

Philosophical Statement

1. What is the philosophy of your music therapy program?

- a. *In your own words, discuss your views about how and why music is effective as a therapeutic modality. Include your beliefs regarding the value of music in your personal music therapy approach to client treatment, clinical techniques, uses of music, and/or theoretical models.*

The mission of Oral Roberts University is to educate the whole person, mind, body, and spirit, preparing students to be servant-leaders who are "spiritually alive, intellectually alert, physically disciplined and socially adept. The ORU Music Therapy Program and Clinic view music therapy as an established healthcare profession utilizing music to address physical, emotional, cognitive, spiritual, and social needs of all individuals. The ORU Music Therapy Clinic is founded upon an integrated music therapy program of Cognitive-Behavior Music Therapy and Neurologic Music Therapy (NMT)" (Oral Roberts University, 2022).

Music therapy is an effective medium that motivates and encourages growth and change for each client, assisting them to discover their strengths and improve their weaknesses. Since music affects the whole person, it plays an essential role in daily life (American Music Therapy Association, 2022).

Music therapists enhance the quality of life for clients ranging from birth to end of life by improving cognitive, communication, social, emotional, and sensorimotor skills. Evidence-based research supports music's inherent structure and qualities to influence neurologic development and rehabilitation. Approaches such as the cognitive behavior approach and client-centered approaches use various musical and non-musical techniques tailored to each individual in both one-on-one and group settings. Therefore, music can promote attention, active participation, motivation, verbal and nonverbal responses, and social interaction (American Music Therapy Association, 2022).

- b. *Describe how you, as a therapist, determine client needs/goals/ objectives during the planning and implementation phases of treatment.*

Many clients at the ORU Music Therapy Clinic have neurodiverse diagnoses and other attributes that make it challenging to perform activities of daily living. However, music therapy starts by acknowledging what the client can do rather than fixating on what they cannot do (Nebelung, & Stensæth, 2018). Evaluating the client's abilities is where positive change starts.

The ORU Music Therapy Clinic follows the transformational design model when designing and implementing treatment (Thaut, & Hoemberg, 2014). The first step is assessment, where clients are invited to participate in a 30-minute assessment session at the ORU Music Therapy Clinic. At this stage, the music therapist evaluates sensorimotor, cognitive, speech and language,

communication, and social/emotional skills based on the client's observable behavior in the session. Caregivers are also essential members of a client's circle of care. Therefore, caregivers are invited to discuss therapeutic observations, strengths, and areas of growth with the therapist after the assessment session. Thereafter, the therapist will gather observations from the client's participation, discuss with the caregivers, and issue an assessment report. The report will include strength and target behaviors in each therapeutic domain, recommended techniques to address each behavior, and establish therapeutic goals. Given more interaction with the client, objectives will be specified further to identify the target behavior, objective criteria, measurable target response, boundaries of the behavior, and timeline (Hanser, 2018).

c. How do you perceive the role of the client during sessions?

As per a humanistic philosophical approach, all humans have a natural inclination towards growth and can be agents of their own change given the appropriate tools. Therefore, as clients are given the opportunity to make informed decisions, they can take practical steps toward growth (Nebelung, & Stensæth, 2018). Clients are leaders in their therapeutic development by making choices within a musical environment that facilitates therapeutic gains. Likewise, Nordoff Robbins stated that every child is musical (Guerrero, & Turry, 2012). Each person has the natural ability to perceive and interact with music in a unique way despite their neurodiversity, background, culture, age, or demographic. Therefore, music allows clients to create meaningful therapeutic and success-oriented interactions, allowing them to be agents of their own change.

d. Describe the nature of music and the role that it plays in your personal treatment style. Mention specific theoretical frameworks and describe how and why those models are used/integrated into your clinical practice. How do these theories and frameworks shape your own clinical interactions?

Music serves as the fundamental tool that drives change and facilitates the main components of therapy. According to Frank (1974), those components include a therapeutic relationship, the location where therapy takes place, a theoretical framework, and an action plan toward healing (as cited in Wheeler, 1981). For instance, when engaging in clinical improvisation, musical dialogue follows similar patterns as verbal dialogue, including listening, relational exchange, activation of mirror neurons to enhance attunement, the embedding of messages within music, and communication and interpretation of the message (Shapiro, Marks-Tarlow, & Fridman, 2017). These elements are fundamental components of developing a therapeutic relationship and understanding what is spoken beyond the surface (Brown & Pavlicevic, 1997).

Likewise, music becomes the place of healing as individuals use various musical elements such as pitch, rhythm, melody, and familiar songs, to develop non-musical skills in the sensorimotor, cognitive, speech/language, and social/emotional domains (Thaut & Hoemberg, 2014). An individual's perceptual capacity and musical pattern perception will directly influence

their musical production (Lim, 2010). Therefore, effective music therapy sessions should maximize clients' musical perception to optimize their musical production and the nonmusical behavior embedded within the musical experience.

I identify most closely with theoretical frameworks from the person-centered, choice theory, and cognitive-behavioral approaches. In each of these frameworks, I value their emphasis on empowering individuals as they adopt an active role in their healing process (Corey, 2013). I believe that music is an effective tool and welcome companion in this setting because it opens bridges of communication for all clinical populations, facilitates emotional connection and expression, creates holistic equilibrium, and brings language where words may be lacking (Scholer, Lemétayer, & Schlitz, 2016). Thus, clients within my sessions are invited to engage in safe and empowering music-making experiences and actively participate in their own human experience for self-awareness and personal growth.

2. What is your philosophy regarding training interns?

- a. *In your own words, describe your beliefs about how interns effectively learn skills in clinical practice. Include statements regarding your style and approach, the methods of training you intend to employ, what you consider to be the most important aspects of a successful internship experience.*

An effective internship program aims to train student music therapists by equipping them with competent clinical skills to provide a high-quality music therapy service for various clinical populations and a supportive environment to promote the music therapy profession (American Music Therapy Association 2021).

Interns will effectively learn clinical skills by immersing themselves in a supportive therapeutic setting. An effective supervisor/trainer empowers interns, can lead and delegate tasks appropriately and encourages initiation and involvement. Interns will be guided by actively analyzing and engaging through the therapeutic process, asking insightful questions, ensuring adequate care, and reflecting on the process of music therapy practice. The supervision style will vary depending on the stage the intern is in and the level of progress the intern makes (American Music Therapy Association, 2021).

During the first phase, the internship supervisor and the intern will discuss clear expectations and guidelines (Lim & Quant, 2018) . Supervision meetings will allow for positive and constructive feedback. As the intern gains knowledge of the clients and Music Therapy Clinic operating procedures, a democratic leadership approach is warranted. The intern's insight and ideas will be considered in designing appropriate therapeutic interventions for each client (Lim, 2004). Interns will also have opportunity to observe sessions and observe the supervisor's skills as part of their orientation training (Lim & Quant, 2021)

Phase two will include continued learning and development of therapeutic techniques and clinical and musical skills. Opportunities for observation, modeling, and co-leading will be

provided (Lim & Quant, 2018). While co-leading, the intern may need to adapt to situations quickly. The internship supervisor will monitor the situation and allow the intern to problem solve and struggle through the situation, providing support and suggestions. Should the internship supervisor deem it necessary, she may step in to maintain a high-quality music therapy treatment and practice (Lim, 2004).

Independence is the goal of phase three. The intern will be provided with increased independent opportunities to work with clients. Support, encouragement, and validation will encourage the growth of the intern's clinical/musical skills, communication skills, and self-awareness (Lim, 2004).

Phase four will continue to prepare the intern for the real world. The intern will be encouraged to research the population with which she/he would like to work, consider private practice or employment at a facility, and begin networking with other professionals in the field (Lim, 2004).

B. What is the role of music in your philosophy of intern training? How would or could you use music to develop your intern's music skills, interactions skills, leadership skills, and other skills included in the AMTA professional competencies?

While music is an effective and therapeutic tool when treating persons in clinical settings, music can also play an essential role in the intern's daily life. Music is a tool to develop the supervisory relationship, develop competency areas, and model self-care. For example, music can be used to discuss supervision topics such as countertransference, social justice issues, and gaining new perspectives on therapeutic issues through song lyric analysis or active music listening (American Music Therapy Internship Approval Committee, 2020).

Music can also be incorporated within music therapy to address musical and clinical competency in the AMTA professional competencies. Therefore, interns may play original song compositions, practice particular musical techniques on an instrument, develop vocal techniques, explore accompaniment styles per genre, or build improvisational techniques. Depending on the intern's learning goals, interns can also participate in clinical mock sessions to practice implementing musical skills and adapting to the needs presented in the session (American Music Therapy Association, 2013).

Finally, music can be a tool to model self-care. Interns are encouraged to take time to enjoy music by attending local music events, participating in an ensemble, performing in ORU Healing Concert Series, or listening to music unrelated to the therapy setting. Music can also serve as a psychotherapeutic tool to aid the intern in processing stressful situations through music and meditation, song discussion, and musical journaling (American Music Therapy Internship Approval Committee, 2020).

c. *Write three (3) sample goals with corresponding objectives. Indicate three (3) AMTA Professional Competencies and write one goal for each competence. Write a corresponding objective related to intern skill development for each goal. Please cite the AMTA Professional Competence used to formulate the goal. State the philosophical basis for how you would address the skill development of the intern through the use of such goals and objectives. Include information about how supervising music therapists will accommodate intern development.*

I. **AMTA competency:** A. music foundations, 2, 2.1, compose songs with simple accompaniment.

Goal 1: Build song composition skills

Objective 1.0: The intern will compose a song in a major key consisting of three guitar chords to prompt an eight-year-old child with ASD to sustain eye contact for 30 seconds.

The intern and supervisor would have a supervision meeting to discuss essential components of the song such as time signature, appropriate key for the intern's voice, tempo, dynamic, lyrics, chord progression, and implementation. The intern would independently implement what was discussed in supervision to compose the song. They would also research existing children's songs used to develop nonmusical skills as a reference to compose their original song. The intern would play the song for the supervisor and receive feedback. Afterward, the intern would have the opportunity to implement the feedback and use the song in a session.

II. **AMTA Competency:** B. Clinical Foundations, 9, 9.4 9.4, Utilize the dynamics and processes of groups to achieve therapeutic goals

Goal 2: Improve group leadership skills

Objective 2.0: The intern will implement five group leadership skills from Corey (2018)* within a 45- minute group session with 5 adults with developmental disabilities

The intern will read the book group process and practice (10th Ed.) By Corey (2018),* pages 38-44. Then the intern will observe the supervisor lead the given group session and identify specific examples of when the supervisor implemented each group leadership skill. Afterward, the intern and supervisor will meet to discuss the intern's observations of the session and applications of group leadership skills. The intern will identify which five leadership skills they would like to implement and how they will do so. The intern will have the opportunity to lead a session and implement those skills. The intern and the supervisor will have another supervision meeting where the intern will evaluate their leadership skills and receive feedback from their supervisor.

- II. **AMTA competency:** C. Music therapy, 15, 15.4, Effectively communicate orally and in writing with the client and client's team members.

Goal 3: improve oral clinical communication

Objective 3.1: the intern will lead a 5-minute meeting with a client's caregivers after their session to discuss therapeutic goals/objectives, techniques that were used in the session, and overall progress

The intern will observe the supervisor lead a meeting with client caregivers to discuss therapeutic goals/objectives, techniques, and progress. The intern and the supervisor will have a meeting to discuss elements of the meeting, decide on a client with whom the intern will have a meeting, and strategies to communicate therapeutic progress (i.e., empathic sandwich- positive remark, constructive criticism, positive remark). The intern and supervisor may have a "mock meeting" where the supervisor will pretend to be the client's parent, and the intern will practice leading the meeting. Afterward, the intern will lead the 5-minute conversation with the caregiver. The supervisor will observe the caregiver meeting and give the intern feedback afterward.

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