

**MUSIC THERAPY EDUCATION  
AND TRAINING**



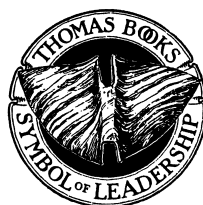
# MUSIC THERAPY EDUCATION AND TRAINING

From Theory to Practice

*By*

**KAREN D. GOODMAN**

*Professor, Music Therapy*



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*For Jonathan, Sara and Adam*



## FOREWORD

Professor Karen Goodman's text on the education and training of music therapists should find its home on every academic bookshelf in music therapy departments across the globe. As an educator of music therapists, I appreciate Professor Goodman's ability to frame the competencies that board-certified music therapists must practice within the rich context of history of the profession, theories of learning and teaching, and the research behind educational and clinical training standards and methodology. The text opens with Martin Heidegger's quote that the "real teacher . . . lets nothing else be learned than learning." This is what Goodman does in her comprehensive treatment of education and training in music therapy. She provides the background and teaching tools, and lets the learning begin.

Historical perspective is important in considering the current state of the art of any science. In the first part of the book, we learn how the music therapy curriculum began and evolved in the United States. The research on music therapy education is punctuated by personal commentary based on the author's experience with her own students. Each competency declared as a necessary skill by the American Music Therapy Association is listed and reviewed. Goodman comments on how these are covered in various music therapy curricula, while she poses significant questions, such as "What is the therapist doing with the client(s) in response to the perceived needs of the client and the perceived or stated goals/objectives for the session?" and "What is the theoretical basis for the decisions the therapist is making in terms of methods, techniques and materials?" I found the semantic issues, such as the distinctions between methods and techniques, very interesting.

As she lays out her critical analysis of the competency-based music therapy curriculum, Goodman challenges every educator to integrate knowledge from multiple disciplines, whether it is from applications of music history or the reproduction and transcription of the musical responses of clients. She points out how problems in music theory raise questions of music cognition and perception. Goodman also explores the nature of performance skills and their "need to transcend the concert stage." She offers the thoughtful ques-

tioning of a seasoned clinician and experienced educator. The author confronts the many challenges of the music therapy educator, including such areas as translating keyboard ability into the clinical context, and transferring improvisation skills to meet the needs of the exceptional learner.

Goodman reminds us about the rich texture of clinical training for future music therapists. She emphasizes the structure, support and supervision inherent in practica and internships, that enable music therapy students to practice what they are learning in the classroom. Using music in supervision is one of many excellent suggestions. As the reader is introduced to the developmental stages of internship, it is clear that this perspective can inform supervisors of the needs of interns as they begin, continue, and terminate their internship experiences. Discussion of problematic phase development is extremely useful for supervisors who encounter resistance and parallel processes in the interpersonal dynamics between supervisor and student. I value Goodman's suggestions regarding the selective use of a journal as a concomitant during clinical training, and plan to incorporate these recommendations with my students.

Advanced practice is addressed by Goodman in a tour and comparison of masters' standards and advanced competencies. As I read Goodman's extensive list of expectations for the music therapist, I was impressed with the depth and breadth of the music therapy teaching agenda as compared with other healthcare curricula. In addition to learning clinical strategies and the complex needs and goals of a wide variety of clinical populations across the life cycle, the music therapist must also master the art of music and music engagement. These multiple talents constitute a tall order for any training program.

As an educator, I noted the various learning theories and taxonomies that underlie and guide teachers of prospective music therapists. Every educator may learn from these approaches. Goodman's presentation of developmental levels of engagement informs us about the experience of students relative to their readiness and ability to learn. This is certainly a significant indicator of success.

Particularly intriguing is the think-pair-share model that allows students to collaborate, learn from one another, and articulate the answer to a problem. Goodman offers a compendium of methods for teaching content of all kinds. Throughout training, ongoing assessment is critical. Goodman offers sample assessments, learning tasks and rubrics. An overview of international models of music therapy training offers a generous sampling of training programs. Goodman synthesizes common points of view and definitions from around the world. Appendices include major websites, books and monographs, and a useful bibliography—all great resources!



Karen Goodman has succeeded in offering educators and supervisors a pragmatic resource that reminds us of our history, emphasizes the diversity of competencies expected of a music therapist, and guides us with underlying theories, research, and methodologies for preparing the expert music therapist.

Suzanne B. Hanser, Ed.D, MT-BC  
Chair, Music Therapy Department, Berklee College of Music  
Past President, National Association for Music Therapy &  
World Federation of Music Therapy



## PREFACE

As a full-time tenure track professor at Montclair State University in the late 1970s, I experienced the various challenges of teaching in a fledgling specialty. Now, three decades later, having taught 31 undergraduate and graduate courses, I write this book with a sense of pride that I am privileged to be part of a profession which has grown so significantly. As the literature has burgeoned, so have the competencies for practicing effectively in the field. Once confined to education and training in the midwestern states of the United States in the late forties and early fifties, music therapy is now offered as a unique and known major discipline of study at undergraduate and graduate levels throughout the United States and around the globe.

As a singular resource on education and training of the music therapist, this book is written for multiple audiences: prospective and current music therapy students, prospective and current clinical supervisors, prospective and current educators and career advisors for students considering a future in music therapy. Although I write from the perspective of an educator from the United States, I trust that audiences around the globe will find information that is useful.

Students of music therapy deserve an understanding of how skills taught and developed in music therapy relate to clinical practice and the therapist's professional development. Further, students may benefit from understanding the various ways in which music therapy training programs can be organized and taught in order to select the training course best suited to them.

Clinical supervisors may profit from an overview of the academic process and the critical role that practicum and internship (see Chapter 3) play in this.

Educators entering or looking forward to enter music therapy pedagogy may benefit from this book on many levels by considering the who, what, and why of education and training in music therapy. Who are we training? What skills and toward what ends are we training? Why are we training students? We are training talented musicians who possess interpersonal skills and motivation so that they may apply music therapy skills and knowledge

in helping others. In order to do this, we need to provide the student with a graduated sense of learning music therapy, a critical review of literature and a means of integrating information and skills.

Seasoned educators of music therapy may profit from a sense of looking back as well as forward in their teaching careers in order to reflect and improve upon their own goals, methods and evaluation in teaching. I know I have.

Finally, academic advisors, on the high school and college levels, may benefit from learning about the content and scope of education and training in the music therapy profession and what kind of student would profit from this.

The voice of the book, alternatively using the personal pronouns of *I* and *We* reflects a conscious effort to reach out to my reading audience of students and educators. Despite the absence of a currently published book on education and training in music therapy, the search for related material from the years 1964–2009 led to over 500 periodic references. Based on this search, I conclude that topics related to education and training in our field are vital.

In my writing, I reflect on the current literature, suggest new perspectives on education and training and profit from my years of teaching so as to provide the reader with multiple vignettes and advice. Since the majority of students train on bachelor and masters levels, my writing refers primarily to these levels of training. Education is the acquisition of skills and knowledge, originating in the classroom; training is the application of such skills and knowledge, arrived at through preprofessional clinical practice. How can we consider skills and knowledge not as isolated but within the context of music therapy? Further, how can we consider clinical training as a reflection of past-learned skills and knowledge?

Chapter 1, “Music Therapy Education and Training in the United States,” provides an overview of how music therapy training programs in the United States are structured. Beginning with historical perspectives on the subject, we review academic standards defined by both the National Association of Schools of Music (NASM) and the American Music Therapy Association (AMTA), faculty qualifications, levels of practice suggested by levels of educational programming, post-graduate training and distance learning.

Chapter 2, “Competency-Based Education and Training,” details how the competencies that guide entry-level education and training were composed. In discussing the competencies in depth, I share my perspectives regarding the need to incorporate, contextualize and extend music foundations and clinical foundations into music therapy coursework, teach music therapy foundations at successive levels of depth across clinical populations and foreshadow music therapy practice competencies through instructor demonstration and experiential role-playing in class.

Chapter 3, “Preprofessional Clinical Training,” details suggestions for training the student in practice competencies both in practicum and internship that not only demonstrate theory to practice but, conversely, practice to theory.

Chapter 4, “Advanced Competencies,” reviews the history of how the competencies for advanced practice were composed and how revised standards will play a part in the development of masters programs in the United States. Coursework in 32 graduate programs across the United States is analyzed in order to demonstrate the nature of the masters as immersion learning experience and survey the current use of coursework to meet competency areas.

Chapter 5, “Theories of Teaching and Learning,” reflects on the ways in which students take in information. We review relevant learning theory, learning styles and developmental phases of the college student in order to integrate this information within the scope of music therapy pedagogy and evaluation.

Chapter 6, “Music Therapy Pedagogy,” presents information related to admissions, advisement, retention, and teaching and evaluation techniques in music therapy university programs. Further, we take a look at the sixty-year history of music therapy books published in English and consider the basis on which we select reading for our students.

Chapter 7, “Around the Globe,” considers training models in 30 countries spanning all continents and closes with a discussion of common themes and issues in the development of education and training.

The book concludes with a positive appreciation for all the educational advances we have made throughout the world and encouragement for prospective and current students and prospective and current educators.

Since I have written the book for different audiences, readers should feel free to refer to chapters most pertinent to their interests and levels of experience.

I am grateful for the past, current and future opportunities in my personal and professional life to learn and teach.

Karen D. Goodman, June 2010  
Montclair, New Jersey



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**MUSIC THERAPY EDUCATION  
AND TRAINING**



## Chapter 1

# MUSIC THERAPY EDUCATION AND TRAINING IN THE UNITED STATES

*Teaching is more difficult than learning because what teaching calls for is this: to let learn. The real teacher, in fact, lets nothing else be learned than learning. His (Her) conduct, therefore, often produces the impression that we properly learn nothing from him, if by “learning” we now suddenly understand merely the procurement of useful information.*

Martin Heidegger

## INTRODUCTION

All of us have had the experience of attending a social occasion and, as a matter of small talk or genuine curiosity, being asked what we do for a living. When you reply, “I am a music therapist,” the response may frequently be, “Oh, how interesting. I think I have heard about that. What is it . . . listening to a CD?” As a polite person, you provide your own informal definition or a formal definition such as the following: “Music Therapy is 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” (AMTA, 2010). Yet, for some strange reason, which I have yet to figure out, that answer does not seem to suffice. You are drawn into a discussion of how music therapy might work, with whom, how, and so forth.

However perplexing this scenario may be, it is true that we feel, on one hand, compelled to relay the complexity of our work and education and training or, on the other hand, annoyed that we have to explain this! Why does the work as well as the education and training of the music therapist seem difficult to grasp? Perhaps, it is the interdisciplinary and transdisciplinary nature of the craft itself, a craft that requires musicianship, interperson-

al ability, knowledge of disability, creativity and the ability to extend what we call theory to practice, true learning which is implied by the Heidegger quote.

In this chapter, I review the history of education and training in the United States and describe how the American Music Therapy Association (AMTA) and The National Association of Schools of Music (NASM) structure training programs, both undergraduate and graduate.

Music therapy education and training at the university level, originating in the United States in 1944, has, like the world and people it affects, changed and grown throughout the decades. In the United States, music therapy is currently offered at universities located across seven geographical regions (New England, Mid-Atlantic, Midwest, Great Lakes, Southeastern, Southwestern and Western) and 31 states, with 38 universities offering programs at the undergraduate level, 30 universities offering both undergraduate and graduate programs, two universities offering only the masters and eight universities offering doctoral level work (within the context of creative arts therapy, music therapy or music education with emphasis in music therapy). Over two decades ago (Maranto & Bruscia, 1988), 52 universities offered programs at the undergraduate level, 21 universities offered both undergraduate and/or graduate programs and eight universities offered doctoral level work (primarily within the context of music education with emphasis in music therapy). Today, the numbers indicate a 33 percent growth in the number of masters level programs over the last two decades, a 28 percent decrease in the number of undergraduate programs, and no overall growth in the number of doctoral programs. For the academic year, 2008–2009, there was an average program enrollment of 29 students in 4.5-year undergraduate programs and 20 students in 2–3-year graduate programs (Creagan, 2010); this indicates a proportionately higher number of students enrolled in graduate programs.

At this time in history, music therapy is a profession with a proliferating literature base, scientific data to support clinical gains and expansive areas of clinical expertise. Music therapy education and research reflects interdisciplinary as well as transdisciplinary connections with the academic literature in many social sciences and natural sciences while its application crosses a plethora of other helping professions. All university training programs receive applications from musicians who wish to use their talents in a helping profession.

Consider the following:

1. Where, when and how did music therapy education and training begin in the United States?

2. What guidelines structure university programs in the United States?
3. How are levels of practice in the United States related to educational content and structure?

## THE DEVELOPMENT OF UNIVERSITY PROGRAMS

### Historical Perspectives

Several fine historical research publications document the beginnings of music therapy in the United States. They include discussion regarding music therapy practice in nineteenth century America (Davis, 1987), biographical sketches of music therapy pioneers (Davis, 1993), practice in New York City in the thirties (Davis, 1997), the historical formation of the National Association for Music Therapy (Boxberger, 1962), the initial journal literature of the *Journal of Music Therapy* (Solomon, 1993) and, most relevant to this chapter, a comprehensive overview of what led to the formation of music therapy education and training programs in the fifties (de L'Etoile, 2000).

Music therapy education began in the United States as single courses, the first of which was conducted in 1919 at Columbia University and developed into a series of courses by 1926. The development of the first university programs, at Michigan State in 1944, the College of the Pacific, California in 1947, the University of Kansas in 1948, and Alverno College, Wisconsin in 1948 led to an established NAMT curriculum in 1952. What was the character of this early training?

Musicians Margaret Anderson and then Isa Maud Ilsen, who had used music in the treatment of Canadian soldiers afflicted with what we would probably consider today as post-traumatic stress disorder, taught the initial 1919 coursework at Columbia University in New York City. These courses focused on understanding psychophysiological reactions to music in order to apply this information in delivering music to hospital patients.

Subsequent music therapy education proceeded in the 1940s, largely in response to train hospital volunteers who were using music with war veterans. These educational efforts developed through courses in colleges, courses in hospitals and courses under the auspices of relevant musical organizations.

For example, college lectures and practicum entitled "The Principals and Practices of Music Therapy in the Neuropsychiatric Hospital" were offered at Westminster College in Princeton, New Jersey in order to support the training of hospital music volunteers planning and presenting musical programs at the nearby Veterans Administration Hospital in Lyons, New Jersey. Similarly, state hospitals such as the one located in Mount Pleasant, Iowa and Agnew, California provided coursework (i.e., psychopathology, psychiatry,