy is also beneficial for those who have experienced trauma through combat, abuse, or natural disasters.¹⁷

Art therapists (ATs) work with people of all ages who have various degrees of impairment. They may practice with individuals, groups, or families in clinical, educational, or rehabilitative settings, which include private psychiatric hospitals and clinics, community health centers, geriatric centers, drug and alcohol clinics, nursing homes, halfway houses, prisons, public and private schools, and institutions for the emotionally disturbed, learning disabled, brain injured, deaf, blind, physically handicapped, and multiple disabled. Many ATs who work in clinics also teach art therapy in colleges or universities, and may do research on some aspect of therapy. However, the primary involvement of most ATs is with clients in some type of clinical setting (**FIGURE 30.4**).

ATs apply theories and techniques of human development, psychology, and counseling together with their knowledge and skills in the creative process of visual art forms such as drawing, painting, and sculpture to treat clients. Art therapy is based on the use of art as a tool for nonverbal expression and communication. Art therapy attempts to resolve the individual's emotional conflicts, manage behavior and addictions, reduce anxiety and depression, and encourage personal growth and self-understanding.¹⁷

ATs consult with members of the medical health team to diagnose patients' problems. Combining art, education, and insight, ATs assess their patients' problems, strengths, and weaknesses, and determine a course of treatment best suited to accomplish specific treatment goals. ATs plan art activities, maintain and distribute supplies and materials, provide art instruction, and observe and record the various interactions that occur during therapy sessions. Emphasis is not placed on the quality of the product, but rather on the well-being of the patient. ATs often work as members of teams of other professionals and coordinate their activities with those of other therapists.



FIGURE 30.4 Art therapists work with people of all ages with physical and mental disabilities.

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ATs normally work a 40-hour week, although the hours and degree of responsibility vary with the setting. The facilities in which they work are usually fully equipped with art materials, tables, chairs, art desks, and storage areas; general working conditions are good.

Educational requirements for entry-level AT is the completion of a master's degree in art therapy.¹⁶ Master's degree programs require that applicants submit a portfolio of art to demonstrate proficiency in different forms of art media. To become a **registered art therapist (ATR)** requires completion of a supervised clinical experience after completing the master's degree. ATRs can become board certified, **Art Therapist Registered-Board Certified (ATR-BC)**, with successful completion of an exam administered by the **Arts Therapy Credentials Board (ATCB)**.

Dance Therapists

Dance therapy got its start in the United States in the 1940s as a way to treat psychosis, anxiety, and depression in traumatized World War II veterans before the availability of psychiatric medications. Today, **dance movement therapy (DMT)** is used to treat both mental and physical disabilities associated with trauma and aging. DMT has recently had an upswing in popularity as a career among college students.¹⁸ The **American Dance Therapy Association** defines dance/movement therapy as the “psychotherapeutic use of movement to further the emotional, cognitive, physical, and social integration of the individual.”¹⁹ DMT is used with individuals, couples, families, and groups for those with developmental, social, physical, and psychological impairment (**FIGURE 30.5**).



FIGURE 30.5 Dance therapy is a tool for physical and emotional integration.

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Dance therapists practice in a variety of settings with individuals of all ages and abilities in mental health centers, psychiatric hospitals, developmental centers, day care centers, correctional facilities, and nursing homes as well as health promotion programs and private practice.¹⁹

DMT provides an avenue to communicate through movement for those with cognitive or neurological disorders unable to communicate verbally. For example, individuals who have had a traumatic brain injury or those with Parkinson's disease are able to communicate with others through movement and thus reduce feelings of isolation. DMT improves physical mobility by enhancing coordination and gait; DMT also improves cognitive function by reconfiguring neural pathways in the brain.²⁰ For the treatment of mental or emotional disorders, dance therapists use body posture and movement to evaluate patients who have experienced physical or psychological trauma. Anxiety and depression associated with trauma are reduced through the expansion of movement vocabulary.¹⁸

DMT assess their clients' emotional and social behavior, movement capabilities, and general posture. They determine what types of movement experiences will best help clients develop an increased awareness of feelings and nonverbal behavior, a broader scope of interaction of mind and body, an improved body image, improved social relations, and relief from physical and emotional blocks. Working with individuals and groups, dance therapists plan and conduct movement sessions designed to achieve those goals and objectives. Dance therapists also participate in case conferences, staff meetings, community meetings, verbal therapy sessions, and other activities, depending on the setting in which they work. Some engage in research on movement behavior, teach or train others in educational or employment settings, or act as consultants to various agencies or organizations.

Entry-level positions in DMT require a master's degree, including an internship. Although each program has different requirements, a bachelor's level degree in either dance or psychology is encouraged. In addition, applicants are required to have dance experience with a proficiency in at least one dance form plus a background in dance education, choreography, or improvisation. Some programs require an audition or a video for faculty to evaluate how prospective students express themselves and communicate through movement. After successful completion of the master's degree and internship, students are eligible to become a **Registered Dance/Movement Therapist (R-DMT)**. The credential required to provide supervision and training and to work independently in private practice is certification as a **Board-Certified Dance/Movement Therapist (BC-DMT)**. Movement research is the only real area of specialization of DMT. The movement researcher observes, records, and analyzes nonverbal behavior in live settings, on videotape, or on film. In addition to the general knowledge and experience required of dance therapists, movement researchers

must have completed advanced courses in movement observation and research methods to become a **Certified Movement Analyst (CMA)**.

Hours and other working conditions vary, as do facilities. Some are modern and well equipped; others are older and sometimes quite sparse in terms of equipment and other elements that contribute to a pleasant work/therapy setting. Most aspects of dance therapy involve close physical contact with different types of patient groups, as well as a good deal of physical activity. In all instances, strength, flexibility, stamina, and a strong desire to relate to and help others are necessary.

Music Therapists

Music therapy began as a profession after World War I and World War II when musicians volunteered to perform at VA hospitals for veterans suffering from service-related physical and emotional trauma. The positive response of the veterans to music led to hospitals hiring musicians and by the 1940s a formal training for music therapy emerged.²¹

Music therapists find employment in a variety of facilities throughout the country. They are usually employed in psychiatric hospitals, mental retardation centers, physical disability treatment and training institutions, day care centers, nursing homes, special education programs, community mental health centers, special service agencies, and other related facilities.

Music therapists understand music psychology and specialize in using music to accomplish treatment goals involving the restoration, maintenance, and improvement of mental and physical health. In its use with the mentally ill, music therapy may achieve changes in patients' behavior that will give them a new understanding of themselves and of the world around them. This new understanding can serve as a basis for improved mental health and more effective adjustment to normal living.

Often working as one member of a team that may include other therapists, psychiatrists, psychologists, social workers, and special educators, music therapists evaluate how a client might be helped through a music program. They determine what goals and objectives can probably be met and plan musical activities and experiences that are likely to meet them, on both an individual and a group basis. Music therapists treat patients of all ages, ranging from disturbed small children and adolescents to adults who suffer from mental illnesses of many types and various degrees of seriousness. The developmentally disabled, those with cerebral palsy, individuals with physical impairments, and the blind make up a group that is second only to the mentally ill in the number receiving music therapy.

As members of the mental health team, music therapists devise programs to achieve aims prescribed by attending psychiatrists, and the treatment results are evaluated

periodically. Music therapists may create programs of many kinds in an effort to gain and to hold the patient's interest. Much depends on the patient's potential for training; what would be possible for one would be inappropriate for another. Group singing is commonly used. Music appreciation and music education are appealing to others. Every effort is made to improve skills acquired in past years and to develop an interest that will give a new dimension to normal living.

Unlike most music programs, music therapy programs focus on the well-being of the client rather than a perfected musical product. Voice, as well as traditional and nontraditional instruments and music, are used, and individual lessons are provided. In addition, instrumental and vocal music are often combined with body movements as a part of therapy.

As in many therapy situations, music therapists work very closely with their clients and must be able to relate to them and their problems in a warm, professional manner. The work is not always a relaxing, pleasurable experience. The process of strengthening discipline and changing behavior can arouse temporary anxiety and negative attitudes. Music therapists must be able to deal with these problems when they arise and use tact and resourcefulness in solving problems. They often must work in close cooperation with therapists in other disciplines when physical facilities are shared to plan and schedule activities. Standard work hours are usual, but music therapists may be called on from time to time to work evening hours and weekends.

Music therapists usually enter this career field for the stimulation of working with people in a therapy situation that involves music. There are rewards within the field itself, and there is always the possibility of being recognized for outstanding accomplishments or for having developed new and innovative methods.

There are different options to becoming a certified music therapist; however, the minimum requirements are a bachelor's degree in music therapy or in music plus a certification program in music therapy or a master's degree in music therapy. The bachelor's degree in music therapy includes 1,200 hours of clinical training including a supervised internship. Application to a music therapy program requires an audition to evaluate music competency. Students who complete degree requirements are eligible to become board certified by successfully completing the national board certification exam and to use the title, **Music Therapist-Board Certified (MT-BC)**.²²

ADDITIONAL INFORMATION

For information and materials on careers and academic programs in massage therapy, contact:

- American Dental Association. ExploreHealthCareers.org. Internet: <http://explorehealthcareers.org/en/home>

- Associated Bodywork & Massage Professionals. 25188 Genesee Trail Road, Suite 200, Golden, CO 60401. Internet: <http://www.abmp.com/home/>
- American Massage Therapy Association, 600 Davis Street, Suite 900, Evanston, IL 60201. Internet: <https://www.amtamassage.org/index.html>

For more information on national testing and national certification for massage therapists, visit:

- Federation of State Massage Therapy Boards, 10801 Mastin Blvd, Suite 420, Overland Park, KS 66210. Internet: <https://www.fsmtb.org/>
- National Certification Board for Therapeutic Massage & Bodywork, 1333 Burr Ridge Parkway, Suite 200, Burr Ridge, IL 60527. Internet: <http://www.ncbtmb.org/>

For information on license requirements by state, visit:

- Massage License Requirements by State. Massage Register. Internet: <http://www.massageregister.com/massage-license-requirements>

For information and materials on careers and academic programs in recreational therapy, contact:

- American Therapeutic Recreation Association, 629 N. Main St., Hattiesburg, MS 39401. Internet: <https://www.atra-online.com/>
- Commission on Accreditation of Allied Health Education Programs, 1361 Park Street, Clearwater, FL 33756. Internet: www.caahep.org/
- National Therapeutic Recreation Society, 22377 Belmont Ridge Rd., Ashburn, VA 20148-4501. Internet: <http://www.nrpa.org/>

Information on certification of RTs may be obtained from

- National Council for Therapeutic Recreation Certification, 7 Elmwood Dr., New City, NY 10956. Internet: <http://www.nctrc.org>

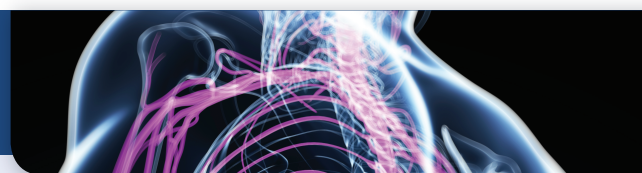
For information on licensure requirements, contact the appropriate recreational therapy regulatory agency for your state.

For career information on art, dance, and music therapy, visit:

- American Art Therapy Association (AATA), 4875 Eisenhower Avenue, Suite 240, Alexandria, VA 22304. Internet: <http://www.arttherapy.org/>
- American Dance Therapy Association, 10632 Little Patuxent Parkway, Suite 108, Columbia, MD 21044-3263. Internet: <http://www.adta.org>
- American Music Therapy Association, Inc., 8455 Colesville Road, Suite 1000, Silver Spring, MD 20910. Internet: <http://www.musictherapy.org>

- Art Therapy Credentials Board (ATCB), 7 Terrace Way, Greensboro, NC. Internet: <http://www.atcb.org/>
- National Coalition of Creative Arts Therapy Associations, c/o AMTA, 8455 Colesville Road, Suite 1000, Silver Spring, MD 20910. Internet: <http://www.nccata.org>
- The Certification Board for Music Therapists, 906 E. Lancaster Avenue, Suite 102, Downingtown, PA 19335. Internet: <http://www.nccata.org>

LEARNING PORTFOLIO



Issues for Discussion

1. Learn how to become board certified as a massage therapist by viewing the YouTube video, *Board Certification vs Licensure: What's the Difference?* From the National Certification Board for Therapeutic Massage & Bodywork (Internet: <https://www.youtube.com/watch?t=25&v=5Fe-r2nxwqA>). Discuss the differences between licensure and certification for massage therapists. What are the advantages for a massage therapist to become certified?
2. Review the YouTube video, *Therapeutic Recreation: Who We Are, What We Do*, produced by the Therapeutic Recreation Association of Atlantic Canada (Internet: <https://www.youtube.com/watch?v=yRmH-nFEzoV0>). Using examples from the video, describe different work settings for RTs and differences between recreation and therapeutic recreation.
3. Discuss the similarities and differences between recreation therapy, art therapy, dance therapy, and music therapy in terms of the typical patient or client. What do academic programs in art, dance, and music therapy require that are not required for a degree in recreation therapy?
4. Learn more about music therapy and settings in which music therapy is used as part of a treatment program by viewing the YouTube video, *The Healing Power of Music* (Internet: <https://www.youtube.com/watch?v=Ketz-mJ-x-Q>). What are some of the ages and health conditions of those receiving music therapy?

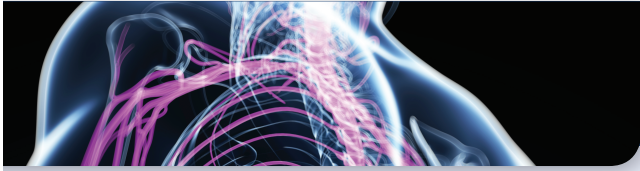
Enrichment Activities

1. Learn more about being a massage therapist by viewing a video from the U.S. Department of Labor. CareerOneStop. Career Videos: *Massage Therapy*. Internet: http://www.careerinfonet.org/occ_rep_vidpopup.asp?soccode=319011&matchVideo=31-9011.00
2. Learn more about the work settings of a recreational therapist by viewing a video from the U.S. Department of Labor. CareerOneStop. Career Videos: *Recreation Therapy*. Internet: http://www.careerinfonet.org/occ_rep_vidpopup.asp?soccode=291125&matchVideo=29-1125.00
3. Learn how recreation therapy and art therapy were used in the rehabilitation of a young woman after a spinal cord injury. *Spinal Cord Injury: Michele Lee's Story*. Rehabilitation Institute of Chicago (RIC). Internet: <http://www.ric.org/about/ric-patient-stories/spinal-cord-injury-michele-lees-story/>

4. Read profiles of dance/movement therapists to learn how movement and psychotherapy are combined in a career. American Dance Therapy Association. *Profiles of Dance/Movement Therapists*. Internet: http://www.adta.org/Profiles_of_DMTs
5. Watch the movie, *Alive Inside*, that demonstrates how the use of iPods with recordings of favorite music of nursing home residents impacted their lives. Internet: <http://www.aliveinside.us/#land>

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3. U.S. Department of Veteran Affairs. *A History of Recreation Therapy in the VA*. Internet: <http://www.prosthetics.va.gov/recretherapy/history.asp>
4. Mansfield JA. *Recreation Therapy History by Categories*. Internet: <http://www.recreationtherapy.com/history/rthisstory4.htm>
5. National Council for Therapeutic Recreation Certification (NCTRC). *About NCTRC*. Internet: <http://nctrc.org/about-ncrtc/>
6. National Coalition of Creative Arts Therapies Associations, Inc. (NCCATA). *About NCCATA*. Internet: <http://www.nccata.org/#!aboutnccata/czsv>
7. NCCATA. *The National Coalition of Creative Arts Therapies Associations Fact Sheet*. Internet: <http://www.nccata.org/#!aboutnccata/czsv>
8. National Center for Complementary and Integrative Health. *Massage Therapy for Health Professionals: What You Need to Know*. Internet: <https://nccih.nih.gov/health/massage/massageintroduction.htm#hed1>
9. American Massage Therapy Association. *Industry Fact Sheet*. Internet: https://www.amtamassage.org/infocenter/economic_industry-fact-sheet.html#profession
10. Bureau of Labor Statistics. *Occupational Employment and Wages — May 2014*. Washington, DC: U.S. Department of Labor; 2014. Internet: <http://www.bls.gov/oes/#data>
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15. American Therapeutic Recreation Association. *FAQ About RT/TR*. Internet: <https://www.atra-online.com/what/FAQ>
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