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Introduction

The mission of Oral Roberts University – in its commitment to the Christian faith – is to educate the whole person in spirit, mind, and body, thereby preparing its graduates to be professionally competent servant-leaders who are spiritually alive, intellectually alert, physically disciplined, and socially adept. The University seeks to synthesize the best practices of liberal arts, professional, and graduate education with a charismatic emphasis to enable students to go into every person’s world with God’s message of salvation and healing for the totality of human need.

Within a Christian, charismatic environment, the primary mission of the Music Department at Oral Roberts University is to provide students with an excellent undergraduate foundation in music, as well as a strong emphasis on music’s past, present and future prospects. In this context, the general purposes of the department are (1) to provide opportunities for students to develop their music capabilities and interests through the use of music as a socializing force, as an aid to compassionate understanding of themselves and their environment and as an avenue of self-expression; (2) to stimulate an appreciation and love for music through the study of its various disciplines: (3) to develop techniques for mature evaluation of musical standards; (4) to give an adequate background for further study in graduate school; (5) to cultivate tools for teaching in public and private schools, teaching in private studios, performing in professional music organizations and working in related music fields; and (6) to prepare for various church ministries as well as the Oral Roberts ministries.

The Oral Roberts University Music Therapy Program views music therapy as an established healthcare profession that uses music to address physical, emotional, cognitive, spiritual and social needs of individuals of all ages. Our school believes and advocates that music therapy improves the quality of life for persons who are healthy as well as children and adults with disabilities or illnesses.

The music therapy undergraduate program at Oral Roberts University will provide students with vast opportunity to develop: a) clinical knowledge and effective application of music therapy, b) independent therapeutic skills, and c) accomplished and comprehensive musicianship, within a rich musical, scholarly and communicative environment. The music therapy degree would attract, train and graduate quality students with an Oral Roberts University’s Whole Person Education which seeks to graduate students that are spiritually alive, intellectually alert, physically disciplined and socially adept with an advanced clinical training.

The primary purposes of ORU’s music therapy program are to produce (1) accomplished music therapists who are able to serve a wide range of patient populations with extensive clinical skill, knowledge, and experience, (2) equipped health care professionals utilizing evidence-based
practice models of music in therapy and medicine, and (3) consummate professional musician and promoters of music therapy. Oral Roberts University will offer music therapy courses designed to address the effect of musical experiences for the physical, emotional, cognitive, spiritual and social needs of individuals of all ages.

The Oral Roberts University bachelor degree program in music therapy offers several unique features that will make it one of the most distinctive music therapy programs in the nation.

First, the Christian-faith-oriented program would attract, train and graduate quality students with an Oral Roberts University’s Whole Person Education which seeks to graduate students that are spiritually alive, intellectually alert, physically disciplined and socially adept with an advanced clinical training.

Second, the program is built upon an integrated music therapy clinical program of Cognitive-Behavioral Music Therapy and Neurologic Music Therapy (NMT). The NMT approach is becoming increasingly recognized and accepted by the medical community and is currently only available at seven universities nation-wide. The integrated program will develop clinical knowledge and treatment based on analysis of individuals’ cognitive, social/emotional (psychological), and physical behaviors, and will prepare students to utilize scientific evidence regarding human perception and the production of music to treat diseases of the human nervous system.

Lastly, the program operates a professional music therapy clinic on the campus; therefore, students will have ample opportunity to develop their therapeutic skills and clinical competence through a professional music therapy clinic to be housed on the first floor of ORU’s CityPlex Tower. The ORU Music Therapy Clinic will advocate that music therapy improves the quality of life for persons who are healthy as well as children and adults with disabilities or illnesses. The ORU Music Therapy Clinic provides the AMTA approved internship clinical training. The program will also provide the many resources available through other academic divisions of the university.
“Music is composed of many separate yet interconnected components such as pitch, melody, rhythm, tempo, harmony, form, timbre, dynamics, and instruments. It has been my true joy to find what, within the music, changes one’s life physically, emotionally, cognitively, and socially. Determining how to use music to achieve therapeutic goals and facilitating the best musical experience for individuals might be the utmost part of my job as a music therapist.”

- Hayoung A. Lim-

Dr. Hayoung Lim is Director of Music Therapy at ORU which received the grand program approval from NASM and AMTA in July, 2015. Prior to her current appointment, Dr. Lim worked as director of graduate studies in music therapy at Sam Houston State University in Texas for 6 years (2008-2014). Dr. Lim has clinical experience with all major clinical populations. Examples include work in neurologic rehabilitation, geriatrics, psychiatrics and forensic psychiatrics, special education and developmental disabilities, neonatal and pediatric medicine, intensive
care, hospice, and medical settings. Dr. Lim is an active researcher with specialized training in the Rational Scientific Mediating Model for research in music therapy. She has books and articles published by major research journals in the music therapy field. She is an internationally acclaimed scholar in music therapy. She has been active throughout her clinical and teaching endeavors in promoting and educating the community regarding the benefits of music therapy. Dr. Lim’s research focuses on the effect of music on children with Autism Spectrum Disorders, and the effect of musical experiences on cognition, speech/language and physical rehabilitation. A number of her manuscripts have been published in peer-reviewed journals, including *Journal of Music Therapy* and *Music Therapy Perspectives*. In 2011, Dr. Lim’s book titled “Developmental Speech-language Training through Music for Children with Autism Spectrum Disorders” was published by Jessica Kingsley Publisher, London, UK. She also published a book chapter “Communication and Language Development: Implications for Music Therapy and Autism Spectrum Disorders” in *Early Childhood Music Therapy and Autism Spectrum Disorders* (Kern & Humpal Eds., 2012). Dr. Lim has won two Sam Houston State University faculty research grant awards, and she was one of 2016 ORU President Research Grant recipients for her original research study entitled “The Effects of Reciprocal Imitation Training through Music (RITM) on Social Communicative Behaviors in Children with Autism Spectrum Disorders.” In 2014, Dr. Lim was invited as a keynote speaker to International Conference on Developmental Disability in University of Calcutta, India, and was won 2018 Oral Roberts University ‘Scholar of The Year’ award. Dr. Lim’s most recent publications in 2018 include “Application of the Helping Model on music therapy practice for individuals with alcoholic use disorder: Theoretical orientation and empirical implication” in *Approaches: An Interdisciplinary Journal of Music Therapy*, “Musical Task Difficulty, Personality, and Induced Arousal Level” in *Journal of Music Therapy*, “The Effect of Music on Arousal, Enjoyment, and Cognitive Enhancement” in *Psychology of Music*, and “The Effects of Music Listening on Affect, Self-efficacy, Mental Exertion and Task Performance of Online Learners” in *Journal of the Scholarship of Teaching and Learning for Christians in Higher Education*. A book chapter entitled “Communication and Language Development: Implications for Music Therapy and Autism Spectrum Disorders” will be published in September 2018 by Jessica Kingsley Publishers, London, UK. Dr. Lim is currently serving as Editor of the SOTL-CHED Journal, and Chief Researcher of “Sing and Speak 4 Kids” at iQsonics.com (www.iQsinics.com) which has recently received $200,000 SBIR grant from US. Department Education (IES).

Dr. Hayoung Lim is a board-certified, Licensed Professional Music Therapist by State of Oklahoma, neurologic music therapist (NMT Fellow) and current member of the American Music Therapy Association (AMTA). She earned her bachelor’s degree in Cello Performance from the Catholic University of Korea, and master’s degree in both Cello Performance and Music Therapy from the Illinois State University. In 2007, she received her Ph.D. degree in music education with an emphasis on music therapy from the University of Miami. She completed
her music therapy internship at Lutheran General Hospital, Park ridge, IL, and worked as a full time music therapist at the Cleveland Music School Settlement. Dr. Lim also worked as music therapy director at Children’s Health & Education Management, Miami, FL and specialized in music therapy for children with Autism Spectrum Disorders. In addition, Dr. Lim has worked as a concert cellist, performing numerous solo recitals and chamber music concerts. Dr. Lim is artistic director of Healing Concert Series at ORU. She is married to a Baptist ordained pastor and church planter, Rev. Timothy Yum, and they have two children, Yeru and Yebin.
What is Music Therapy?

The American Music Therapy Association defines music therapy as "the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program." (American Music Therapy Association definition, 2015)

Music has been used as a therapeutic tool for centuries. Music therapy has been recognized as an organized profession since the formation of the National Association for Music Therapy in 1950. Today, music therapists work with many different populations in various setting. In each of these settings, music is used as a tool to reach nonmusical goals, whether physical, cognitive, emotional, social or spiritual. The techniques used during sessions are based on research and extended collegiate study.

Among many possible goals addressed by music therapists might be:

- Increasing memory recall
- Improving motor coordination
- Increasing attention to task
- Improving steadiness of gait
- Developing bonds between mother and newborn child
- Improving speech and communication
- Increasing reality-based thinking
- Decreasing anxiety
- Decreasing pain
- Adjusting mood
- Increasing coping skills
- Enhance learning

Some of the various settings in which music therapists work include:

- Special Education Programs and Special Schools
- Nursing Homes
- Medical Hospitals
- Rehabilitation Centers
- Hospice and Palliative Care Programs
- Psychiatric Hospitals
- Private Practices and Music Therapy Agencies

For more information about music therapy as a career, please see the following professional organizations:
Who Should Consider A Career In Music Therapy?

Music therapists are both accomplished musicians and competent therapists. A career in music therapy requires a high degree of musical flexibility, as therapists effectively utilize music that is familiar to and preferred by their clients. Skills in piano, guitar, voice, music improvisation, song writing, conducting, and music theory are but a few of those possessed by the music therapist.

The music therapist must be a compassionate person dedicated to improving the lives of others in specific and individualized ways. Music therapists are caring, nurturing professionals interested in using music as a tool to meet non-musical, health-related needs. Therapists must be emotionally stable and must demonstrate mature, professional behavior both within and outside the classroom environment.

Many students who pursue music therapy have interests both in music-related fields and in psychology, neurology and medicine, or special education.

Students who complete a Bachelor of Music-Music Therapy degree or a post-baccalaureate equivalency program at ORU will have met all competency requirements set by American Music Therapy Association (AMTA). Music Therapists must also take the Certification Board for Music Therapist’s (CBMT) national board exam to become certified and to practice music therapy. Therefore, a university student must realize the seriousness of his/her commitment to the development of the competencies required of a professional music therapist. The music therapy program is a competency-based program, meaning that students must be able to demonstrate competency in various skills areas in order to obtain the degree (refer to the AMTA Professional Competencies attached to the Internship Agreement in this handbook). Competencies require knowledge in a variety of areas such as psychology, special education, neurology/biology/anatomy, and music therapy principles as well as ability to apply this knowledge in clinical settings. Successful application of knowledge requires additional abilities including music skills, scientific/analytical skills, interpersonal skills, professional work skills and behaviors, and good mental, spiritual and physical health.

The music therapy program at Oral Roberts University has been designed to address the multi-faceted needs of the music therapy students. This handbook will provide basic orientation to the
program, assistance in advisement, and information that will aide individuals in preparing for professional music therapy practice.
Requirements

Students who complete a Bachelor of Music-Music Therapy degree or a post-baccalaureate equivalency program at ORU will have met all competency requirements set by American Music Therapy Association (AMTA). Music Therapists must also take the Certification Board for Music Therapist’s (CBMT) national board exam to become certified and to practice music therapy.

The music therapy program in Oral Roberts University is a competency-based program in which students must be able to demonstrate competency in various skills areas (i.e., musical foundation, clinical foundation and music therapy) in order to obtain the degree. Oral Roberts University’s music therapy program is considered a professional program and requires all students’ sincere commitment to the development of the competencies required of a professional music therapist.

In addition to the Music Therapy Interview conducted as part of the ORU Music Department-Music Therapy application process, all incoming music therapy majors must attend a mandatory general advisement meeting. Dr. Hayoung Lim, Director of Music Therapy will meet individually with students on an ongoing basis (i.e. in each semester) throughout their time in the program. Individual advisement meetings are by appointment and must occur each semester prior to registration.

According to the American Music Therapy Association Standards for Education and Clinical Training, a grade of C or above must be earned in each music therapy course including:

Introduction to Music Therapy (2)
Clinical Orientation (1)
Music Therapy I: Developmental (2)
Clinical Practicum I: Developmental (1)
Music Therapy II: Geriatric (2)
Clinical Practicum II: Geriatrics (1)
Music Therapy III: Psychiatric (2)
Clinical Practicum III: Psychiatric (1)
Music Therapy IV: Medical/Rehabilitation (2)
Clinical Practicum IV: Medical/Rehabilitation (1)
Music Therapy Research & Methods (3)
Clinical Music Therapy Proficiency (0)
Psychology of Music (3)
Instrumental Skills in Music Therapy Settings (1)
Internship (3)
However, students will be advised if they earn grades of C in music therapy courses and grades of C or below in music therapy related courses including:

Oral Communication (3)
Principles of Psychology (3)
Child Psychology (3)
Psychology of Abnormal Behaviors (3)
Applied Anatomy and Physiology (4)
Health, Physical Education and Recreation (4.5)

Grades of C or below in music therapy and music therapy related courses could result in a student’s not being accepted for a clinical internship. Student will be advised to reenroll in music therapy courses in which C’s are earned, especially if a C is earned in more than one music therapy course.

Music Therapy professors at Oral Roberts University will evaluate students on the personal/professional behaviors in recommending them for internship position. Such behaviors include those with reflect that the individual is reliable, courteous and cooperative, emotionally stable, and receptive to supervision. In addition, a professional should demonstrate initiative, appropriate assertiveness, and healthy boundaries. In cases where students’ personal issues may be affecting their professional and/or academic performance, student will be advised to receive free counseling at the ORU counseling center.
**Musical Requirements:**

Being a competent music therapist requires a solid foundation in all areas of music. Consequently, roughly half of the total credit hours required for the degree are allotted to studying music and acquiring specific musical skills.

Courses in music include:

- Applied instruction on principal instrument or voice
- Piano skills
- Music Theory: Harmony and Sight Singing/Ear Training
- Music History and Literature
- Conducting
- Arranging/Orchestration
- Music Technology
- Functional Music Skills (percussion, voice, guitar, autoharp, recorder, piano, Orff)
- Performing Ensembles

During Music Therapy Interview (All incoming students must complete a live interview with Director of Music Therapy to be considered for admission), all students will be asked to sing two very well-known/familiar songs; one song with the piano accompaniment by music therapy faculty and another song without accompaniment, to assess their basic musical aptitude (i.e., able to sing in pitch and rhythm).

If any student who passes other parts of interview shows deficiencies in singing, he/she will be advised to take a course of ‘Class Voice’ or an applied lesson in voice for the very first semester. If the student fails the second time, he/she will be dismissed from the program and advised to consider another major.

ORU Music Therapy students must pass the Music Therapy Interview, Music Therapy Career Aptitude Test and Practicum Readiness Exam (PRE) by the end of first year. The purpose of the PRE exam is to determine students’ musical readiness for music therapy practicum. Failure of the practicum exam will result in a student’s not being enrolled any of practicum courses (MUT 306, 356, 406, 456) and Music Therapy Techniques courses (MUT 303, 353, 403, 453). Only one more opportunity will be provided for student who failed the practicum exam. If the student fails the second time, he/she will be dismissed from the program.
Practicum Readiness Exam (PRE)

You will be asked to sing and accompany yourself on either piano or guitar or a combination of both. Prepare 30 songs following the specific criteria listed below:

* Present at least 2 verses and the chorus of each song as applicable. Include appropriate musical introductions. Learn popular songs in their ENTIRETY, including bridges and endings where applicable.

* Memorize at least 15 of the songs. For the other 15, you may utilize music or a chord chart.

* Each song must have a minimum of 3 chords.

* Prepare each song in a key that supports your voice well. However, be sure to prepare a total of least 3 different keys.

* Choose at least 3 songs from each of the following genres:

1-Traditional folk
2-Childrens
3-Patriotic

4-Popular music written or made famous from the 1920’s – 1940’s

5-Popular music (blues, country, rock, contemporary, etc.) from the 1950’s – 1970’s

6-Popular music (blues, country, rock, contemporary, etc.) from the 1980’s – current

The other 3 songs may fall into the categories listed above, or may represent additional genres such as spiritual/gospel, show tunes, jazz, or original compositions.

Bring the following to the audition:

* A guitar, if needed

* A notebook (for your own use) of the songs you have prepared, organized by genre or alphabetically

• A list of song titles, organized by genre. Beside each song, note the key and place an “M” beside those songs that are memorized. Bring 2 copies of the list. Examiners will choose songs from your list and will hear approximately 20 minutes of music.
ORU Music Therapy students must pass a piano proficiency test (PRF 100) by the end of second year. Failure of the piano proficiency will result in a student’s not being enrolled any of the advanced music therapy courses including practicum courses (MUT 406, 456) and Music Therapy Techniques courses (MUT 403,453). Only one more opportunity will be provided for student who failed the piano proficiency. If the student fails the second time, he/she will be dismissed from the program.

ORU Music Therapy students must pass a guitar proficiency test by the end of third year. Failure of the guitar proficiency will result in a student’s not being enrolled any of the advanced music therapy courses including practicum courses (MUT 406, 456) and Music Therapy Techniques courses (MUT 403,453).

Only one more opportunity will be provided for student who failed the guitar proficiency. If the student fails the second time, he/she will be dismissed from the program.

**Academic Requirement:**

**< MUSIC THERAPY>**

Using music effectively as a therapeutic tool is based on knowing how the human brain and body utilize musical information. Through these interactive and experiential courses, students learn about the theory and research that supports the use of music in therapy. In addition, students have multiple opportunities to practice and refine their therapeutic skills. Before leaving campus to complete the internship, students take five semesters of practicum, which involves working with different clinical populations in the community. All clinical experiences are carefully supervised by board-certified music therapists.

Content areas for music therapy coursework include:

- Overview and History of the Music Therapy Profession
- Music in Development and Aging (Geriatrics)
- Music in Rehabilitation
- Psychology of Music and Research in Music Therapy
- Music in Psychotherapy

**<BEHAVIORAL AND NATURAL SCIENCES>**

To work successfully with clients, music therapists rely on an in-depth understanding of the human body and the intricacies of human behavior. Students take several psychology
courses, including child and adolescent development, statistics and abnormal psychology. Additional courses include human anatomy, biology and psychobiology.

<GENERAL EDUCATION REQUIREMENTS>

To achieve ORU’s a well-rounded education entitled “Whole Person Education” students also complete requirements in college algebra, English composition, the social sciences, health & physical education and theology/Christian studies.

The Oral Roberts University Academic Peer Advisor (APA) Program has been awarded the National Tutoring Association’s Tutoring Excellence Award. It is the second time the program has received this honor, which recognizes excellence in tutoring programs.

“Receiving the Tutoring Excellence Award gives ORU’s tutoring program additional momentum as we seek to provide the best academic support for student success,” said Director of Student Resources Thomas Bellatti. “Our goal is to equip students with learning techniques that will ensure their success in the classroom and beyond.”

Conditions of students being dismissed from the program:

1) If the student fails the second time of practicum readiness exam, piano proficiency and guitar proficiency, he/she will be dismissed from the program.

2) If the student earn a grade C or blow in (a total of) three music therapy courses after re-enrolling in those courses.
Curriculum

Bachelor of Music in Music Therapy degree program

Music Therapy (25 credit hours)
Introduction to Music Therapy (2)
Clinical Orientation (1)
Music Therapy I: Developmental (2)
Clinical Practicum I: Developmental (1)
Music Therapy II: Geriatric (2)
Clinical Practicum II: Geriatrics (1)
Music Therapy III: Psychiatric (2)
Clinical Practicum III: Psychiatric (1)
Music Therapy IV: Medical/Rehabilitation (2)
Clinical Practicum IV: Medical/Rehabilitation (1)
Music Therapy Research & Methods (3)
Clinical Music Therapy Proficiency (0)
Psychology of Music (3)
Instrumental Skills in Music Therapy Settings (1)
Clinical Music Therapy Proficiency (0)
Internship (3)

Music Foundation (54 credit hours)
Music Seminar (2)
Applied Music: Primary (12); Secondary: Piano (4)
Performance Group (6)
Harmony I-IV (10)
Sight Singing/Ear Training (4)
History & Literature of Music (8)
Intro to Music Production (1)
Conducting (2)
Senior Recital (2)
Music Therapy Instruments: Guitar (1); Voice (1); Percussion (1)

Clinical Foundation (24 credit hours)
Oral Communication (3)
Principles of Psychology (3)
Child Psychology (3)
Psychology of Abnormal Behaviors (3)
Applied Anatomy and Physiology (4)
Health, Physical Education and Recreation (4)
Biology (4)

General Education (27 credit hours)
Introduction to Whole Person Education (1)
English (6)
Foreign Language (3)
Humanities (3)
Biblical Literature (4)
Theology (4)
American History (3)
American Government (3)
## DEGREE PLAN

Total Credit Hours = 129.5

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<th>Year 1: Spring</th>
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<td>PRF 100 Piano Proficiency** (0)</td>
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<td>MUT 403 Music Therapy III: Psychiatric (2)</td>
</tr>
<tr>
<td>MUT 406 Clinical Practicum III (1)</td>
</tr>
<tr>
<td>BLIT 111 Biblical Literacy (2)</td>
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<tr>
<td>HLSS 319 Applied Anatomy and Physiology (4)</td>
</tr>
<tr>
<td>HPE___ HPE Activity (0.5)</td>
</tr>
<tr>
<td>Total Credit Hours = 17.5</td>
</tr>
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<tr>
<td></td>
</tr>
<tr>
<td>** Secondary Instrument is the Piano. If Piano is the Primary Instrument Guitar will be the Secondary Instrument.**</td>
</tr>
<tr>
<td>** Music Proficiencies must be passed on or before the semester scheduled or a LATE EXAM FEE will be assessed for each late semester. Students who enroll MUT 256 Instrumental skills in Music Therapy Settings must have passed the Piano Proficiency.**</td>
</tr>
<tr>
<td>** Summer courses in the degree plan are an option. The students can take those courses in any fall or spring semester; however, it might affect the scheduling of the music therapy internship which is a minimum of 900 hours and typically full-time.**</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year 4: Fall</th>
<th>MUT 480 Music Therapy Internship (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MUS 099 Music Seminar (0)</td>
<td></td>
</tr>
<tr>
<td>MUS 421 Senior Recital (2)</td>
<td></td>
</tr>
<tr>
<td>MUT 470 Music Therapy Research &amp; Methods (3)</td>
<td></td>
</tr>
<tr>
<td>Comp 102 Reading &amp; Writing in Liberal Arts (3)</td>
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<tr>
<td>______ Foreign Language (3)</td>
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<tr>
<td>BIO ____ Laboratory Science/Biology (4)</td>
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<td>PRF 102 Guitar Proficiency ** (0)</td>
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<td>HPE___ HPE Activity (0.5)</td>
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<tr>
<td>Total Credit Hours = 15.5</td>
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</table>

* Secondary Instrument is the Piano. If Piano is the Primary Instrument Guitar will be the Secondary Instrument.

** Music Proficiencies must be passed on or before the semester scheduled or a LATE EXAM FEE will be assessed for each late semester. Students who enroll MUT 256 Instrumental skills in Music Therapy Settings must have passed the Piano Proficiency.

*** Summer courses in the degree plan are an option. The students can take those courses in any fall or spring semester; however, it might affect the scheduling of the music therapy internship which is a minimum of 900 hours and typically full-time.
According to the AMTA standards for Education and Clinical Training, a grade of C – or above must be earned in each music therapy course. However, students should be advised that grades of C in music therapy course and grades of C or below in music therapy related courses (psychology, anatomy, child psychology, etc.) could result in a student’s not being accepted for a clinical internship nor the master program in music therapy. For students enrolled for the equivalency program, grades of C or below in the first year curriculum could result in dismissing from the post-baccalaureate equivalency program.
Senior Recital Criteria for Music Therapy Major

1. **Students** who wish to give a senior recital (MUS 421; 2 credit hours) during their senior year must pass (1) piano proficiency, (2) guitar proficiency, and (3) music vocabulary proficiency before the recital.

2. **Senior Recitals** should contain 40 minutes of music excluding pauses between selections with literature of standard classical repertoire. The Music therapy senior recital could additionally contain one piece of original composition, arrangement, or improvisation.

3. Vocal: In at least three foreign languages and at least 50% of the literature must be newly prepared during the final two semesters preceding the recital.

   Instrumental: At least 50% of the literature must be newly prepared during the final two semesters preceding the recital.

4. All recitals must be memorized; the literature should be memorized when the program is submitted **four** weeks prior to recital date, except for instrumental recitals, which do not have to be memorized.

5. Recital candidates must submit to a hearing by a committee at least two weeks prior to a senior recital. At that time, the entire program must be selected, arranged in an acceptable order, and typed according to the proper format in item 7. The hearing will consist of at least half of the total program (15-20 minutes), and the committee will make all choices in a random sampling of the program. If the committee did not approve the recital as a result of hearing, the recital candidate may postpone the recital and schedule another hearing.

6. The final recital will be graded by a committee consisting of the Director of Music Therapy, the vocal coordinator or respective instrument coordinator, the applied lesson teacher, and a representative from music therapy, music education, composition, or performance divisions.

7. **Criteria for Vocal Literature Choices:**

   **Criteria for Instrumental Literature Choices:**

8. **Format**

9. **Purpose**

10. **Taping/Introduction**
11. Options

Students may choose one of three options for the senior recital at the discretion of the Director of Music Therapy, vocal/instrumental coordinator and department chair.

a. Full recital (MUS 421 - 2 credit hours)
   1) 40 minutes of music
   2) 3 foreign languages for vocal recitals
   3) Classical material- art songs/arias and classical instrumental materials (representative of the Baroque, Classical, Romantic, and 20\textsuperscript{th}/21\textsuperscript{st} century style periods)

b. Senior Research Project/ Senior Paper (MUS 499 – 2 credit hours)
   1) Music therapy students who wish to complete a senior research project must take MUT 470 Music Therapy Research & Methods class prior to an enrollment of senior paper MUS 499 (2 credit hours) and submit music therapy research topic proposal to the senior recital committee before the semester of senior recital.
   2) Research project should contain 35-40 pages of an empirical study (i.e., quantitative, qualitative, or mixed-method.
   3) Senior research project should be written in the newest edition of APA style and publishable in scholarly journals.

c. Half recital & clinical music therapy project (MUS 421 – 1 credit & MUS 499 – 1 credit)
   1) 20 - 25 minutes of music
   2) 2 foreign languages for vocal recitals
   3) Classical material- art songs/arias and classical instrumental materials (representative of the Baroque, Classical, Romantic, and 20\textsuperscript{th}/21\textsuperscript{st} century style periods)
   4) Enroll MUT 466 Clinical Music Therapy Proficiency (0 credit)
   5) Research project should contain 20-25 pages of a clinical music therapy and/or research project.
Music Therapy Equivalency Program
Pre-Equivalency Checklist

Students entering the Post Baccalaureate Equivalency Program in Music Therapy are expected to have already completed a bachelor’s degree in music or in other disciplines, including the courses listed below. If any of these courses have not yet been completed, they can be taken here at the Oral Roberts University. Taking these additional courses, however, may lengthen the amount of time required to finish the program. In certain situations, alternate courses from other universities can substitute for the required courses. Depending on the nature of the class, this decision will be made by the Chair of Music Department, in conjunction with the Director of Music Therapy. In order to determine exactly whether or not the following requirements have been met, the student should obtain their official transcripts for their previous degree and meet with the director of music therapy equivalency program.

**Music Requirements:**

Harmony I, II, III, & IV (10 credit hours)

Sight Singing/Ear Training (4 credit hours)

Applied Lessons: Primary Instrument (12 credit hours)

Piano Competency

(4 semesters of Class Piano and/or Passage of ORU Piano Proficiency Exam)

Performance Group/Ensemble (6 credit hours)

Music History/Literature (3 or 4 credit hours)

Conducting (2 credit hours)

**Behavioral Science Requirements:**

Principles of Psychology (Introduction to Psychology)

Students enrolled for the equivalency program must pass the Music Therapy Interview, *Music Therapy Career Aptitude Test* and *Music Therapy Entrance Exam (MTEE)* for Equivalency Students for the admission. The purpose of the PRE exam is to determine the equivalency students’ musical readiness for music therapy practicum. Failure of the practicum exam will result in a student’s not being enrolled any of practicum courses (MUT 306, 356, 406, 456) and Music Therapy Techniques courses (MUT 303, 353, 403, 453). Only one more opportunity will be provided for student who failed the practicum exam. If the student fails the second time, he/she will be dismissed from the program.
Music Therapy Entrance Exam (MTEE) for Equivalency Students

You will be asked to sing and accompany yourself on either piano or guitar or a combination of both.

Prepare 15 songs following the specific criteria listed below:

* Present at least 2 verses and the chorus of each song as applicable. Include appropriate musical introductions. Learn popular songs in their ENTIRETY, including bridges and endings where applicable.

* Memorize at least 10 of the songs. For the other 5, you may utilize music or a chord chart.

* Each song must have a minimum of 3 chords.

* Prepare each song in a key that supports your voice well. However, be sure to prepare a total of least 3 different keys.

* Choose at least 2 songs from each of the following genres:

  1-Traditional folk
  2-Childrens
  3-Patriotic
  4-Popular music written or made famous from the 1920’s – 1940’s
  5-Popular music (blues, country, rock, contemporary, etc.) from the 1950’s – 1970’s
  6-Popular music (blues, country, rock, contemporary, etc.) from the 1980’s – current

The other 3 songs may fall into the categories listed above, or may represent additional genres such as spiritual/gospel, show tunes, jazz, or original compositions.

Bring the following to the audition:

* A guitar, if needed

* A notebook (for your own use) of the songs you have prepared, organized by genre or alphabetically

* A list of song titles, organized by genre. Beside each song, note the key and place an “M” beside those songs that are memorized. Bring 2 copies of the list. Examiners will choose songs from your list and will hear approximately 15 minutes of music.

**Passing MTEE meets the Practicum Readiness Exam (PRE) requirements for equivalency students.
### Curriculum & Degree Plan

**Post-Baccalaureate Music Therapy Equivalency program**

Total Credit Hours = 37

<table>
<thead>
<tr>
<th>Music Therapy (25 credit hours)</th>
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<tbody>
<tr>
<td>Introduction to Music Therapy (2)</td>
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<tr>
<td>Clinical Orientation (1)</td>
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<tr>
<td>Music Therapy I: Developmental (2)</td>
<td></td>
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<tr>
<td>Clinical Practicum I: Developmental (1)</td>
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<tr>
<td>Music Therapy II: Geriatric (2)</td>
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<tr>
<td>Clinical Practicum II: Geriatrics (1)</td>
<td></td>
</tr>
<tr>
<td>Music Therapy III: Psychiatric (2)</td>
<td></td>
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<tr>
<td>Clinical Practicum III: Psychiatric (1)</td>
<td></td>
</tr>
<tr>
<td>Music Therapy IV: Medical/Rehabilitation (2)</td>
<td></td>
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<tr>
<td>Clinical Practicum IV: Medical/Rehabilitation (1)</td>
<td></td>
</tr>
<tr>
<td>Music Therapy Research &amp; Methods (3)</td>
<td></td>
</tr>
<tr>
<td>Psychology of Music (3)</td>
<td></td>
</tr>
<tr>
<td>Instrumental Skills in Music Therapy Settings (1)</td>
<td></td>
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<tr>
<td>Internship (3)</td>
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<table>
<thead>
<tr>
<th>Music Foundation (2 credit hours)</th>
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<tbody>
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<td>Music Therapy Instruments:</td>
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<tr>
<td>Guitar (1)</td>
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<tr>
<td>Percussion (1)</td>
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<th>Clinical Foundation (10 credit hours)</th>
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<tbody>
<tr>
<td>Child Psychology (3)</td>
<td></td>
</tr>
<tr>
<td>Psychology of Abnormal Behaviors (3)</td>
<td></td>
</tr>
<tr>
<td>Applied Anatomy and Physiology (4)</td>
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<table>
<thead>
<tr>
<th><strong>Year 1: Fall</strong></th>
<th><strong>Year 1: Spring</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>MUT153 Introduction to Music Therapy (2)</td>
<td>MUT 203 Psychology of Music (3)</td>
</tr>
<tr>
<td>MUT156 Clinical Orientation (1)</td>
<td>MUT 353 Music Therapy II: Geriatrics (2)</td>
</tr>
<tr>
<td>MUT 256 Instrumental Skills in Music Therapy Settings (1)</td>
<td>MUT 356 Clinical Practicum II (1)</td>
</tr>
<tr>
<td>PSY 301.02 Developmental Psychology (3)</td>
<td>MUS 004,005,131,135 Music Therapy Instrument (1)</td>
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<tr>
<td>MUS 004,005,131,135 Music Therapy Instrument (1)</td>
<td>PSY 338 Abnormal Behavior (3)</td>
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<td><strong>Total Credit Hours = 8</strong></td>
<td>PRF 100 Piano Proficiency (0)</td>
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<td><strong>Total Credit Hours = 10</strong></td>
<td><strong>Total Credit Hours = 7</strong></td>
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<table>
<thead>
<tr>
<th><strong>Year 2: Fall</strong></th>
<th><strong>Year 2: Spring</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>MUT 303 Music Therapy I: Developmental (2)</td>
<td>MUT 453 Music Therapy IV: Medical &amp; Rehabilitation (2)</td>
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<tr>
<td>MUT 306 Clinical Practicum I (1)</td>
<td>MUT 456 Clinical Practicum IV (1)</td>
</tr>
<tr>
<td>MUT 403 Music Therapy III: Psychiatric (2)</td>
<td>MUT 466 Clinical Music Therapy Proficiency (0)</td>
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<tr>
<td>MUT 406 Clinical Practicum III (1)</td>
<td>HPE 319 Applied Anatomy &amp; Physiology (4)</td>
</tr>
<tr>
<td>MUT 470 Music Therapy Research &amp; Methods (3)</td>
<td><strong>Total Credit Hours = 7</strong></td>
</tr>
<tr>
<td>PRF 200 Guitar Proficiency (0)</td>
<td><strong>Year 2: Summer</strong></td>
</tr>
<tr>
<td><strong>Total Credit Hours = 9</strong></td>
<td>MUT 480 Internship (3)</td>
</tr>
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</table>
Advisement

In addition to the initial interview conducted as part of the ORU’s Music Therapy application process, all incoming music therapy majors and equivalency students must attend a mandatory general advisement meeting. Dr. Hayoung Lim will meet individually with students on an ongoing basis throughout their time in the program. Individual advisement meetings are by appointment and must occur each semester prior to registration. For every advisement meeting, students need to bring “ORU Music Therapy Handbook” and tentative schedule for the appropriate semester.
Clinical Training

Pre-Internship Training
The music therapy student must complete a minimum of 180 hours in pre-internship clinical training. Pre-internship training includes practicum sessions (direct contact hours with clients/patients), documentation time (session plan, session evaluation and final evaluation report), and clinical supervision hours with a MT-BC supervisor. Also pre-internship training includes clinical observation of MT-BC’s music therapy sessions; participation in supervised activities that include interaction with typical client populations; leading activities for clients with disabilities or illnesses, such as at summer special education camps, IF supervised by a credentialed professional in a related field who is giving feedback; or observation of related professionals’ treatments/therapeutic services, such as OT, PT, SLP, and special education teachers.

In order to track these hours, students complete, tally, and submit signed copies of the pre-internship tracking form found in this handbook (p.51). The forms should be turned in each semester during advisement and are kept in the music therapy office for tracking and advising purposes.

In addition to the tracking forms, each student will work with the Director of Music Therapy in designing an Individualized Plan. The plan will develop over the course of pro-internship and internship training and will include proposed practicum placements and details concerning practicum and internship experiences. Undergraduate students and equivalency students at Oral Roberts University participate in 5 semesters of music therapy practicum and 1 semester of music therapy proficiency. Practicum placements are correlated with material presented in each of the following music therapy courses:

<table>
<thead>
<tr>
<th>Introduction to Music Therapy (2)</th>
<th>Clinical Practicum Orientation: Pre-clinical population (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Music Therapy I: Developmental (2)</td>
<td>Clinical Practicum I: Children in Special Need (1)</td>
</tr>
<tr>
<td>Music Therapy II: Geriatrics (2)</td>
<td>Clinical Practicum II: Elderly with Dementia (1)</td>
</tr>
<tr>
<td>Music Therapy III: Psychiatric (2)</td>
<td>Clinical Practicum III: Individuals with mental illness (1)</td>
</tr>
<tr>
<td>Music Therapy IV: Rehabilitation &amp; Medical (2)</td>
<td>Clinical Practicum IV: Patients with neurologic disorders and medical problems (1)</td>
</tr>
</tbody>
</table>

*Students must take MUT 466 Clinical Music Therapy Proficiency (0 credit) after completing 5 semesters of music therapy practicum.*
MUSIC THERAPY
Oral Roberts University

STUDENT / SITE COMMITMENT for MUSIC THERAPY PRACTICUM

I, _________________________________________, agree that I will report for practicum at
(Name of Student)

__________________________________________
(Name of Site)

on this specific day ______________________ at this specific time __________________.

If I am unable to report for any practicum session, I will notify my supervisor,

__________________________________________
(Name of Supervisor)

deadline (when feasible). I will follow the rules of this site and I will take responsibility for giving
my supervisor my evaluation forms at the appropriate times. I understand that, as a student of Music
Therapy, I will act professionally at all times.

____________________________________
Student Signature

________________________
Date

I, _________________________________________, agree to act as supervisor to
(Name of Supervisor)

__________________________________________
(Name of student)

in her/his music therapy practicum experience at ____________________________________________.
(Name of site)

I understand that this includes signing an informal contract form with the student, observing music
sessions as discussed with the university supervisor, and completing one evaluation form at the
designated time. Failure to complete the observations and/or evaluation form will result in the
removal of students from the practicum experience. My signature also indicates that I have read and
am familiar with the above student's assignments that are to be completed at this site.

____________________________________
Supervisor signature

________________________
Date
During each semester of practicum, students participate in weekly lab with all other practicum students. During the weekly lab, they are given opportunity to not only discuss or role play practicum issues and gain feedback from peers, but also to practice music therapy techniques in an atmosphere geared toward peer tutoring.

Students typically work in pairs at their practicum sites. In addition to leading music therapy sessions, each pair is required to meet weekly with the practicum supervisor to present documentation of the previous session, discuss and gain feedback concerning the session, and present a plan for the following session. Students are responsible during all five semesters for planning, implementation, and documentation of progress, while university supervisors attend sessions to offer assistance and feedback. Weekly documentation includes tracking progress toward specific goals and objectives. Each semester concludes with the submission of a final evaluation report. During the last 3 practicum semesters, students are also required to present a formal initial assessment report and a complete case study.

As mentioned, sites and practicum experiences correlate with concurrent coursework. During the first practicum semester, students take Introduction to Music Therapy and conduct sessions at Oral Roberts University or local preschools, working toward non-pathological issues of college students or development of pre-academic, motor and social skills through music. Half-hour to 45 minute sessions are held weekly for 10 weeks, and students usually spend 4-5 hours per week on preparation, planning, documentation, and other practicum responsibilities.

Music Therapy I, II, III, and IV will be offered on a 2-semester rotation and typically they will be taken in order. During Music Therapy I and II, hour-long practicum sessions are held weekly for 10 weeks and students will be encouraged to visit and observe various therapies/treatments at local schools or therapy centers for children with special needs and health care facilities for geriatric population. During Music Therapy III and IV, students will be encouraged to travel to Oklahoma City or another city, with approval, to observe an MT-BC working in a psychiatric and medical setting. They typically spend at least one full day at the site. In addition, they conduct a regular weekly practicum in a psychiatric and medical setting for 8 weeks, offering one-hour sessions.

During pre-internship experiences, each student's competencies will be evaluated with the Music Therapy Student Evaluation Form.
ORU Music Therapy Practicum Competency Evaluation Form

Student: ______________________ Practicum Site: __________________________ Date: _____________
Clinical Population: ______________________ Supervisor: __________________________

Scale: 1 (poor) 2 (Weak/needs improvement) 3 (Average) 4 (Competent) 5 (Excellent)

A. Direct Music Therapy Intervention

<table>
<thead>
<tr>
<th>Rating</th>
<th>Skills</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Session Plan</td>
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<tr>
<td></td>
<td>Goal oriented intervention</td>
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<td></td>
<td>Relevance of activities with objectives</td>
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<td></td>
<td>Therapeutic value of experience</td>
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<td></td>
<td>Data collection/Session Evaluation</td>
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B. Presentation Skills

<table>
<thead>
<tr>
<th>Rating</th>
<th>Skills</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Session Opening/Beginning</td>
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<td></td>
<td>Instructions and cues</td>
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<td></td>
<td>Leading skills</td>
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<td></td>
<td>Use of space and equipment</td>
<td></td>
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<tr>
<td></td>
<td>Sequencing/Transition</td>
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<td></td>
<td>Closing Session</td>
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C. Musical Skills

<table>
<thead>
<tr>
<th>Rating</th>
<th>Skills</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Utilizing Instruments</td>
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<tr>
<td></td>
<td>Utilizing songs</td>
<td></td>
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<td></td>
<td>Piano/Guitar skills</td>
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<td></td>
<td>Use of voice</td>
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</table>

D. Client Response

<table>
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<tr>
<th>Rating</th>
<th>Skills</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Responding to clients</td>
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<tr>
<td></td>
<td>Rapport with clients</td>
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<tr>
<td></td>
<td>Selecting reinforcements</td>
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</table>

E. Professional Development

<table>
<thead>
<tr>
<th>Rating</th>
<th>Skills</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Preparedness</td>
<td></td>
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<td></td>
<td>Implementation of feedback</td>
<td></td>
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<td></td>
<td>Team work/Professionalism/Dress</td>
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<td></td>
<td>Ethical behaviors</td>
<td></td>
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<tr>
<td></td>
<td>Communication with supervisor</td>
<td></td>
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</tbody>
</table>
ORU Music Therapy Practicum Final Evaluation Form

Student: __________________ Practicum Course #: ________ Date: __________

Client(s)/Music Therapy Group ________________ Practicum Site:____________

Scale: 1 (Poor)  2 (Weak/need improvement)  3 (Average)  4 (Competent)  5 (Excellent)

<table>
<thead>
<tr>
<th>Skills</th>
<th>Rating</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Singing</td>
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<td></td>
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<tr>
<td>Quality of Live Instrumental Music</td>
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<td></td>
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<tr>
<td>Effectiveness of Session Introduction</td>
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<td></td>
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<tr>
<td>Session Structure: Transition, Pacing and Sequencing</td>
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<td></td>
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<tr>
<td>Client Preparation for Therapeutic Musical Experiences</td>
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<tr>
<td>Stimulus Reflection</td>
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<tr>
<td>Quality of Clinical Interaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Use of Personal Attributes</td>
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<td></td>
</tr>
<tr>
<td>b. Active Listening Skills</td>
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<td></td>
</tr>
<tr>
<td>c. Group Management Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Facilitation Skills</td>
<td></td>
<td></td>
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<tr>
<td>e. Selection of Reinforcements</td>
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<tr>
<td>Effective Session Closure</td>
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<tr>
<td>Use of Music to Facilitate Objective Behaviors</td>
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<td>Ability to Adapt On-Going Session</td>
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<td>Cooperation with Co-Therapists</td>
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<tr>
<td>Professional Behavior</td>
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</table>
The pre-internship experiences in Oral Roberts University Music Therapy Program are designed like academic components of the program, to enable students to acquire specific professional clinical training. At least four different clinical populations (i.e., children with developmental disorders, geriatric population, psychiatric population and patients with neurologic disorders or medical problems) will be included in ORU pre-internship training. A qualified, MT-BC music therapist will provide direct supervision to the pre-internship student, observing the student for a minimum of 80% of pre-internship clinical sessions. Direct supervision in ORU Music Therapy Program will include observation of the student’s all clinical work with both verbal and written feedback provided to each student.

After finishing all of the music therapy course works in the bachelor program, students must pass a comprehensive exit interview. Failure of the comprehensive exit interview will result in a student’s not being enrolled for MUT 480 Music Therapy Internship.

Prior to leaving for internship, ORU music therapy students meet with Director of Music Therapy to update Individualized Plan and to complete The Comprehensive Exit Interview and Internship Agreement.
ORU Music Therapy Student Individualized Plan

I, _____________________________________, student of music therapy at ORU, agree to complete a total of 1200 pre-internship and internship clinical music therapy hours as required by the American Music Therapy Association for certification in music therapy. Pre-internship and internship hours will be completed in the manner specified below. Each practicum/internship assignment will involve the following: observation, planning of music therapy sessions, leading and/or co-leading of music therapy sessions, documentation, and receiving supervision.

<table>
<thead>
<tr>
<th>Course</th>
<th>Site</th>
<th>Population</th>
<th>Dates</th>
<th>Total pre-internship hours (including all related hours as specified on tracking forms):</th>
<th>On-site MT-BC Supervisor</th>
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<tbody>
<tr>
<td>MUT 156 Clinical Practicum Orientation – correlated to MUT 153 Introduction to MT</td>
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<td>preschool / college students /other: ___________________________</td>
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<tr>
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<td>special education / other: ___________________________</td>
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<tr>
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<td>geriatric / dementia / other: ___________________________</td>
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<tr>
<td>MUT 456 Clinical Practicum IV – correlate to MUT 453 Music Therapy IV: Medical &amp; Rehabilitation</td>
<td></td>
<td>medical / neuro-rehabilitation / hospice / other: ___________________________</td>
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</table>
MUT 466 Clinical Music Therapy Proficiency

Site:
Population:
Dates:
Total pre-internship hours (including all related hours as specified on tracking forms):
On-site MT-BC Supervisor:

Other pre-internship hours

Settings:

Hours:

Preferred client populations:

Internship

Site:

Population(s):

Dates:

Minimum total internship hours:

Supervising MT-BC:

I, ________________________________, Music Therapy Faculty at Oral Roberts University, agree to act as academic advisor for the above-signed student. As such, I will track clinical training placements and verify appropriate supervision by a qualified MT-BC for each experience. The on-site MT-BC supervisor will provide on-site therapeutic demonstration, observation and assistance as well as both verbal and written feedback regarding the student’s performance and progress.

Plan initiation (advisor enters date and initial):

___________________________________________________________________

Updates/revision (advisor enters dates and initials):

___________________________________________________________________
Practicum Student Code of Conduct

The student Code of Conduct has been created to support a productive, positive, and professional learning environment when entering clinical training facilities within the community. The professional standards below will be exhibited at all times by every student enrolled in clinical practicum courses. When one or more of these standards have not been followed, disciplinary action may result including but not limited to, a reflection in the students’ grade as determined by the Music Therapy faculty.

A) Students should exhibit professional values and behavior by:
   - Engaging in appropriate communication and interaction with faculty, facility staff, clients and students.
   - Demonstrating trust, respect and civilities.
   - Demonstrating an ability to resolve differences, anticipate and prevent problems in a professional manner.
   - Demonstrating emotional maturity.

B) Students should contribute to a positive learning environment by:
   - Taking responsibility for their work within the therapeutic context.
   - Developing cooperative relationships with other students and faculty.
   - Arriving, attending, and departing practicum and group meetings in a professional manner.
   - Demonstrating a positive attitude.

C) Students should support a professional environment within the Music Therapy Program by:
   - Avoiding inappropriate language, threatening or harassing behavior in or near classroom and practicum site staff.

D) Students must uphold the academic integrity, student responsibilities and classroom behavior standards as explained in the Oral Roberts University’s Student Handbook and General Catalog.
General Guidelines for Practicum Assignments

A. **Client Resource Guide**: Students will complete this assignment within the first week of receiving their clinical assignment. The purpose of this assignment is to help students become acquainted with their assigned populations, to begin the assessment process and to begin formulating possible goals and objectives.

B. **Weekly Session Plans**: Students will write and implement session plans every week. Clinical supervisors will indicate a weekly location and time for submission of these plans. Plans are usually due 2-4 days before practicum sessions to allow for necessary revisions, your supervisor will read your plan and provide written and/or verbal feedback. Your supervisor may also want to meet with you to further discuss your plans prior to your session. **Even if students are working in pairs or teams, each student should submit a separate plan that describes the portion(s) of the session they will be conducting.** The purpose of writing weekly session plans is to ensure that students are adequately prepared to conduct their practicum sessions.

C. **Session Evaluation**: Students will write session evaluation notes for both objective and subjective evaluation for every practicum session they attend. Completed Session Evaluation will be turned into your supervisor weekly with your session plan. They purpose of writing weekly session notes is for students to review the practicum session, to plan effectively for subsequent sessions based on client progress and to practice skills needed for professional documentation. **During your co-SMT’s “solo session,” you are required to be present and write a session evaluation note for this session.**

D. **Assessment & Treatment Plan**: Prior to the first practicum session, students will select one primary client to assess and treat throughout the semester. To compensate for scheduling difficulties or problems with client attendance, students will also select a secondary client. Students may treat secondary clients and track their progress in the absence of the primary client. If at all possible, the secondary client should have similar clinical needs to the primary client, so that the student does not have to re-design their treatment strategy. In settings with high client turn-over, students will assess a primary diagnosis and set goals and objectives accordingly. The assessment should be complete by the end of the third or fourth week of practicum due date determined by supervisor). The assessment will culminate in the assignment is to help students understand a new clinical population, to formulate appropriate goals and objectives and to
identify effective treatment strategies. The expectations for this assignment vary according to practicum semester (number of credit hours).

E. Practicum Competencies: Through the course of the semester, students must plan for, demonstrate and pass four separate clinical population specific - practicum competency tests. The competencies involve specific applications of music, therefore requiring musical proficiency and an understanding of how the music is functioning to influence the client’s behavior. The purpose of this assignment is to ensure that students are acquiring the necessary skills to become competent clinicians for a variety population. These skills are considered essential to effective clinical practice, and are many times required by internship site supervisors. Continued use of piano, guitar, and autoharp is required throughout practicum.

F. Final Progress Report (Final Practicum Evaluation): At the end of the semester, students will use both qualitative and quantitative information to summarize their primary clients’ progress in this formal document. If sufficient data are not available for the primary client (i.e. the client moved away in the middle of the semester), the student may report on the progress of the secondary client. The purpose of this assignment is for students to develop skills in behavioral observation, evaluation of client progress and report writing as needed for professional experiences. The expectations for this assignment vary according to practicum semester (number of credit hours).

G. Self-Exploration Paper: Students will write an informal essay at the end of the semester to process what has been learned and to set goals for improvement in future clinical settings. The purpose of this assignment is for students to develop skills in self-evaluation.

H. Lecture Recital: At the end of MUT 303: Music Therapy I and your choice of course among Music Therapy II, III or IV, students will provide an out-side of class presentation. At this event, students will present their practicum work including population description, goals, objectives, methodology and results. All Music Therapy students are invited to attend the lecture recital, however, attendance by Music Therapy students enrolled in practicum is MANDATORY. Failure to do so will result in 3 points being deducted from your final cumulative grade points.
Evaluation Criteria for Practicum Sessions

Clinical supervisors will use the following criteria to rate student’s skills in each practicum session.

1. **Quality of Singing**

   Students are expected to use live music in the majority of their music therapy sessions. Students must demonstrate the ability to sing in tune, in the correct key and with melodic and rhythmic accuracy. Students must be able to project vocally so that all clients can hear them and so that they provide adequate vocal modeling for clients. Students must clearly articulate lyrics and sing at an appropriate tempo for clients’ needs.

2. **Quality of Live Instrumental Music**

   Students are expected to use live music in the majority of their music therapy sessions. Students must demonstrate the ability to play musical instruments with rhythmic and melodic accuracy. Chord changes must be smooth and accurate. Ideally, all instrumental music should be memorized and students should be able to play their instrument with minimal visual checking (i.e. looking at fingers or instrument). Instrumental music should be aesthetically pleasing and should support the musical involvement of the clients (i.e. singing). Students should take necessary precautions to ensure that the instrument they are using is in tune prior to the session.

3. **Effectiveness of Session Introduction**

   The session introduction may or may not include music but should effectively prepare clients for the session in a manner that is appropriate to their needs and level of functioning. As needed, students should orient clients to the group, greet/acknowledge /introduce clients individually and establish the purpose of the group, including informing clients of acceptable behaviors, possible activities that may be conducted, goals that may be addressed and potential outcomes/benefits for the clients. Students should also assess clients’ moods and levels of behaviors during this time.

4. **Session Structure: Transitions, Pacing and Sequencing**

   Students should structure therapy sessions to accommodate clients’ needs in the areas of social, emotional, motor and cognitive functioning. Students should provide smooth transitions between music therapy interventions so that clients can anticipate the next even and understand that one intervention has ended and another is beginning. Effective transitions will help clients to maintain their attention and involvement in the
music therapy interventions. Students should carefully consider the pace of all intervention; due to short attention spans some clients may need several interventions in one session, while other clients may be able to attend to one intervention for the entire session. Students should develop the ability to read clients’ responses in order to adjust pacing as needed during a session. Students should also sequence interventions appropriately. For example, some clients may need more time to mentally and physically prepare for physical activity. In addition, some clients may need consistent sequencing of interventions across sessions; that is, certain types of interventions should always be presented in the same order (i.e. singing, then instrument-playing, followed by movement).

5. **Client Preparation for Therapeutic Musical Experiences**

Students should provide clients with adequate information and instruction prior to and during interventions so that clients understand what is expected of them and know how to participate. For example, students need to explain and demonstrate how to play musical instruments or use other types of equipment and teach basic musical skills and concepts. Students also need to effectively conduct and cue clients during any type of musical ensemble (vocal or instrumental) or musical improvisation. All instructions should be given at a rate, length and level of complexity that is appropriate to the clients’ needs. Clients should clearly understand at all times how an instrument or piece of equipment should be used or should NOT be used.

6. **Stimulus Reflection**

Students should engage clients in verbal processing following each music therapy intervention so that the clients clearly understand how they have benefited from the experience. All verbal processing should be conducted at a level of intellectual complexity that is appropriate to the clients’ needs and should relate directly to the client’s goal and objectives. Stimulus Reflection should proceed sequentially through the following 3 stages:

i. **Stimulus Verification**: help clients to understand what happened **musically**. Sample questions and comments include: “What did we just sing about?” “What feelings were expressed in that song?” “We just sang about ducks and pigs!” “We played our tambourines for the whole song!”

ii. **Stimulus Interpretation**: help clients to understand how the music influenced their thoughts, feelings and behaviors. Sample questions and comments include: “What did you think about
during that song?” “What feelings did you experience during the improvisation?” “The music helped us to relax and move our bodies slowly.” “The song helped us to remember five different animals!”

iii. Stimulus Evaluation: help clients to understand what non-musical skills or insights were learned during the Therapeutic Musical Experience (TME), and how this experience could be helpful to them outside of the therapy session. Sample questions and comments include: “how might sharing thoughts and feelings be helpful to us in other areas of our lives?” “Saying ‘Hello’ is a good way to make friends!”

7. Quality of Clinical Interactions

Use of Personal Attributes: Students should consistently make effective use of their own facial affect, eye contact, visual scanning, vocal projection and inflection, and sense of humor when interacting with clients. These skills are essential for building rapport, enhancing trust and facilitating client participation.

Active Listening Skills: When appropriate, students should utilize basic active listening skills such as eye contact, nodding, gesturing, summarizing and reflecting statements.

Group Management Skills: Students should effectively manage group behaviors by regulating “air time,” consistently engaging all group members, providing appropriate positive reinforcement for desirable behaviors and by providing consequences for negative behaviors (as deemed appropriate by the clinical setting).

Facilitation Skills: Students should clearly model desired behaviors (i.e. when demonstrating movements for clients to follow), and provide verbal and physical prompting as needed.

Selecting Reinforcements: Students should properly select and implement reinforcements for the behavior modification.

8. Effective Session Closure

Keeping in mind clients’ level of functioning, students must effectively inform clients that the session is ending and help them to prepare for a transition to their next activity. Students should plan to: review the session plans that took place and their resultant benefits, provide additional reinforcement and acknowledgement of positive client
behavior, remind clients of the goals they are addressing, and preview the upcoming therapy session.

9. **Use of Music to Facilitate Objective Behaviors**

Students should demonstrate their ability to **effectively use and adjust specific musical elements** in the facilitation of objective behaviors. For example, during a movement to music intervention, the music should not be play “in the background.” Rather, the *tempo* should indicate the pace of the movements, *rhythm* should determine the timing and anticipation of the movements, *dynamics* may guide the intensity or size or the movements and perhaps the *lyrics* can describe the movements. Students must effectively utilize and, if necessary, modify these elements to help clients engage in the objective behavior.

10. **Ability to Adapt On-Going Session**

Students should develop and demonstrate the ability to adapt any aspect of a session to accommodate clients’ needs within the therapy session. Students may need to shorten or lengthen the amount of instructions given, simplify their vocabulary, increase or decrease pacing, modify the way an instrument or prop is used, simplify the musical expectations places on a client, change the key, lyrics or tempo of the music, change the seating arrangement of clients, or modify the direction or goal of a verbal discussion **according to clients’ needs.**

11. **Cooperation with Co-Therapists**

Students should demonstrate a willingness to assist and support their co-therapists. Examples include distributing and collecting instruments or other equipment as needed, providing musical support (i.e. singing or playing an instrument during another student’s intervention), collecting data if needed, or participating with enthusiasm so as to provide positive modeling for clients. Throughout the session, it must be evident to the clinical supervisor that the students have worked collaboratively to plan and implement the session. All session plans should be original and the amount of leadership time throughout the session should be equally distributed among students. In addition, transitions from one student to another must be fluid, quick and cause minimal disruption to the session.

12. **Professional Behavior**

In all events related to the practicum setting, students are required and expected to conduct themselves in a manner that reflects a professional commitment to the learning
experience. Expected behaviors include: being on time and prepared for any pre- and post-session meetings with clinical supervisor, arriving at the practicum site in time to adequately prepare the room/space and materials, maintaining a professional appearance and engaging in friendly yet professional behavior with other staff at the practicum site.

**Self-Exploration Paper**

In this paper students will discuss in paragraph, *narrative format*, what they have discovered about themselves during the semester in regards to their professional development. Students may want to make notes of thoughts and feelings throughout the semester to prepare for this assignment and to make the writing process both constructive and meaningful. Students should answer all of the following questions in this paper:

1. What are my strengths as a developing clinician? (i.e. musical skills, counseling skills, careful documentation)
2. In which areas did I make the greatest improvement this semester?
3. What helped me to make these improvements?
4. What are some skill areas I need to improve upon?
5. What strategies will I use to help me develop these skills?
6. Which clinical situations are the easiest/most difficult for me to handle? Why?
7. How have my personal values, beliefs and past experiences influenced my clinical work this semester?

This assignment is intended to help students evaluate their skills and to identify specific strengths and weaknesses in order to become a more effective clinician. This paper should be typed, double-spaced and approximately 2-3 pages in length.

**Grading Criteria:**

This assignment is worth 5 points of each practicum course (MUT 306, 356, 406, 456). Distribution of points will be determined by each clinical supervisor, since this person is most familiar with each student’s strengths and weaknesses as a developing clinician. Overall, grading will be based on *clarity* (how clearly ideas were expressed), *content* (how much thought was put into the assignment) and *quality* (technical factors, such as sentence construction, spelling, punctuation, etc.).
Clinical Internship

Following the completion of all coursework, the music therapy student must fulfill a 900-1040 four (five-six month) clinical internship at an AMTA national roster internship site or an ORU university-affiliated internship site. The intern must be supervised on-site by a qualified and approved MT-BC supervisor. The internship is the final requirement for graduating with the bachelor’s degree in music therapy. Once it has been completed, the individual is eligible to sit for the board certification examination. A passing grade on the exam will result in board certification and the credentials MT-BC.

Students enroll in MUT 480 during the first long semester of internship and receive 3 credit hours for that semester.

There are many clinical training sites throughout the country that serve a variety of client populations. A number of them offer interns benefits including meals, housing, and stipends; however, many do not. MOST sites require the student to purchase professional liability insurance at a low yearly rate. Students have access to a listing and description of all AMTA national roster sites via the internet at www.musictherapy.org.

The selection of one’s clinical internship site is very important and must be based on several factors. Specific internship application guidelines are provided on the Internship Procedures page in this handbook. Some important guidelines for all to be aware of are as follows:

The student must complete the internship in order to graduate with a degree in music therapy. The student must have complete all require academic coursework and proficiency/competency requirements at the university prior to beginning internship. The student may have up to 4 active applications in progress at any one time. To ensure the greatest chances of acquiring one’s first choice, applications should be submitted 12 months prior to the date the applicant will be eligible for internship.

One important consideration in selecting an appropriate internship site is the client population served at that site. The student should consider interning at a site where he/she will gain experience working with the type of clients the student wishes to work with after internship. Therefore, the student should attempt to identify the desire population by the senior year of courses. Professors are available to counsel the student in arriving at this important decision.

Another important consideration in selecting a site is the student’s appropriateness for that site. Music skills, interpersonal and therapy skills, understanding of psychological or medical principles, and level of creativity should all be examined in order to determine a suitable match. Again, professors are available to discuss these issues individually with the student.
Students should be aware that practicum site supervisors are usually asked to write recommendation letter to potential internship supervisors. As such, students should be sure to develop strong professional relationships with all practicum site supervisors and to extend professional courtesies, such as contact information and thank you notes following the practicum experience.

*Additional notes on observation of MT-BC’s:
If you wish to observe MT-BC’s, or if you are assigned to do so, please follow these instructions carefully – call the facility 4-6 weeks prior to your desired visit (approving your visit may take between 2-6 weeks, depending on the facility); inquire about your own visit only (if someone wants to go with you, he or she should call separately to inquire); dress professionally; and arrive early.
Internship Application Process

Students are to have no more than 4 ACTIVE applications circulating at one time. Students should follow the steps listed below:

a. Examine the national roster of internship programs at www.musictherapy.org (under “careers”, then education and clinical training information”) and watch for new listings on the music therapy bulletin board. Also refer to your handbook for a listing of current university-affiliated internships and/or talk to the Director of Music Therapy if you are interest in pursuing the establishment of a new U-A internship.

b. Type a letter or call the facilities you are most interested in, requesting an application and indicating the date you will be eligible for internship. Ask pertinent questions in order to narrow down your search. Call facilities of interest even if the application deadline has past (inquire as to when they will be accepting their next intern), and even if you will need a stipend and none is advertised.

c. Select 4 facilities for application. Discuss these with the Director of Music Therapy at ORU.

d. If you complete the application process for a specific site, request a letter of recommendation/verification for that site from the Director of Music therapy at ORU. Give one month’s notice for each letter.

e. Submit the complete ORU Music Therapy Individualized Plan and a total pre-internship clinical training hours for each practicum site.

Request the letter by submitting an index card with the following information: your name, name and credentials of site supervisor, address of site, clinical population served in site, your eligibility date (the date you will complete all other course work), deadline for letter of recommendation (be specific), and whether you want the sealed letter sent to the site or back to you. Do not e-mail this – an actual index card is needed unless otherwise arranged.

e. Keep data on internship applications as to replies. Application may be made to an additional facility upon being rejected by a site or turning down an offer. Talk with the Director of Music Therapy about each site before applying.

f. After discussing with the Director and deciding at which facility the student will intern, send appropriate letters of acceptance or rejection.
g. As soon as confirming the internship site, schedule Exit Interview with Director of Music Therapy at ORU to complete “Internship Agreement” based on AMTA Professional Competencies.

h. Students will enroll the MUT 480 during the internship period. NOTE: full-time student status is granted and recognized by the Financial Aid Office for the semester in which students register for the 3 hours of internship.

**MUT 480 Music Therapy Internship:**

1. Length of internship is 900-1040 hours of uninterrupted training.

2. Prior to leaving for internship, the following steps should be taken:
   
a. meet with Director of Music Therapy to update Individualized Plan (Exit Interview)
b. meet with Director of Music Therapy to complete the Individualized Plan (Exit Interview)
c. meet with a designated advisor to clear up inconsistencies on your degree plan
d. apply and pay for graduation
e. leave updated contact information with the Director of Music Therapy

3. Supervisor of internship shall prepare mid-term and final evaluations of intern’s clinical performance. Evaluation information should be sent to the Director Music Therapy upon completion of each evaluation period. Additionally, the students should contact the Director of Music Therapy at least once per month during internship via phone or e-mail to offer an update of their internship experiences.

4. As a requirement for MUT 480 students are to purchase the board certification self-assessment exam from CBMT (www.CBMT.org) and complete it prior to the completion of the internship. Other project assignments will be given by internship supervisors.
Internship Agreement

I, ___________________, have completed the attached AMTA Professional Competencies self-evaluation with assistance and feedback from _____________________, Music Therapy Faculty at Oral Roberts University. In doing so, I have identified areas of strength and areas of needed improvement.

I agree to participate in a music therapy internship for a minimum of 1020 hours and until all AMTA competency requirements are met. In addition to projects assigned by my Internship Director, I agree to maintain at least monthly contact with Dr. Hayoung Lim, Director of Music Therapy at ORU, and to complete CBMT’s Self-Assessment Examination as part of the internship requirement. Additionally, I agree to focus specifically on improvement in the following areas until a consistent rating of 4/5 is earned by all evaluators (i.e. student, faculty, supervisor).

5 = area of great strength
4 = entry level competence
3 = area needing continued focus/ approaching entry level competence
2 = area needing significant focus
1 = area of weakness/ no exposure

I, __________________________________, internship site supervisor, agree to assist the student in gaining functional competency in these and any other needed areas.

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<th>Areas to Address</th>
<th>Entering</th>
<th>Midterm</th>
<th>Final</th>
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__________________________  _________________________
Student                                    Date

__________________________  _________________________
University Faculty                       Date

__________________________  _________________________
Internship Supervisor                  Date
AMTA Professional Competencies

A. MUSIC FOUNDATIONS

1. Music Theory and History
   1.1 Recognize standard works in the literature.
   1.2 Identify the elemental, structural, and stylistic characteristics of music from various periods and cultures.
   1.3 Sight-sing melodies of both diatonic and chromatic makeup.
   1.4 Take aural dictation of melodies, rhythms, and chord progressions.
   1.5 Transpose simple compositions.

2. Composition and Arranging Skills
   2.1 Compose songs with simple accompaniment.
   2.2 Adapt, arrange, transpose, and simplify music compositions for small vocal and nonsymphonic instrumental ensembles.

3. Major Performance Medium Skills
   3.1 Perform appropriate undergraduate repertoire; demonstrate musicianship, technical proficiency, and interpretive understanding on a principal instrument/voice.
   3.2 Perform in small and large ensembles.

4. Keyboard Skills
   4.1 Accompany self and ensembles proficiently.
   4.2 Play basic chord progressions (I-IV-V-I) in several keys.
   4.3 Sight-read simple compositions and song accompaniments.
   4.4 Play a basic repertoire of traditional, folk, and popular songs with or without printed music.
   4.5 Harmonize and transpose simple compositions.

5. Guitar Skills
   5.1 Accompany self and ensembles proficiently.
   5.2 Employ simple strumming and finger picking techniques.
   5.3 Tune guitar using standard and other tunings.
   5.4 Perform a basic repertoire of traditional, folk, and popular songs with or without printed music.
   5.5 Harmonize and transpose simple compositions in several keys.

6. Voice Skills
   6.1 Lead group singing by voice.
   6.2 Communicate vocally with adequate volume (loudness).
   6.3 Sing a basic repertoire of traditional, folk, and popular songs in tune with a pleasing quality.

7. Percussion Skills
   7.1 Accompany self and ensembles proficiently.
   7.2 Utilize basic techniques on several standard and ethnic instruments.
   7.3 Lead rhythm-based ensembles proficiently.

8. Nonsymphonic Instrumental Skills
   8.1 Care for and maintain non-symphonic and ethnic instruments.
   8.2 Play autoharp or equivalent with same competence specified for guitar.
   8.3 Utilize electronic musical instruments.

9. Improvisation Skills
   9.1 Improvise on percussion instruments.
   9.2 Develop original melodies, simple accompaniments, and short pieces extemporaneously in a variety of moods and styles, vocally and instrumentally.
9.3 Improvise in small ensembles.
10. Conducting Skills
10.1 Conduct basic patterns with technical accuracy.
10.2 Conduct small and large vocal and instrumental ensembles.
11. Movement Skills
11.1 Direct structured and improvisatory movement experiences.
11.2 Move in structural rhythmic and improvisatory manners for expressive purposes.
11.3 Move expressively and with interpretation to music within rhythmic structure.

B. CLINICAL FOUNDATIONS

12. Exceptionality
12.1 Demonstrate basic knowledge of the potentials, limitations, and problems of exceptional individuals.
12.2 Demonstrate basic knowledge of the causes and symptoms of major exceptionalities, and basic terminology used in diagnosis and classification.
12.3 Demonstrate basic knowledge of typical and atypical human systems and development (e.g. anatomical, physiological, psychological, social.)

13. Principles of Therapy
13.1 Demonstrate basic knowledge of the dynamics and processes of a therapist-client relationship.
13.2 Demonstrate basic knowledge of the dynamics and processes of therapy groups.
13.3 Demonstrate basic knowledge of accepted methods of major therapeutic approaches.

14. The Therapeutic Relationship
14.1 Recognize the impact of one's own feelings, attitudes, and actions on the client and the therapy process.
14.2 Establish and maintain interpersonal relationships with clients that are conducive to therapy.
14.3 Use oneself effectively in the therapist role in both individual and group therapy, e.g. appropriate self-disclosure, authenticity, empathy, etc. toward affecting desired behavioral outcomes.
14.4 Utilize the dynamics and processes of groups to achieve therapeutic goals
14.5 Demonstrate awareness of one's cultural heritage and socio-economic background and how these influence the perception of the therapeutic process.

C. MUSIC THERAPY

15. Foundations and Principles
15.1 Demonstrate basic knowledge of existing music therapy methods, techniques, materials, and equipment with their appropriate applications.
15.2 Demonstrate basic knowledge of principles, and methods of music therapy assessment and their appropriate application.
15.3 Demonstrate basic knowledge of the principles and methods for evaluating the effects of music therapy.
15.4 Demonstrate basic knowledge of the purpose, intent, and function of music therapy for various client populations.
15.5 Demonstrate basic knowledge of the psychological and physiological aspects of musical behavior and experience (i.e. music and affect; influence of music on behavior; physiological responses to music; perception and cognition of music; psychomotor
components of music behavior; music learning and development; preference; creativity).

15.6 Demonstrate basic knowledge of philosophical, psychological, physiological, and sociological bases for the use of music as therapy.

15.7 Demonstrate basic knowledge of the use of current technologies in music therapy assessment, treatment, and evaluation.

16. Client Assessment
16.1 Communicate assessment findings and recommendations in written and verbal forms.
16.2 Observe and record accurately the client’s responses to assessment.
16.3 Identify the client’s appropriate and inappropriate behaviors.
16.4 Select and implement effective culturally based methods for assessing the client’s assets, and problems through music.
16.5 Select and implement effective culturally based methods for assessing the client’s musical preferences and level of musical functioning or development.
16.6 Identify the client’s therapeutic needs through an analysis and interpretation of music therapy and related assessment data.
16.7 Demonstrate knowledge of professional Standards of Clinical Practice regarding assessment.

17. Treatment Planning
17.1 Select or create music therapy experiences that meet the client’s objectives.
17.2 Formulate goals and objectives for individuals and group therapy based upon assessment findings.
17.3 Identify the client’s primary treatment needs in music therapy.
17.4 Provide preliminary estimates of frequency and duration of treatment.
17.5 Select and adapt music consistent with strengths and needs of the client.
17.6 Formulate music therapy strategies for individuals and groups based upon the goals and objectives adopted.
17.7 Select and adapt musical instruments and equipment consistent with strengths and needs of the client.
17.8 Organize and arrange the music therapy setting to facilitate the client’s therapeutic involvement.
17.9 Plan and sequence music therapy sessions.
17.10 Determine the client’s appropriate music therapy group and/or individual placement.
17.11 Coordinate treatment plan with other professionals.
17.12 Demonstrate knowledge of professional Standards of Clinical Practice regarding planning.

18. Therapy Implementation
18.1 Recognize, interpret, and respond appropriately to significant events in music therapy sessions as they occur.
18.2 Provide music therapy experiences to
18.2.1 Change nonmusical behavior;
18.2.2 Assist the client’s development of social skills;
18.2.3 Improve the client’s sense of self and self with others;
18.2.4 Elicit social interactions from the client;
18.2.5 Promote client decision making;
18.2.6 Assist the client in increasing on task behavior;
18.2.7 Elicit affective responses from the client;
18.2.8 Encourage creative responses from the client;
18.2.9 Improve the client’s orientation to person, place, and time;
18.2.10 Enhance client’s cognitive/intellectual development;
18.2.11 Develop or rehabilitate the client’s motor skills;
18.2.12 Offer sensory stimulation that allows the client to use visual, auditory, or tactile cues;
18.2.13 Promote relaxation and/or stress reduction in the client.
18.3 Provide verbal and nonverbal directions and cues necessary for successful client participation.
18.4 Provide models for appropriate social behavior in group music therapy.
18.5 Utilize therapeutic verbal skills in music therapy sessions.
18.6 Communicate to the client’s expectations of their behavior.
18.7 Provide feedback on, reflect, rephrase, and translate the client’s communications.
18.8 Assist the client to communicate more effectively.
18.9 Sequence and pace music experiences within a session according to the client’s needs and situational factors.
18.10 Conduct or facilitate group and individual music therapy.
18.11 Implement music therapy program according to treatment plan.
18.12 Promote a sense of group cohesiveness and/or a feeling of group membership.
18.13 Create a physical environment (e.g. arrangement of space, furniture, equipment, and instruments) that is conducive to effective therapy.
18.14 Develop and maintain a repertoire of music for age, culture, and stylistic differences.
18.15 Recognize and respond appropriately to effects of the client's medications.
18.16 Establish closure of music therapy sessions.
18.17 Establish closure of treatment issues.
18.18 Demonstrate knowledge of professional Standards of Clinical Practice regarding implementation.
19. Therapy Evaluation
19.1 Recognize and respond appropriately to situations in which there are clear and present dangers to the client and/or others.
19.2 Modify treatment approaches based on the client's response to therapy.
19.3 Recognize significant changes and patterns in the client's response to therapy.
19.4 Revise treatment plan as needed.
19.5 Establish and work within realistic time frames for evaluating the effects of therapy.
19.6 Review treatment plan periodically within guidelines set by agency.
19.7 Design and implement methods for evaluating and measuring client progress and the effectiveness of therapeutic strategies.
19.8 Demonstrate knowledge of professional Standards of Clinical Practice regarding evaluation.
20. Documentation
20.1 Produce documentation that accurately reflect client outcomes) and meet the requirements of internal and external legal, regulatory, and reimbursement bodies.
20.2 Document clinical data.
20.3 Write professional reports describing the client throughout all phases of the music therapy process in an accurate, concise, and objective manner.
20.4 Communicate orally with the client, parents, significant others, and team members regarding the client's progress and various aspects of the client's music therapy program.
20.5 Document and revise the treatment plan and document changes to the treatment plan.
20.6 Develop and use data-gathering techniques during all phases of the clinical process including assessment, treatment, and evaluation.
20.7 Demonstrate knowledge of professional Standards of Clinical Practice regarding documentation.

21. Termination/Discharge Planning
21.1 Inform and prepare the client for approaching termination from music therapy.
21.2 Establish closure of music therapy services by time of termination/discharge.
21.3 Determine termination of the client from music therapy.
21.4 Integrate music therapy termination plan with plans for the client’s discharge from the facility.
21.5 Assess potential benefits/detriments of termination of music therapy.
21.6 Develop music therapy termination plan.
21.7 Demonstrate knowledge of professional Standards of Clinical Practice regarding termination.

22. Professional Role/Ethics
22.1 Interpret and adhere to the AMTA Code of Ethics.
22.2 Adhere to professional Standards of Clinical Practice.
22.3 Demonstrate dependability: follow through with all tasks regarding education and professional training.
22.4 Accept criticism/feedback with willingness and follow through in a productive manner.
22.5 Resolve conflicts in a positive and constructive manner.
22.6 Meet deadlines without prompting.
22.7 Express thoughts and personal feelings in a consistently constructive manner.
22.8 Demonstrate critical self-awareness of strengths and weaknesses.
22.9 Demonstrate knowledge of and respect for diverse cultural backgrounds.
22.10 Treat all persons with dignity and respect, regardless of differences in race, religion, ethnicity, sexual orientation, or gender.
22.11 Demonstrate skill in working with culturally diverse populations.
22.12 Apply laws and regulations regarding the human rights of the clients.
22.13 Respond to legislative issues affecting music therapy.
22.14 Demonstrate basic knowledge of professional music therapy organizations and how these organizations influence clinical practice.
22.15 Demonstrate basic knowledge of music therapy service reimbursement and financing sources (e.g., Medicare, Medicaid, Private Health Insurance, State and Local Health and/or Education Agencies, Grants).

23. Interdisciplinary Collaboration
23.1 Demonstrate a basic understanding of the roles and develop working relationships with other disciplines in the client’s treatment program.
23.2 Communicate to other departments and staff the rationale for music therapy services and the role of the music therapist.
23.3 Define the role of music therapy in the client’s total treatment program.
23.4 Collaborate with team members in designing and implementing interdisciplinary treatment programs.

24. Supervision and Administration
24.1 Participate in and benefit from supervision.
24.2 Manage and maintain music therapy equipment and supplies.
24.3 Perform administrative duties usually required of clinicians (e.g. scheduling therapy,
programmatic budgeting, maintaining record files).

24.4 Write proposals to create and/or establish new music therapy programs.

25. Research Methods
25.1 Interpret information in the professional research literature.
25.2 Demonstrate basic knowledge of the purpose and methodology of historical, quantitative, and qualitative research.
25.3 Perform a data-based literature search.
25.4 Apply selected research findings to clinical practice
## Pre-Internship Hours Tracking Form

**Name ____________________________ Semester/Year _____________________________________**

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**Code:** O= Observation; C= Co-Lead; L= Lead; D= Documentation (Session Plan/Evaluation); S= Supervision
MUSIC THERAPY CLINIC
Cityplex Towers
2448 E 81st St #124 Tulsa, OK 74137
www.oru.edu/musictherapyclinic

General Policies and Procedures

Scope of Practice
Oral Roberts University (ORU)’s music therapy program operates a professional music therapy clinic on the campus to educate music therapy students and to serve community. The music therapy program at ORU has been built upon integrated music therapy clinical program of Cognitive-Behavioral Music Therapy and Neurologic Music Therapy (NMT). The integrated program will develop clinical knowledge and treatment based on analysis of individuals’ cognitive, speech & language, social/emotional (psychological), and physical behaviors, and will prepare music therapy students to utilize scientific evidence regarding human perception and the production of music to treat disorders of the human nervous system.

In addition to providing a well-equipped training space for music therapy students, the ORU Music Therapy Clinic provides professional music therapy services to variety of clients. The ORU Music Therapy Clinic advocates that music therapy improves the quality of life for persons who are healthy as well as children and adults with disabilities or illness.

Eligibility for Music Therapy Services
The ORU Music Therapy Clinic serves the following clinical populations:


- Individuals with Neurologic Disorders including Stroke, Parkinson’s disease, Alzheimer’s disease (Dementia), and Traumatic Brain Injury.

- Individuals with Anxiety Disorders, Depression, and Emotional & Behavioral Disorders.

The ORU Music Therapy Clinic serves all people regardless of race, color, creed, religion, sex, national origin, age, familial status, handicap or disability.
Music Therapy Services

Evidence based music therapy treatments provides in (a) physical (sensory-motor), cognitive, and speech-language rehabilitation; (b) developmental and educational program; and (c) music centered psychotherapy.

Each music therapy treatment can be either an individual session or a group session depending on client’s level of developmental/rehabilitational stage and function, and therapeutic goals and objectives. Therapists will decide the type of session for each client after an initial assessment.

Referral

Clients may be self-referred, referred by professionals including physicians, counselors, social workers, occupational and speech therapists, or referred by various agencies or community facilities that provide services for clients. Therapists will decide whether each client is eligible for and an appropriate beneficiary from music therapy services, after an initial assessment.

Confidentiality and Release of Information

It is the policy of the ORU Music Therapy Clinic to safeguard the privacy of all of its clients and to protect the confidentiality of clients’ personal, sensitive and protected health information (collectively referred to as “Information”). All Information received and/or obtained through the ORU Music Therapy is confidential. No one is permitted to share any information obtained at the ORU Music Therapy Clinic with any person outside of the ORU Music Therapy Clinic. All clients’ information is kept in folders in a monitored and locked area for confidentiality. The ORU Music Therapy Clinic will only release information from the record with a client’s signed Release of Information.

Liability

All clients, ORU music therapy students, observers, and volunteers must acknowledge their responsibility for and any risks associated with their participation and/or observation at the ORU Music Therapy Clinic. They are participating in and/or observing the music therapy sessions at their own risks and release Oral Roberts University from any and all claims, demands, losses, injuries and damages arising out of or relating to their participating in and/or observation at the ORU Music Therapy Clinic. All clients, students, observers, and volunteers are required to agree to this liability policy by signing the Liability Agreement form.

Transportation
The ORU Music Therapy clinic is not responsible for any transportation of clients, students, observers, and volunteers. For the safety issue, clients are required to be accompanied by family members or caregivers if needed. In particular, children and clients who demonstrate cognitive or mental problems are always expected to be with their family members or caregivers.

### Observation

#### Caregivers

Families or caregivers of clients are welcome to observe treatment sessions only in the observation room through the video monitoring equipment. In order to keep the integrity of the session, families or caregivers are not allowed to stay in the session room during intervention. However, prior approval from the therapist must be given for exception.

#### Other observers

All other observers (e.g., ORU music therapy students, observers outside ORU) are required to sign the observation request form prior to visiting. They are also asked to sign the Confidentiality and Liability Agreement forms before observations.

### Documentation and Record Management

For each client, therapists make assessment, monthly progress report, and evaluation/termination reports. All documents are strictly confidential. On request, documents are provided to client and/or client’s caregivers. In addition, all documents can be provided to ORU music therapy students for clinical training purposes with clients’ permissions (i.e., a signed Release of Information).

Each session may include audio and/or video recordings (A/V recordings). These recordings are kept in a monitored and locked area for confidentiality and used for clinical training of ORU music therapy students. With clients’ permissions, ORU music therapy students and music therapists may use the A/V recordings for clinical training, research studies, and publication of their findings in scientific journals and presentations at professional meeting.

### Practicum and Volunteers

ORU music therapy students may participate in the client’s assessment, evaluation, session planning and/or intervention for clinical training purpose. These professionals will be under the supervision of the board-certified music therapist (MT-BC). The students and volunteers are screened, oriented, and trained so they know clinic policies, procedures, and rules. They are
asked to sign all related forms prior to their participation (e.g., Confidentiality and Liability Agreement forms).

### Resource Room

The ORU Music Therapy Clinic offers a variety of equipment, instruments, audio/video materials, and books to ORU music therapy students only for the academic and clinical training purposes. ORU music therapy student must follow the resource room policy for check in/out the materials in the Resource Room at the clinic.

### Procedure

Each client will take the following procedure for every clinic period:

1. A client makes an appointment and visits the clinic by either self-referral or referred by professionals, agencies, or community facilities.

2. During a visit, a therapist conducts an initial assessment for a client.

3. A therapist decides to provide music therapy sessions for a client.

4. A therapist provides important information regarding the clinic policy and documents, music therapy intervention to a client.

5. All required forms should be completed and signed prior to the first therapy session.

6. Music therapy sessions begin during a service period.

7. Music therapy sessions end in the last week of service period.


9. A therapist and a client decide to continue or discontinue treatment sessions for next term.
ORU Music Therapy Clinic for ORU Music Therapy Students

Music Therapy Practicum students have access of:

a) Observing any music therapy session in the clinic

b) Checking out instruments and music therapy materials in the clinic resource room for any practicum session – Certain reserved/marked materials (i.e., MT intervention logs, activity books, books, or song books) should be remained in the clinic resource room and cannot be checked out for any off-campus practicum session.

c) Preparing music therapy sessions (i.e., designing/creating MT intervention materials) in the clinic seminar/conference room

* All of the access and activities in the music therapy clinic are strictly supervised by the clinical professor and music therapy faculty.

* Music therapy practicum students must sign on “ORU Music Therapy Clinic Resource Room Policy & Contract” at the first week of each practicum semester.

Music Therapy students who are not taking clinical practicum course have access of:

a) Observing music therapy faculty selected sessions only in the clinic

b) Using and/or learning instruments and music therapy materials in the clinic resource room – No checking out.

Transportation to the Music Therapy Clinic from ORU main campus

Every student needs to have a transportation (i.e., personal car or ORU campus shuttle) in order to come to the Clinic in the CityPlex Tower. Walking across the traffic roads is strictly prohibited by the University’s safety policy. Car-pool between music therapy practicum students is highly suggested for all of the clinic visits including music therapy class meetings, practicum preparations, social gatherings, or music therapy events occurred in the clinic.
Confidentiality Agreement

Oral Roberts University Music Therapy Clinic (ORU Music Therapy Clinic) has a legal and ethical responsibility to safeguard the privacy of all clients and protect the confidentiality of their protected health information (PHI). In the course of my participation and/or observation at the ORU Music Therapy Clinic, I may see, overhear, access, or temporarily possess PHI of a client.

I understand that such PHI must be maintained in the strictest confidence. As a condition of my participation and/or observation, I hereby agree that I will not at any time during or after my participation and/or observation at the ORU Music Therapy Clinic use, disclose, or give PHI to any person whatsoever for any purpose. I will not attempt to access PHI under ownership or control of ORU Music Therapy Clinic.

I understand that a violation of this agreement may result in civil and/or criminal penalties under federal and state law.

By my signature below, I confirm my commitment to the above.

___________________________________________
Student’s Name

___________________________________________  _____________________________
Student’s Signature                          Date
Liability Waiver Form

I acknowledge my responsibility or liability due to my participation and/or observation at the Oral Roberts University Music Therapy Clinic (ORU Music Therapy Clinic). I am fully aware that I am participating in and/or observing the music therapy sessions at my own risk and will not hold the ORU Music Therapy Clinic responsible in the event of my incurring an injury or exacerbating any previously existing conditions.

I AM SIGNING THIS WAIVER, RELEASE, AND CONSENT VOLUNTARILY.

__________________________________________
Student’s Name

__________________________________________
Student’s Signature  Date
Oral Roberts University Music Therapy Clinic

Observation Request

I am a □ high-school student * □ college student enrolled in the music therapy program
□ college student-other □ music therapy intern □ MT-BC
□ other professional □

Name ________________________________

Phone ________________________________ Email ________________________________

Reason for observation ________________________________________________

Observer’s Name ________________________________________________

Observer’s Signature ________________________________ Date

* I authorize my minor child to request an observation with the ORU Music Therapy Clinic. I have read and understand these forms.

Guardian’s Name ________________________________

Guardian’s Signature ________________________________ Date
ORU Music Therapy Healing Concert series

“Healing through Music for Families & Friends in Our Community”

Healing Concert series has been developed and organized on the behalf of Music Therapy program at Oral Roberts University. Artistic Director of Healing Concert series, Dr. Hayoung A. Lim, Ph.D., Board Certified Music Therapist has experienced the strong effect of music in her scientific evidence - based music therapy sessions with individuals with various physical, mental, developmental, medical, and neurologic disorders. Dr. Lim (herself, is a fine concert cellist and a member of Piano Trio-K performing numerous solo/chamber music recitals and participating in internationally-recognized orchestras in Seoul, Korea and the U.S.) also has noticed the need for ‘Healing’ through music and musical experience in families and friends in our community. Among many great things which benefit people, music has a very special and unique healing component due to its inherent structure and passion in people often creating ‘miracles’.

This annual concert series is open and free to public; yet any monetary contribution is welcomed and will benefit organizations and facilities that are involved in healing and helping individuals in a less fortunate situation in our community. Each concert will consist of a message of healing (i.e., movie clip, video, or true story/testimony) and musical performances (by professional music therapists, music therapy students, and professional musicians).

The very first Healing Concert was held on Thursday April, 28, 2016 @ 6 p.m. at Oral Roberts University Timko Barton Music Performance Hall. The beneficiary for the first Healing concert was the Little Light House in Tulsa, OK. The second Healing Concert was held on Friday March 31, 2017 7 p.m. at Coterie Theatre at Montereau to benefit patients with dementia. The third Healing Concert was held on Thursday April 12 @ 10:30 a.m. at Memorial High school Auditorium, Tulsa, OK to benefit the special education class at Memorial High School. The fourth Healing Concert was held in April 26, 2019 at ORU Timko Barton Performance Hall to benefit Yezidi people in Northern Iraq.

In each semester, ORU music therapy program has sent a group of music therapy students to local health care facilities to provide music therapy services for patients/clients with various disorders and has established a very positive relationship between those organizations. The artistic director and board members of “Healing Concert Series” would like to cherish this relationship, and help this wonderful organization and its patients/clients.


ORU Music Therapy Healing Concert Series will look for a specific organization or facility of each population in our community.

Thank you very much in advance for your participation and support!
American Music Therapy Association (www.musictherapy.org)

AMTA’s purpose is the progressive development of the therapeutic use of music in rehabilitation, special education, and community settings. Predecessors, unified in 1998, included the National Association for Music Therapy founded in 1950 and the American Association for Music Therapy founded in 1971. AMTA is committed to the advancement of education, training, professional standards, credentials, and research in support of the music therapy profession.

Membership

Membership in AMTA consists of nine categories: professional, associate, student, inactive, retired, affiliate, patron, life, and honorary life. Over 3,800 individuals hold current AMTA membership.

Qualification

A separate, independent organization, known as the Certification Board for Music Therapists (CBMT), certifies music therapists. CBMT administers a national music therapy certification examination which is officially recognized by the National Commission on Certifying Agencies. The examination measures the individual’s skills, knowledge, and ability to engage in professional music therapy practice. Qualified individuals who pass the national music therapy certification examination earn the credential, music therapist, board certified, or MT-BC. The National Music Therapy Registry (NMTR) serves qualified music therapy professionals with the following designations: RMT, CMT, ACMT. These individuals have met accepted educational and clinical training standards and are qualified to practice music therapy.

Quality Assurance

Music therapists participate in quality assurance reviews of clinical programs within their facilities. In addition, AMTA provides several mechanisms for monitoring the quality of music therapy programs which include: Standards of Practice, a Code of Ethics, a system for Peer Review, a Judicial Review Board, and an Ethics Board.

Publications

AMTA’s publications are excellent resources for practitioners and others. Official publications include: the Journal of Music Therapy, a quarterly research-oriented journal; Music Therapy Perspectives, a semi-annual, practice-oriented journal; Music Therapy Matters, a quarterly newsletter; and a variety of other monographs, bibliographies, and brochures.

Conferences: National & Regional

AMTA holds an annual national meeting for the purpose of professional presentations and conducting association business. The conference is held in the fall of the year. Other symposiums and workshops are held as needed. In addition, each of AMTA’s 7 regions holds a conference in the spring of the year. ORU Music Therapy students are required to attend at least one national conference and two regional conferences during his/her education in our Music Therapy program.