

A SURVEY OF CLINICAL PRACTICUM EXPERIENCE IN MUSIC
THERAPY CURRICULA AT THE UNDERGRADUATE LEVEL

A THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE MASTER OF ARTS IN MUSIC
IN THE GRADUATE SCHOOL OF THE
TEXAS WOMAN'S UNIVERSITY

COLLEGE OF FINE ARTS
DEPARTMENT OF MUSIC
DIVISION OF MUSIC THERAPY

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DENTON, TEXAS

AUGUST 1977

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July 19 19 77

We hereby recommend that the thesis prepared under

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entitled A SURVEY OF CLINICAL PRACTICUM EXPERIENCE
IN MUSIC THERAPY CURRICULA AT THE UNDERGRADUATE
LEVEL

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ACKNOWLEDGEMENTS

This thesis is dedicated to my deceased husband, Mr. Harry Matthew Gardner, III. Without the love and support I received from him during our short, but beautiful marriage, I would never have had the courage to continue with this business of living and learning.

The writer wishes to acknowledge the efficient and most professional assistance of Dr. Donald E. Michel, Ms. Emily Stevens, Dr. J. Wilgus Eberly, Dr. Richard R. Bentley, and Dr. Robert P. Littlefield in completing this thesis. My compliments and appreciation are expressed to my typist, Ms. Isabel Speck for her prompt and efficient assistance.

Grateful appreciation is expressed to my employer, Mr. Reade A. Roberts for his personal encouragement and support. I offer a special thank you to my parents, The Reverend and Mrs. Kenneth L. Duncan, and to Dr. Charles T. Eagle, Jr., and other special friends for their continued support, encouragement, and prayers.

The writer wishes to thank all the participants in this study and appreciates the support of the Chairman of the Education Committee of the National Association of Music Therapy, Inc.

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CHAPTER I

INTRODUCTION

During the summer and fall semesters of 1973 the writer functioned as a volunteer graduate assistant at Texas Woman's University in Denton, Texas and aided in planning, implementing, and coordinating the clinical practicum program in Music Therapy.¹

The potential of this style of educational training to directly influence the quality of services provided for clients in the future soon became apparent. It also seemed apparent that much research and evaluation was needed if this style of training was to be of maximum future value. The implication of this concept for the quality of services provided to music therapy clients, to the structure of the internship, and to the reputation and development of the music therapy profession was most promising. The writer sincerely hopes that this study will be only a first step in contributing to the growth of this concept of clinical practicum experience offered concurrently with classroom instruction in all music therapy curricula.

¹Since that time a full-time supervisor of Clinical Practicum in Music Therapy has been employed to fulfill these responsibilities in addition to the Coordinator of Music Therapy.

Definition

The term clinical practicum experience as used in this study means a practical, pre-clinical, pre-internship experience providing the music therapy student with the regular working circumstances of a clinical setting with clients.

Purpose

The first purpose of this study was to determine the current status of clinical practicum experience provided for the music therapy student enrolled in the curriculum at the undergraduate level in the fifty-two academic institutions which maintain an affiliation with the National Association for Music Therapy, Inc.

The second purpose of this study was to survey the academic curriculum relevant to clinical practicum experience that is offered by academic institutions which are affiliated with the American Association for Music Therapy.

The third purpose of this study was to report how an undergraduate practicum program in music therapy was established at Texas Woman's University in Denton, Texas during the fall semester of 1973.

Need for the Study

After various discussions with music therapy clinicians, educators, and students it would appear that

greater and greater emphasis is being placed on earlier and more extensive practical experience with clients in the educational curricula for the music therapy student. This trend also appears to be evident in related disciplines such as special education, physical therapy, occupational therapy, dance therapy, and others.

Since this clinical practicum aspect of curriculum development is becoming more and more evident, it is important that the current stage of development be examined, analyzed, and communicated so that an orderly direction for this developmental trend can be provided by the leaders in the music therapy profession.

Statement of the Problem

The concept of clinical practicum experience in the educational curricula of therapists and teachers is not a new idea. It has been called apprenticeship, internship, pre-clinical, clinical, affiliation, field work, practicum, student teaching, on-the-job training, and other names.

It appears to be an accepted assumption that clinical practicum experience offered concurrently with classroom instruction in the education and training of therapists and teachers will ultimately lead to better trained therapists and teachers, who will in turn offer better quality services to the client or student. Assuming

that this is valid, there appears to be a variety of opinion as to how this training should be done, when it should be done, and how these experiences should be structured.

This study attempted to answer the following questions:

1. How many educational facilities offer clinical practicum experience in music therapy at the undergraduate level?

2. How do these various facilities organize and structure their respective clinical practicum experience programs?

3. What relative values do different educational facilities place on clinical practicum experience?

4. What are the trends and innovative approaches to clinical practicum experience now being offered in the various educational curricula?

Delimitations of the Study

This study did not attempt to establish justification for clinical practicum experience in music therapy at the undergraduate level. The writer assumed that the concept of clinical practicum experience is valid and is being provided in numerous music therapy educational curricula. This study attempted to ascertain the extensiveness of clinical practicum experience being provided for music

therapy students at the undergraduate level in the United States who are enrolled in educational facilities that are affiliated with either the National Association for Music Therapy, Inc. and/or the American Association for Music Therapy.

CHAPTER II

REVIEW OF RELATED LITERATURE AND DISCIPLINES

The growth of the various disciplines in the mental health field is developing and expanding very rapidly at this time. Consequently, the writer reviewed not only the written literature available, but also contacted the various associations that represent professionals who may also be providing treatment programming for clients who are receiving music therapy services.

In Support of Practical Experience

It would appear, from a review of the literature relating practical, on-the-job experience to theoretical instruction, that historically the following sequence of changes has occurred. Originally a student apprenticed himself to a master teacher or craftsman who taught the student specific skills through demonstration and direct supervision. As the population increased, more and more students sought apprenticeships with fewer and fewer master teachers and craftsmen. Consequently, the classroom teaching situation started to evolve.

A chasm started to evolve between the classroom setting and the actual working situation, or between the theoretical principles supporting the working situation and the actual skills necessary to meet the requirements of the working situation. This chasm led to the procedure of teaching the theoretical knowledge first, and then sending the student into a working situation to apply the theoretical knowledge.

This procedure demonstrated inadequacies in that not all students could successfully apply the theoretical knowledge when they were confronted with the realities of the working situation. Consequently, the procedure was modified to include supervision in the initial working situation to assist the student in applying the theoretical knowledge. This procedure was an improvement but still was not totally adequate.

The present-day trend appears to be attempting to teach the theoretical principles that support the skills required to meet the requirements of the working situation concurrently with actual on-the-job experience in the working situation under the direct supervision of qualified experts.

A review of the literature has revealed that numerous sources place a strong emphasis on the value of practical experience in the education and training of teachers and

therapists from different, related disciplines. James Conant in 1963 stated that "the one indisputably essential element in professional education is practice teaching."¹ R. Lee Martin stated that "Learn by doing is the keynote of student teaching."²

John Dewey strongly emphasized the relationship of theory and practice in the field of education and has strongly influenced this discipline. He supported the laboratory method of training which uses "practice work as an instrument in making real and vital the theoretical instruction; the knowledge of subject-matter and of principles of education."³ He did not support the concept of practice in the nature of an apprenticeship after the theoretical instruction had already occurred.

Edgar Tanruther stated that the purpose of clinical experience is "to provide a bridge from theory to practice His (the student's) clinical experience should be a

¹James Bryant Conant, The Education of American Teachers (New York: McGraw Hill Book Co., 1963), p. 142.

²R. Lee Martin and Alvin M. Westcott, Gateway to Teaching (Iowa: Wm. C. Brown Co. Publishers, 1963), p. 6.

³John Dewey, The Relation of Theory to Practice in Education: A Rationale for Professional Laboratory Experiences in Teacher Education, Bulletin No. 17 (Washington, D.C.: The Association for Student Teaching, 1962), p. 1.

part of, not something apart from the total program of preparation for teaching."¹

Student feedback in course evaluation forms across the country usually reveals that students report a lack of relevance, a lack of practicality and a hazy grasp of the relationship between theory and practice in the classroom. Attempts at improving teacher education call for more, better, and earlier field experience for the prospective teacher.²

In a summary of four regional conference reports sponsored by the National Institute for Advanced Study in Teaching Disadvantaged Youth, Darland reported that the students asked the educators to "make better sense of preparation by connecting it with the real world of teaching."³ The consensus of opinion was that "the greater part of the training phase of teacher education should be spent on the actual scene."⁴

A summary of a report by Kenny on the suggestions stemming from these four regional conferences stated: (1) Students work as aides beginning in the freshman and

¹Edgar M. Tanruther, Clinical Experiences in Teaching for the Student Teacher or Intern (New York: Dodd, Mead and Co., Inc., 1967), p. 9.

²John C. Reynolds, Jr., "University-Based Teacher Aides," Educational Leadership 30 (February 1973): 423.

³D. D. Darland, "The New Critics: Message: Involve Students," Journal of Teacher Education 18 (Winter 1967): 388.

⁴Ibid.

sophomore year. (2) Early experiences should involve the student in a genuine effort to provide service. (3) Immediate analysis, evaluation and feedback should be provided the student by his supervisor. (4) The bulk of the educational training should be spent on the job. (5) Practicum assignments should be a joint decision of the individuals involved. (6) The student should be treated as a member of the professional team to the extent of his abilities.¹

Weishahn stated that:

Early and direct experiences with children in a variety of settings must be provided. Practicum experience should be initiated during the first term of study with progressively greater teacher related responsibilities, culminating with a full-time experience during the last term.²

Henley in a discussion of a field experience program in special education administration at Michigan State University stated that he hopes that

. . . the proportionate amount of time spent in various types of field experience will continue to increase, although no doubt better methods of implementation should and will be developed. . . . Perhaps . . . it

¹Helen J. Kenney, Polly Bartholomew, and William C. Varaceus, Teacher Education: The Young Teacher's View: A Report of Four Regional Conferences for Student Teachers and Beginning Teachers of the Disadvantaged (Bethesda, Maryland: ERIC Document Reproduction Service, ED 026 332, 1968.

²Neil W. Weishahn, "Study of Graduates in the Education of the Visually Disabled," Exceptional Children 38 (April 1972): 611.

will become difficult to distinguish between the 'field' and the 'halls of ivy'. . . . Efforts must continue to move away from the present heavy reliance upon the lecture hall. Future preparation programs must be developed in the real world, not just in preparation for that world.¹

Christiansen reported a survey of 150 randomly selected occupational therapists who were certified in 1970, 1971, or 1972. There were 77 respondents representing 28 accredited occupational therapy programs. "A strong plea was made for more and earlier patient contact."²

Watson stated that "Clinical practicum dovetailed with classroom learning is the essential educational avenue in producing a competent dietetic education at any level."³

Kraegel stated that "Clinical experience is the heart of the nursing curriculum. For the student it is much more than a way to practice what is learned, it is the learning itself."⁴

¹Charles E. Henley, "A View of the Field Experience in Special Education Administration," Exceptional Children 37 (December 1970): 280-281.

²Charles H. Christiansen, "Attitudes of Graduates Toward Occupational Therapy Education," The American Journal of Occupational Therapy 29 (July 1975): 354.

³Donna R. Watson, "Coordination of Classroom and Clinical Experience," Journal of the American Dietetic Association 69 (December 1976): 621.

⁴Janet M. Kraegel, "A Model for Areawide Coordination of Pediatric Clinical Experiences," Nursing Outlook 24 (November 1976): 697.

The comments of various writers in numerous articles consistently support the concept of practicum experience. Nowhere in the literature was the writer able to find any source that refuted this concept.

In discussions with the various professional associations representing various related disciplines, the value of practical experience was supported. An examination of their respective standards and guidelines also supports this concept.

Physical Therapy

The primary organization representing the physical therapy profession is the American Physical Therapy Association (APTA). The APTA was established in 1926 and the current membership is over 20,000. There are 80 four-year training programs which are fully accredited and eight which are developing. The APTA also recognizes two-year associate degree programs which train physical therapy assistants. There are 42 fully accredited programs and 17 in the developmental stages. The official publication of the APTA is the Journal of the American Physical Therapy Association.

Two other associations represent the physical therapy profession: the United States Physical Therapy Association and the National Physical Therapy Association. Each respective association has a membership of about 500.

Physical therapists are licensed by the individual states in which they are practicing. The APTA had direct input into the examinations which are administered through the Professional Examining services in New Jersey. Each individual state determines what it will accept as a passing score for licensing.

At the present time the physical therapy student generally starts his clinical affiliations in the junior year. The student must demonstrate competency in specified areas as determined by the clinical faculty in accordance with APTA standards.

The APTA is the accrediting agency for educational curricula. Standards are presently being revised to emphasize integrated clinical affiliations starting in the freshman year and increasing in emphasis throughout the four years. Emphasis is on revising the curricula to make them even more competency based.¹

In reviewing the accreditation standards for physical therapy educational curricula the writer summarizes as follows: (1) The educational facility must establish appropriate clinical affiliations as determined by APTA evaluators. Clinical faculty and academic faculty work together in designing the curriculum. (2) The number of hours a student

¹Telephone interview with the American Physical Therapy Association, Department of Educational Affairs, 1156 15th St., N.W., Washington, D.C. 20005, 12 May 1977.

spends in the respective clinical affiliations is not mandated by the APTA. The APTA defines the didactic knowledge and clinical competencies that the student must demonstrate in order to become a licensed physical therapist. (3) Curriculum design is left to the discretion of the individual academic/clinical faculty with input and evaluation feedback being provided by the APTA evaluators who periodically review the educational training programs.¹

Occupational Therapy

The organization representing the occupational therapy profession is the American Occupational Therapy Association (AOTA). The AOTA has been organized for about 60 years and accredits all educational programs and colleges and universities in collaboration with the American Medical Association. At present there are 50 accredited programs with six programs awaiting final approval. The main publishing organ of the AOTA is the American Journal of Occupational Therapy.

Upon graduation the occupational therapy student must take a national examination in order to qualify

¹American Physical Therapy Association, Handbook of Information Concerning the Accreditation Process for Physical Therapy Education Programs (Washington, D.C.: American Physical Therapy Association, 1976), pp. 18-37.

for certification. That examination is offered twice a year.¹

The standard or essentials of the AOTA state:

Supervised field experience shall be an integral part of the education program. Location of field work experiences must permit consistent integration within the educational process. These experiences must be conducted in settings meeting measurable objectives under the direction of qualified and competent personnel. There are two levels of field work experience:

a. The first level includes those experiences designed as an integral part of the didactic courses for the purpose of initial and basic experiences in directed observation and participation in selected field settings. The emphasis of these placements should be on experiential learning as opposed to performance

b. The second level is a supervised field work placement which is on-going and in which the emphasis is on the application of an academically acquired body of knowledge. The purpose is to provide in-depth experience in and responsibility for the delivery of health care services to patients/clients. A minimum of six (6) months is required.²

Dance Therapy

The dance therapy profession is represented by the American Dance Therapy Association (ADTA). Membership numbers about 950. The ADTA does not accredit programs but

¹Telephone interview with the American Occupational Therapy Association, Inc., 6000 Executive Boulevard, Rockville, Maryland 20852, 12 May 1977.

²American Occupational Therapy Association, Inc., Essentials of an Accredited Educational Program for the Occupational Therapist (Maryland: American Occupational Therapy Association, Inc., 1972), p. 3.

does offer guidelines for suggested implementation in the educational curricula at the graduate level.¹

Practice content should provide students with direct experiences using a variety of dance therapy techniques . . . minimum 6 months, full time, or 700 hours²

of field work should be required.

The requirements for a student to be registered as a dance therapist include

Paid experience as a dance therapist for at least two years full-time or its equivalent (i.e. 3,640 hours), the major percentage of hours having been acquired within the past five years. Clinical practice must be in a supervised situation . . . preferably as a member of a treatment team. This does not include any 'in-training' experience while a student of dance therapy.³

Art Therapy

The organization representing the art therapy profession is the American Art Therapy Association, Inc. (AATA). The AATA offers guidelines for art therapy training. For an applicant to become registered he must complete a graduate degree or its equivalent. The graduate degree

¹Telephone interview with the American Dance Therapy Association, Suite 230, 2000 Century Plaza, Columbia, Maryland 21044, 12 May 1977.

²American Dance Therapy Association, Guidelines for Graduate Dance Therapy Programs (Maryland: American Dance Therapy Association, 1973), pp. 2-3.

³American Dance Therapy Association, Requirements for Dance Therapy Registry (Maryland: American Dance Therapy Association, 1975), p. 1.

(usually of two-year duration) is considered to be the professional level of training.

Membership in the AATA numbers 875. The official publications of the AATA are the AATA Newsletter, the American Journal of Art Therapy, and Art Psychotherapy.

The AATA has no accreditation procedure for universities, colleges, or clinical training programs. It is the individual applicant's responsibility to secure the education and training necessary to qualify for registration. The AATA lists 98 educational and/or clinical facilities where an applicant can secure courses, clinical experience, or continuing education experiences that will qualify him for registration.¹

In the guidelines for educational curricula the AATA states:

The practicum (sometimes called internship) is generally treated as coursework for which credit is given. It demands a specified minimum number of hours that includes supervised contact with clients, as well as related activities (such as preparation and clean-up, conferences with field supervisors, record-keeping, and participation in staff meetings) Practicum courses should extend over two semesters and should require at least 600 hours in the field. If conducted during the normal semester, between 2 and 3 work-days per week will be required. The same number

¹Telephone interview with the American Art Therapy Association, Inc., P.O. Box 11604, Pittsburgh, Pennsylvania 15228, 12 May 1977.

of hours may be provided by concentrated summer work in a shorter period or by evening work over a more extended period.

Field work consists of similar supervised experience in clinical or special education settings, but this work is required in connection with other courses. It earns no additional credit and the number of hours to be spent is more flexibly determined than is the case with the practicum It is strongly urged that classroom instruction be enriched by field work. Approaches and ideas discussed in the classroom should be closely coordinated throughout the two years of training.¹

Speech Therapy

The organization representing the speech therapy profession is the American Speech and Hearing Association (ASHA). It is the only national organization and is officially recognized by the U.S. Office of Education and the U.S. Commission on Post-Secondary Education. The ASHA was originally established in 1925 and the present membership numbers over 27,000. Approximately 300-350 colleges or universities offer educational programs in speech and hearing.

For an applicant to become certified, he does not have to graduate from a recognized college or university. He must have completed the required coursework and experiential requirements and then pass a national examination

¹American Art Therapy Association, Guidelines for Art Therapy Training (Pennsylvania: American Art Therapy Association, 1976), p. 3.

which is administered by the Educational Testing Service. Licensing is granted by 29 states based on this national examination and the standards established by the ASHA.¹

The ASHA specifies practical experience as a prerequisite for certification in either speech pathology or audiology.

Academic Clinical Practicum: The applicant must have completed a minimum of 300 clock hours of supervised clinical experience with individuals who present a variety of communication disorders and this experience must have been obtained within the training institution or in one of its cooperating programs.

The Clinical Fellowship Years: The applicant must have obtained the equivalent of nine (9) months of full-time professional experience (the Clinical Fellowship Year) in which bona fide clinical work has been accomplished in the major professional area (speech pathology or audiology) in which the certificate is being sought. The Clinical Fellowship Year must have begun after completion of the academic and clinical practicum experience.²

The explanatory notes that accompany the Requirements for the Certificates of Clinical Competence state the following:

. . . students . . . should have the opportunity, relatively early in their training program, to observe the various procedures involved in a

¹Telephone interview with the American Speech and Hearing Association, 9030 Georgetown Road, Washington, D.C., 20014, 12 May 1977.

²American Speech and Hearing Association, Requirements for the Certificates of Clinical Competence (Washington, D.C.: American Speech and Hearing Association, 1976), p. 2.

clinical program . . . this passive participation is not to be construed as direct clinical practicum during academic training A minimum of 150 clock hours . . . must be obtained during graduate study . . . a substantial period of time may be spent in writing reports, in preparation for clinical sessions, in conferences with supervisors, and in class attendance to discuss clinical procedures and experiences; such time may not be credited toward the 300 minimum clock hours of supervised clinical experience required.¹

Special Education

The National Council for Accreditation of Teacher Education (NCATE) is the national accrediting agency for all colleges and universities providing programs that prepare teachers and other professional school personnel at the elementary and secondary levels. Their standards state:

The professional studies component of each curriculum includes the systematic study of teaching and learning theory with appropriate laboratory and clinical experience The professional studies component of each curriculum for prospective teachers includes direct substantial participation in teaching over an extended period of time under the supervision of qualified personnel from the institution and the cooperating school.²

Each individual state establishes their own guidelines for certification of teachers. Those respective guidelines include the minimum standards established by the NCATE plus whatever additional criteria each state requires.³

¹ Ibid., pp. 5-6.

² National Council for Accreditation of Teacher Education, Standards for Accreditation of Teacher Education (Washington, D.C., 1970), p. 5.

³ Telephone interview with the National Council for Accreditation of Teacher Education, 1750 Pennsylvania Ave., N.W. Suite 411, Washington, D.C. 20006, 12 May 1977.

The main professional organization with which many special educators are affiliated is the Council for Exceptional Children (CEC). Membership in the CEC is about 67,000. The CEC does not function as an accrediting agency but does suggest standards for adoption in the various college and university educational curricula.¹ In these standards they suggest:

Contact with children should begin early in the student's career and continue to increase in variety and intensity until the completion of formal preparation. Guided observation should constitute the initial contact. Observations should be followed by demonstration and participation as an integral part of theoretical courses. Next should come student teaching characterized by thorough supervision from the sponsoring institution. In some situations, this may be followed by a period of internship with less supervision and more independence and responsibility and often with the intern paid a portion of a professional salary.

Practica experiences should be preceded by or be concurrent with parallel coursework. The student's reactions to these experiences should not be overlooked as a continual screening and evaluation device. Practica experiences should include contact with both normal and exceptional children, children of varying ages, and children in various educational settings. The extent and kind of such contact will vary with the different areas of exceptionality.²

¹Telephone interview with the Council for Exceptional Children, 1920 Association Drive, Reston, Virginia 22091, 12 May 1977.

²Council for Exceptional Children, Professional Standards Project Report in Professional Standards for Personnel in the Education of Exceptional Children (Bethesda, Maryland: ERIC Document Reproduction Service, ED 017 085, 1966), p. 10.

Recreation Therapy

The recreation profession is represented by the National Therapeutic Recreation Society (NTRS) which is a division of the National Recreation and Park Association. The NTRS recognizes 70 four-year educational curricula in the United States that train recreation therapists. They recognize 45 graduate programs and four doctoral programs.¹

The purpose of field training in a recreation therapy educational curricula is

. . . to provide students an opportunity for practical experience in a setting which is providing . . . therapeutic recreation services Practical experience is to augment the formal classroom and related learning experiences Thus, field training is primarily an active learning experience to develop competencies in the therapeutic process.²

The NTRS recommends 1,480 hours of guided experience incorporated within the four-year curriculum.³

Sixty-five professional undergraduate college courses in therapeutic recreation in nine separate areas were evaluated The problem was to survey bachelor level practitioners in therapeutic recreation in the following areas: professional undergraduate

¹ Telephone interview with the National Therapeutic Recreation Society, 1601 North Kent Street, Arlington, Virginia 22209, 12 May 1977.

² National Therapeutic Recreation Society, N.T.R.S. Field Placement Guidelines (Arlington, Virginia: National Therapeutic Recreation Society, 1975), p. 2.

³ Ibid., p. 20.

courses taken, professional undergraduate college courses deemed essential to successfully perform on the job¹

Internship and field work were rated as the most needed courses. "A majority of bachelor level practitioners in therapeutic recreation tended to rate the Clinical Experience phase of their undergraduate training as the most important phase in professional preparation."²

The findings of the study recommended that:

1. The sophomore and/or junior year field work experience last a minimum of six weeks.
2. The senior year internship experience last a minimum of eight weeks, but preferably for 10 to 12 weeks.
3. Students in therapeutic recreation be exposed to the practical aspects of the field through volunteer work as early in their undergraduate training as possible.
4. Institutions offering a degree or option in therapeutic recreation gain closer working and supervisory relationships with agencies providing volunteer field work and internship experience to their students.³

Nursing

The nursing profession is represented by two associations: the American Nurses Association, Inc. (ANA) and the National League for Nursing, Inc. (NLN). The ANA membership

¹S. Harold Smith, "Practitioner's Evaluation of College Courses, Competencies and Functions in Therapeutic Recreation," Therapeutic Recreation Journal 10 (Fourth Quarter 1976): 153.

²Ibid.

³Ibid., p. 155.

includes only registered nurses and numbers about 200,000.¹ The NLN membership includes practical nurses,² associate degree nurses,³ diploma nurses,⁴ and baccalaureate degree nurses.⁵ Membership in the NLN is over 15,000 individuals and 1,800 agencies. The NLN accredits 329 baccalaureate R.N. programs, 382 diploma R.N. programs, 268 associate degree programs, and 1,372 practical L.P.N. programs. Each individual state requires nurses to apply for and successfully pass State Board examinations in order to be licensed to practice in that state. State Boards are a national examination that is uniform in every state but each state determines what is a passing score in their respective state.⁶

¹Telephone interview with the American Nurses' Association, 2420 Pershing Road, Kansas City, Missouri 64108, 12 May 1977.

²A practical nurse receives one year of training after high school graduation.

³An associate degree nurse is a graduate of an approved two-year junior college.

⁴A diploma nurse is a graduate of a three-year program from an approved hospital.

⁵A baccalaureate degree nurse is a graduate of a four-year program which is affiliated with a college or university.

⁶Telephone interview with the National League for Nursing, 10 Columbus Circle, New York, New York 10019, 12 May 1977.

The NLN states

Baccalaureate nursing students need multiple clinical learning experiences in a great variety of community health and social agencies. These would include such agencies as: clinics; nurseries; nursery school; nursing homes; physicians' offices; industries; prisons; orphanages; generalized and specialized hospitals; mental retardation centers; homes for the blind, deaf, or disabled; mental health centers; drug abuse centers; and habilitation and rehabilitation centers. Health care may be taught where ever there are people.¹

Dorothy Ozimek, in discussing the future of nursing education predicts that

If closures continue at the present rate, diploma programs in nursing will cease to exist. Associate degree programs will stabilize in numbers and will realize their goal to prepare highly efficient technical nurse practitioners. Baccalaureate degree programs will concentrate on general, cultural, scientific, and value education for all the professionals and will cease to offer the formal preparation in nursing. The master's degree programs in nursing will prepare the generalized professional nurse practitioner. Finally, the doctoral degree programs in nursing will prepare clinical nursing specialists, researchers, scholars, teachers, administrators, and consultants for nursing.²

In interviewing the national offices of the two associations, it was reported to the writer that the emphasis in nursing is moving toward a more academic concentration in

¹Dorothy Ozimek, Initiating a Baccalaureate Degree Program in Nursing (New York: National League for Nursing, 1974), pp. 8-9.

²Dorothy Ozimek, The Future of Nursing Education, (New York: National League for Nursing, 1975), p. 18.

the four-year academic curricula. The clinic is still strongly emphasized but the trend is toward greater knowledge of related health disciplines and a generalized liberal arts background.

Psychology

The association representing the psychology profession is the American Psychological Association (APA). The APA accredits curricula only at the Ph.D. level. Undergraduate curricula is left to the discretion of the respective college or university. The APA is the only professional association and membership numbers about 45,000. The total number of Ph.D. programs accredited is 136. Psychologists are certified or licensed by the individual states in which they are practicing and must meet the standards established by that state.¹

APA accreditation procedures and criteria for Ph.D. programs state

Theory and practice should be combined early in training . . . internship experiences will be more useful if they are preceded by extensive practicum work and by relevant course work. . . . Clinical, counseling, and school psychology alike endorse the early and continuing involvement of students in applied settings The practicum level is . . . usually for academic credit . . . with a full-time

¹Telephone interview with the American Psychological Association, 1200 Seventeenth Street N.W., Washington, D.C. 20036, 12 May 1977.

commitment of 8-16 hours per week. The internship level is half to full-time and usually involves a stipend for the trainee.¹

Summary

Nowhere in the literature was the writer able to find any evidence that practicum experience should not be a part of the education and training of teachers, therapists, and other health care practitioners. The consensus of opinion supports practicum experience as being an important part of the various curricula. An examination of the standards and guidelines of related disciplines supports this emphasis. This opinion is being expressed by educators, students, young professionals, and experienced professionals.

However, support of practicum experience appears to be based only on the opinion of educators and practitioners. The writer found no evidence in the literature of any studies that experimentally tested this hypothesis or even any recommendations that such an hypothesis be experimentally tested.

In examining the literature and in interviewing personnel from the related disciplines, the writer noted that all the disciplines, with the exception of nursing, appear to be moving from an academic emphasis into greater and

¹American Psychological Association, Accreditation Procedures and Criteria (Washington, D.C.: American Psychological Association, 1973), pp. 11 and 18.

greater emphasis on the practicum, clinical, experiential aspects of training and education. The nursing profession however, which originated in the clinic, appears to be moving toward a greater emphasis on the academic environment. No explanation was found as to why this trend is occurring.

Literature on the subject of practicum experience has been prolific during the past five years. General opinion appears to be stating that experiential exposure should start as early as the freshman year so that the student is satisfied as to his choice of a profession. The consensus of opinion states that experience should be graduated by degrees of difficulty to meet the individual training needs of each student.

The literature consistently refers to the need for qualified, competent, on-the-job supervision. In order for the practicum experience to be of greatest value, the experience needs to be closely correlated with the academic classroom instruction. This necessitates constant communication between the clinic and the academic environment. The literature calls for involvement of the student himself in the communication process for selection of the practicum location, self-evaluation, and individual professional accountability.

Recent writings are calling for better training and evaluation techniques. Competencies, skills, and necessary

didactic knowledge need to be clearly defined. Some suggestions in the literature include using: (1) instructional media devices such as video tape and audio tape, (2) programmed texts, (3) learning packets or modules, (4) micro-teaching, and (5) role playing or simulated training.

The demand for more practicum experience that is purposeful and meaningful is quite clearly expressed. How this demand will be met is not yet clearly evident. The future will define the structure necessary to meet the demand.

CHAPTER III

METHOD

Subjects

The total number of subjects in this study was fifty-four. Fifty-two subjects were the directors of music therapy programs in educational facilities that are affiliated with the National Association for Music Therapy, Inc. (NAMT). The remaining two subjects were the directors of music therapy programs in educational facilities that are affiliated with the American Association for Music Therapy (AAMT). The names and addresses of the subjects¹ were secured from each respective association's national offices.²

Equipment

A one-page survey questionnaire was the instrument used to collect the data.³ It was designed by the writer.

¹See Appendix A.

²National Association for Music Therapy, Inc., P.O. Box 610, Lawrence, Kansas 66044.

American Association for Music Therapy, c/o Department of Music and Music Education, School of Education, Health, Nursing, and Arts Professions, New York University, 777 Education Bldg., Washington Square, New York, N.Y. 19993.

³See Appendix B.

Procedure

The written questionnaire, cover letter,¹ and stamped, self-addressed envelope were mailed to all fifty-four subjects on Monday, April 4, 1977. On Sunday, May 1, 1977, a second copy of the questionnaire, a new cover letter,² and a stamped, self addressed envelope were mailed to those subjects who had not responded to the first mail request. On Sunday, May 15, 1977, a postcard³ was mailed to the remaining nonrespondents requesting the return of the questionnaire. On Saturday, June 25, 1977 the writer attempted to contact the remaining nonrespondents by telephone to verbally secure the remaining information.

Data on the development of one early music therapy practicum program at the Texas Woman's University were acquired from records kept on the first year of the program, and from the writer's direct personal experience with the program.

¹See Appendix C.

²See Appendix D.

³See Appendix E.

CHAPTER IV

RESULTS OF THE STUDY

The compilation of the data was separated into three divisions: (1) results from the fifty-two NAMT affiliated facilities; (2) results from the two AAMT affiliated educational facilities;¹ and (3) a report on the establishment of the undergraduate practicum program in Music Therapy at Texas Woman's University during the fall semester of 1973.

NAMT Affiliated Educational Facilities

The total number of replies from the first mailing on Monday, April 4, 1977 was thirty, a 57.7% response. The total number of replies from the second mailing on Sunday, May 1, 1977 was seven, a 31.8% response from the twenty-two questionnaires mailed. The total number of replies from the third mailing was six, a 40% response from the fifteen post-card requests mailed. On Saturday, June 25, 1977 the writer was successfully able to secure information from four

¹Duquesne University in Pittsburgh, Pennsylvania is officially affiliated with the AAMT by decision of the Chairman of the Music Department and the University President. However, the directing music therapist is not affiliated with the AAMT and the music therapy program adheres to the guidelines and policies of NAMT. Consequently, for the purposes of this study, Duquesne University is considered as being affiliated with NAMT.

educational facilities by telephone interview. No information was available from five educational facilities.

Two subjects were eliminated in the compilation of data from the fifty-two educational facilities affiliated with NAMT. One respondent from the second mailing on May 1, 1977 returned both copies of the questionnaire and one stamped, self-addressed envelope to the writer without completing the questionnaire. Queensborough Community College in Bayside, New York was also eliminated from the data compilation.¹

Consequently, forty-five questionnaires were used in the compilation of data from the NAMT affiliated educational facilities, an 86.5% return.²

All forty-five respondents requested a summary report on the results of the questionnaires.

¹Due to severe budget reductions by the city of New York the music therapy program at Queensborough Community College was closed. When the program was active the curriculum required a minimum of two hours per week per semester for the entire four years. Students usually worked an average of four hours per week. No credit was recorded on the student's official transcript. During the course of the student's four years they were required to work in six to eight different facilities with differing client populations. During the summer between their junior and senior year they were required to do a three-month psychiatric clinical affiliation.

²See Appendix F.

Responses to the questions in the order in which they appeared in the questionnaire follow.

Question 1: Please indicate the organizational structure of your educational facility.

Thirty-three facilities indicated a semester term structure. Four facilities indicated a 14-week semester. Nine facilities indicated a 15-week semester. Fourteen facilities indicated a 16-week semester. One facility indicated a 17-week structure. Three facilities indicated an 18-week semester. Two facilities did not indicate the number of weeks per semester.

Two facilities indicated a trimester term structure. One facility indicated an 11-week trimester. The second facility did not indicate the number of weeks in each trimester but commented that their structure was changing to semester in the fall of 1977.

Nine facilities indicated a quarter term structure. Seven facilities indicated a 1-week quarter. One facility indicated an 11-week quarter. The remaining facility indicated a 13-week quarter.

One facility indicated a structure of two 14-week terms plus an interim. They did not indicate the duration of the interim.

Two facilities operating on the semester structure indicated summer terms and unit break terms lasting in duration from one to five weeks.

Question 2: Do your music therapy students receive college credit on their official transcripts for practicum experience?

Thirty facilities indicated yes, fourteen facilities indicated no, and one facility did not answer.

Question 3: If college credit is given for clinical practicum experience please list the titles of the courses and the amount of credit received over the four-year program period.

Fourteen facilities did not answer since they do not give credit on the official college transcript for clinical practicum experience. A total of forty-three course titles were listed varying in total credits given from eight semester credits to no credits. The terms clinical and practicum were used most frequently.

<u>COURSE TITLE</u>	<u>TOTAL SEMESTER CREDITS</u>
Hospital Orientation	3
Introduction to Music Therapy	3
Clinical Experience	1
Practicum in Music Therapy	1
Clinical Orientation	0
Practicum I thru VII	7
Clinical Experience 1 thru 3	3
Clinical Experience	1
Music 192 and 292	2
Introduction to Music Therapy	2

Music Therapy Projects I thru IV	4
Clinical Experience I	1
Practicum I and II	2½
Practicum in Music Therapy	6
MU 301	6
Beginning Practicum	2
Advanced Practicum	4
Introduction to Music Therapy II	2
Music and Movement for the Handi- capped II	1
Music in Therapy	3
296 Clinical Practicum	2
396 Clinical Practicum	2
MED259 Clinical Orientation to Music Therapy	2-8
Clinical Experience I	5
ETH135 Practicum in Music Therapy	1
ETH135b Advanced Practicum in Music Therapy	2
Clinical Orientation Practicum (73-390)	4
Music Therapy Field Experience	3
Undergraduate Workshop: Special Problems in Music Therapy	1-2
Music Therapy Practicum	7
Therapy Orientation	2
Hospital Orientation	2
Mental Health Concept	2

TOTAL
TRIMESTER
CREDITS

Clinical Experience I	0
Clinical Experience	2

TOTAL
QUARTER
CREDITS

Music 229a and 229b	2
MUS470 Influence of Music on Behavior	3
MUS471 and 472 Music Therapy Techniques	6
Music Therapy I, II, and III	9

Pre-clinical Experience I	2
Music 545	3
Music 745	3

Question 4: If practicum experience is offered concurrently with academic course work, please indicate in the appropriate blanks.

Six facilities did not answer the question. Four facilities indicated that practicum experience is offered for just one year. Six facilities offer practicum experience for two years. Fourteen facilities offer practicum experience for three years. Fifteen facilities offer practicum experience for four years.

Question 5: Do you require practicum type special projects as a part of other courses (i.e. field trips, observations, viewing video tapes of therapy sessions, etc.)?

Two facilities did not answer the question. Nine facilities answered no. Thirty-four facilities answered yes, but nine did not describe what they required. Nineteen facilities required field trips, fourteen required observations, fifteen required video tape and/or film viewing, five required special research projects, one required attendance at guest lectures, and one required attendance at special workshops.

Question 6: Is any practicum experience required that is not necessarily concurrent with the academic courses (i.e. summers, unit breaks, etc.)?

Three facilities did not answer the question. Thirty facilities answered no. Twelve facilities answered yes, but three did not indicate what was required. Nine of the facilities answering yes indicated that they required summer practicum experience after either the summer or junior year.

Question 7: Is any practicum experience required for which the music therapy student does not receive college credit (i.e. music therapy club projects, etc.)?

Two facilities did not answer the question. Thirty-two facilities answered no. Eleven facilities answered yes, but four did not indicate what was required. Seven facilities indicated that they required volunteer work.

Question 8: Check below the types of clients who are involved in your practicum program.

One facility did not answer the question.

<u>TYPE OF CLIENT</u>	<u>NUMBER OF RESPONDENTS</u>
mentally retarded children	41
mentally retarded adults	40
geriatric clients	40
emotionally disturbed children	39
psychiatric adults	37
children with learning disabilities	33
autistic children	33
crippled children	32
speech handicapped clients	28
delinquent adolescents	23
visually impaired clients	22
crippled adults	17
prisoners	10
hearing impaired clients	5

pre-schoolers	4
drug addicts	3
physically disabled clients	3
culturally deprived clients	2
adults with learning disabilities	1

Question 9: Check below the types of clinical facilities in which your practica sessions are held.

One facility did not answer the question.

<u>TYPE OF FACILITY</u>	<u>NUMBER OF RESPONDENTS</u>
old folks home, geriatric center, or nursing home facility	42
state operated residential mental retardation institution	31
special education classroom in the public school	30
treatment center for emotionally disturbed and learning disabled children	30
community mental health center	23
state operated residential psychiatric institution	23
nurse school	21
privately operated residential psychiatric institution	20
privately operated residential mental retardation institution	19
general hospital	16
crippled children's home, school, or center	14
on campus clinic	13
V.A. Hospital	11
alcohol abuse center	10
prison	8
drug clinic	6
sheltered workshop	3
juvenile delinquent's school or detention center	3
group home	2
halfway house	2
rehabilitation facility	2

school for the blind	2
University elementary school	1
settlement house	1
crisis center	1
day care deaf center	1
privately operated Adventures in Movement (AIM) for the Handi- capped, Inc.	1
community re-entry program	1
reading clinic	1
Y.M.C.A. gym/swim program for the handicapped	1
summer camp	1
work adjustment services--M.R. and E.D. adults	1
leisure-time activities center-- M.R. adults and teens	1

Question 10: Check the type of supervision that is provided for the music therapy student.

Thirty-nine facilities indicated that they use clinic staff at the site. Thirty-eight facilities use the music therapy staff instructor. Eleven facilities use music therapy graduate students. Three facilities use peer student supervision. One facility uses a field assistant.

Question 11: Please check your procedure for evaluation.

One facility did not answer the question. Thirty-nine facilities use reports of clinic staff at the site. Thirty-nine facilities use conferences. Twenty-eight facilities use written student reports. Eight facilities use video tape recordings. Five facilities use audio recordings. Three facilities use personal observation of the music therapy staff instructor. One facility uses class discussion.

Question 12: Please check if you require the following from students enrolled in your practicum program.

Two facilities did not answer the question. Thirty-one facilities indicated that they require client treatment plans, session logs, and/or summary term reports. Thirty facilities require client progress reports. Twenty-five facilities require assigned readings. Two facilities require conferences with the music therapy staff instructor. Two facilities require student presentations. Other requirements listed were: completion of manual requirements, description of behavioral objectives, planning sessions, behavioral graphs, use of library and resource center, and verbal reports at staff meetings.

Question 13: Do you have an additional music therapy staff member who is primarily responsible for coordinating and developing your practicum program?

One facility did not answer the question. Thirty-three facilities answered no. Twelve facilities answered yes.

Question 14: In your degree program is the internship required prior to the granting of a degree?

Two facilities did not answer the question. One facility indicated that the students had the option of doing their internship for credit or graduating prior to the

internship. Fourteen facilities did not require the internship prior to granting the degree. Twenty-eight facilities required the internship prior to granting the degree. Five facilities gave no credit. Three semester-structured facilities gave six credits, two gave three credits, seven gave two credits, and five gave one credit. Four quarter-structure facilities gave four credits, one gave two credits, and one gave one to nine credits.

AAMT Affiliated Educational
Facilities

For the purpose of this survey, two facilities were recognized as being affiliated with the AAMT.¹ One facility returned the questionnaire after the first mail request. The second facility, Temple University in Philadelphia, Pennsylvania, responded to the third mail request with a letter stating that the music therapy program is still in the formative stages.

Two types of practicum experiences will be required: observations and preinternship work experiences. The observations will be course requirement for a clinical orientation to music therapy given to all incoming students as well as an integral part of the four academic courses that will be required in music therapy. While observations of a wide variety of the client populations and institutional settings will be required, the number of observations has not yet been fixed. The

See Appendix A.

preinternship work experiences will take place after sufficient course work in music therapy has been completed, but prior to the internship. The exact number of hours required for these preinternship work experiences has not yet been determined. College credit will probably not be awarded for these experiences. All field and internship training programs shall be under the supervision of the academic faculty as well as the field supervisor.¹

New York University in New York City is presently the only active program affiliated with the AAMT. They are organized on a 15-week semester structure.

Students receive college credit on their transcripts for practicum experience. The courses are titled Fieldwork (Independent Study) and Clinical Internship. Fieldwork accrues six credits--one each semester for the first three years. Each semester the music therapy student spends three to six hours per week for fifteen weeks in the clinic. Clinical internship accrues ten credits, and the student spends twenty-five hours per week for fifteen weeks for two semesters of his senior year in the clinic.

The student is supervised by the music therapy staff instructor, clinic staff at the site (usually a music therapist), and/or other psychiatric or therapeutic activities staff. The student is evaluated using a combination of video tape recordings, observation paper forms, conferences,

¹Personal correspondence from Kenneth Bruscia, C.M.T., Temple University, Woodhaven Program, 2900 Southampton Road, Philadelphia, Pennsylvania 19152, 20 May 1977.

reports of clinic staff at the site, and fieldwork-internship seminars held weekly at the university.

Observations of various settings and viewings of video tapes and movies are required in all music therapy courses. Senior projects are required of all students for which credit is not given. Each student is required to prepare client treatment plans, client progress reports, session logs, and summary term reports.

All the types of clients and all the types of clinical facilities (excepting on campus clinic) were checked in question eight and nine in the questionnaire.¹ An additional staff member is employed by the university to assist the directing music therapy instructor in coordinating and developing the program.

Establishment of the Practicum Program
at Texas Woman's University

Introduction

During the academic year of 1972-73, the music therapy students at Texas Woman's University in Denton, Texas requested the opportunity to gain practical experience working with the types of clients they were likely to encounter during their professional careers. Since, at that

¹See Appendix B.

time, there were no established courses available offering such practical experience, the Music Therapy Club contacted several clinical facilities in the Denton area and requested the opportunity to do volunteer work. Their requests were granted.

At the end of the year the students' responses were most enthusiastic. They verbally indicated how much they felt they had gained from these experiences. The responses from the clinical facilities were most favorable. The students were asked to volunteer their services during the following year if at all possible. Several of the clinics wrote special letters of commendation to the president of Texas Woman's University.

A curriculum revision¹ was prepared² and approved by the University Curriculum Committee in May of 1973. Two new courses, MU2511, Preclinical Experience in Music Therapy and MU3500, Practicum in Music Therapy, were included in the curriculum. A previous course, MU2512, Basic Skills in Music Therapy, was revised to include direct observation of music therapy sessions.

¹See Appendix G for a description of the revised curriculum requirements for 1973-74.

²The curriculum revision was prepared by Charles T. Eagle, Jr., Coordinator of Music Therapy at that time.

Planning and Scheduling of Practica
with the Clinical Facilities

In August of 1973 the writer was requested to assume the responsibility for implementing and coordinating the practicum program. At this time it was decided that the practica sessions would begin within one to three weeks after fall registration and continue until two weeks prior to the end of the fall semester.

The first step was to determine what opportunities were available for students to gain practical experience in the immediate area. In determining a list of potential clinical facilities the writer consulted the Yellow Pages of the local telephone directory, spoke with faculty from other disciplines, contacted ministers, consulted the Denton Chamber of Commerce, spoke with private physicians and psychologists, contacted the local schools, and called the state mental health agencies in the area. The reports of the volunteer projects coordinated through the Music Therapy Club during the previous year were most valuable in determining the availability of clinical facilities.

After formulating a list of apparent potential facilities, the writer established initial contact by telephone. Of the approximately twenty facilities contacted, nine were determined to be appropriate for the establishment of practica sessions. Two of the facilities requested the establishment

of sessions at a later date because of personnel and program revision. The seven facilities selected served a varied type of client such as mentally retarded children and adults, emotionally disturbed children, psychiatric-geriatric adults, physically handicapped children and adults, and nursery school children.

Appointments were arranged by the writer with the appropriate personnel in the seven selected clinical facilities to discuss the clinical practicum experience planned for the music therapy students. It was strongly emphasized that, although the practicum program was designed to provide a vehicle for the better training and education of music therapy students, the needs of the clients served by the facility were to receive first priority. In no way would the Music Therapy Program at Texas Woman's University tolerate misuse or abuse of the clients enrolled in the practica sessions. The quality of the volunteer projects coordinated through the Music Therapy Club during the preceding year had earned the participating students an excellent verbal reputation and consequently, the clinical personnel were most anxious for the opportunity to provide music therapy services for their clients.

Personnel from the clinical facilities were asked to assume the following responsibilities:

1. schedule tentative groups of clients for practica sessions;
2. arrange for a location where the practica sessions could be held;
3. assign a paid staff member such as a teacher, an aide, or an assistant to remain in the room with the clients to assist the music therapy student should an unforeseeable accident or problem arise;
4. determine what equipment was available for use by the music therapy student such as records, record players, tape recorders, pianos, rhythm instruments, guitars, etc.; and
5. contact the writer, who was the practicum coordinator and supervisor, should the music therapy student exhibit inappropriate verbalizations, behavior, or dress, or if a music therapy student failed to attend the practicum session without notifying the clinical facility personnel in advance.

The writer agreed to assume the following responsibilities to the personnel of the clinical facilities:

1. be available to all parties involved to immediately help find an agreeable solution should an unforeseeable problem arise;
2. supplement to the extent possible the equipment available in the clinical facility by utilizing equipment available through the Music Therapy Program at the University;
3. periodically contact the clinical facility personnel to discuss the progress of the students, problems, and future scheduling; and
4. periodically directly observe the music therapy student in practica sessions.

All seven of the clinical facilities agreed to the above mentioned responsibilities, and tentative time schedules were determined pending the scheduling of the music

therapy students after fall registration on September 15 and 16, 1973.

Development of the Music Therapy Media Center

After interviewing the clinical facilities, it was determined that equipment was needed for the music therapy students to use within the practica sessions. Consequently, a Music Therapy Media Center was designed. All available equipment and supplies were collected and labeled. Catalogues were ordered. Requisitions were prepared and submitted ordering equipment and supplies such as rhythm instruments, tape recorders, tapes, records, record players, songbooks, and guitars. A cataloguing and check out system was designed and implemented with the assistance of volunteer music therapy students. Due to the time necessary to secure the materials needed, the development of the Music Therapy Media Center was an on-going project that continued throughout the fall semester.

Scheduling and Supervision of Music Therapy Students

Scheduling the music therapy students for participation in practica sessions was the next step in implementing the practicum program. The writer participated in fall registration and interviewed each student. Before each student completed registration, she was required to fill out

a Practicum Schedule Card.¹ If any changes were made in her schedule after registration, she was required to notify the writer immediately. At the time of registration students who had cars were asked if they would be willing to use their cars to attend their practica sessions and take other students with them to their practica locations. The town of Denton did not have local bus transportation or taxi service nor did the university have cars available for use by the students.

Students enrolled in MU3500, Practicum in Music Therapy, were given one to three hours of semester credit and attended one to five practica sessions weekly, each session varying in duration from thirty to sixty minutes.² All students enrolled in MU2511, Preclinical Experience in Music Therapy, were given one hour of semester credit and attended either two forty-five minute practica sessions per week or three thirty-minute practica sessions per week. Each student was assigned to practica sessions with only one client group. All students enrolled in MU3500 and MU2511

¹See Appendix H.

²The new curriculum required that each student have a total of six semester hours of credit in MU2511 and/or MU3500 prior to graduation. Consequently, senior students took three semester hours per semester to fulfill this requirement.

were required to attend a weekly fifty-minute staffing directed by the writer. The first practicum staffing was held two weeks after registration.

During the two-week time period between fall registration and the first practicum staffing, the writer worked out the details of scheduling the practica sessions. Transportation, prior volunteer experience, summer work experience, personalities of the students who would be working together, and class schedules before and after practica sessions were all factors that were given consideration. After much schedule manipulation and numerous telephone calls to the clinical facilities and the students, a final master schedule was formulated.¹

During the first Monday practicum staffing, the following assignments and instructions were given:

1. The new curriculum design was explained and questions were answered.
2. Practica session assignments were made by the writer and verified as being workable by the student.
3. Students were instructed to attend sessions for the remainder of the week, observe their clients, learn their names, and become acquainted with their clients and the facility itself.

¹See Appendix I.

4. Students were asked to submit a written report summarizing their observations and plans for the activities they were going to utilize during the following week.¹

5. The Music Therapy Media Center and the procedure for checking out the materials was explained and questions were answered.

6. Should students enrolled in MU3500 be unable to attend their practicum session, they were instructed to contact the clinical facility and the writer. Students enrolled in MU2511 were instructed to contact the MU3500 student with whom they were working and the writer. Should a problem with transportation arise, the students were instructed to contact the writer who had agreed to make her own vehicle available for such emergencies. It was strongly emphasized that the practicum session was a professional work experience and should not be cancelled without justification.

7. Students were instructed that they were never, under any circumstances, to verbally or physically abuse or misuse a client. All information they obtained about their clients was to remain confidential.

8. It was emphasized that verbal language, dress, and grooming were to be appropriate to the situation and that

¹This assignment was given to emphasize the necessity for careful planning in preparing to meet the clients who were enrolled in the practica sessions.

professional courtesy and behavior was expected when dealing with clinical personnel and clients. Should problems arise in this area, they were instructed to contact the writer and discuss the situation with her.

9. It was emphasized that student participation, cooperation, and communication were necessary if the curriculum concept of practical experience coupled with classroom learning was to be firmly established and nourished into greater growth and development.

10. The writer stated that she would be available to assist the student in whatever way possible upon request. She also stated that she would attend the various practica sessions periodically to observe and then discuss her observations with the students involved.

Practica staffings were continued on Mondays throughout the semester. It was decided to utilize the discussion-seminar design for these classes to foster communication and to encourage input from the students themselves since the program was experimental and consequently flexible to allow for future growth and development.

Three books were selected for reading assignments during the semester. Students enrolled in MU2511, Pre-clinical Experience in Music Therapy, were asked to read

Preparing Instructional Objectives¹ by Robert Mager and Parents/Children/Discipline² by Clifford and Charles Madsen. Students enrolled in MU3500, Practicum in Music Therapy, were asked to read the two books mentioned above plus Elementary Principles of Behavior³ by Whaley and Malott. Students were asked to turn in either written notes on the text or the underlined text itself as an indication that they had read the book. The purpose in selecting these books was to emphasize the need for objective observation and the careful preparation of behavioral objectives in working with clients in a therapeutic setting.

An Activity Plan form was designed⁴ and utilized during the first semester for three reasons. First, it was decided that students needed motivation to plan their practica sessions in advance. Secondly, it was anticipated that by duplicating these forms and distributing them to other class members, students would be able to share ideas and

¹Robert F. Mager, Preparing Instructional Objectives, (California: Fearon Publishers, 1962).

²Clifford K. Madsen and Charles H. Madsen H., Jr., Parents/Children/Discipline (Boston, Massachusetts: Allyn and Bacon, Inc., 1972).

³Donald L. Whaley and Richard W. Malott, Elementary Principles of Behavior (Utah: Prentice Hall publishers, 1971).

⁴See Appendix J.

build a source file of activity ideas. Thirdly, these forms were designed as a training preface to the skill of writing behavioral treatment plans for individual clients. One Activity Plan was due every Monday. The writer wrote comments on each Plan, had them duplicated by off-set at the campus duplication center, collated them, and distributed them the following Monday.¹

Method for Evaluating the First Semester

Prior to the start of practica sessions, much discussion revolved around evaluating the progress of the first semester. Action research, which best describes the first semester, sacrifices tight experimental control to allow for flexibility and on-the-spot innovation. "Learn by doing" is the primary directive.

Two written survey questionnaires were designed and developed during the semester. The first² was given to the clinical facility supervisor and the second to the student at the end of the semester.

A final written report was required from the students at the end of the semester. In this report they were to describe the location, days and time of their session, type

¹See Appendix K for samples from the corrected source file.

²See Appendix L.

³See Appendix M.

of client served, activities and programs they had designed, and their subjective evaluation of their success. At the close of the semester the writer arranged interviews with the various clinical facility personnel and supervisors. Observational, subjective data were gathered during these interviews.

Results of the Questionnaires

All the questionnaires distributed to the clinical supervisors and the students were returned. Nowhere on any of the replies were there any indications that the practicum program should not continue. In comparing the evaluation of each individual music therapy student done by the clinical supervisor and the student herself, a strong similarity was noted. In no instance was there a strong disagreement. The clinical personnel reported benefits to their respective clients and cited numerous instances of specific improvement. The students reported that the exposure to clients was definitely beneficial.

Based on the data collected and the writer's own subjective evaluation of the semester, the following conclusions were drawn relative to the structure and content of the practicum program:

1. The coordination of the practica sessions was successful in that every student attended a practicum session on a consistent basis and absenteeism was low.

2. Practicum staffings were unsuccessful in that they did not interest, motivate, or provide beneficial information for the students. They needed to be redesigned.

3. The relationship with the clinical personnel was satisfactorily established and maintained.

4. A graduate student was unable to provide adequate supervision due to lack of time.

5. The Music Therapy Media Center was successfully established and utilized. Rhythm instruments, records, and song books were used most frequently.

CHAPTER V

DISCUSSION

Following is a discussion of the results in light of the four questions posed in this study: (1) How many additional facilities offer clinical practicum experience in music therapy at the undergraduate level; (2) How do these various facilities organize and structure their respective clinical practicum experience programs; (3) What relative values do different educational facilities place on clinical practicum experience; and (4) What are the trends and innovative approaches to clinical practicum experience now being offered in the various educational curricula.

The returns of the questionnaires revealed one specific and important inadequacy in the design of the instrument. The distinction between practicum experience that occurs through a separate course and practicum experience that is a part of other courses was not clearly indicated. Numerous respondents commented on their confusion in clearly answering the questions.

Even though the above mentioned inadequacy resulted in some confusion of the data it was still most evident that

practicum experience, providing the music therapy student with direct contact with clients in a clinical setting, is a strong emphasis in all the educational curricula reported in this study. All the respondents requested a copy of the results of the study, as did many of the related disciplines interviewed over the telephone. Numerous respondents encouraged publication of the results and several even included different mailing addresses to be sure of receiving the final report. This combination of comments and data indicates that music therapy educators recognize the need for and place priority value on clinical practicum experience in their respective curricula.

The structure of practicum experience in the various curricula was not clearly evident. It appears that all practicum experience is interwoven with the academic courses even in those curricula that give credit for separate practica courses. The results of this study did not clearly indicate how practicum experience was interwoven with the academic courses.

The results of the questionnaire indicate that almost every type of client disability and every type of clinical facility imaginable are receiving services through practica curricula throughout the country. Obviously, the location of the educational facility is a major factor in the availability of client disabilities and clinical

facilities, but it appears that the respective educational facilities have utilized as many resources available to them as possible in their immediate vicinity.

Consistency with regard to supervision, evaluation, and written requirements from the students was not clearly evident. Several trends appear to be developing.

One is the use of student proctors and/or graduate students to assist the music therapy director in on-the-site supervision and observation of music therapy students.

The second trend is for the educational facility to affiliate only with clinical practicum facilities that employ a registered music therapist R.M.T, on their staff. The questionnaire did not ascertain how many educational facilities had R.M.T.'s employed in their clinical practicum facilities, but six respondents volunteered this information.

A third trend is the use of Practicum Manuals. Twenty-eight facilities reported the use of observation paper forms. Thirty-one facilities use client treatment plans, session logs, and/or summary term reports. Thirty facilities require client progress reports. Three facilities combine these requirements in a Practicum Manual.¹

¹Music Therapy Practicum: A Manual for Behavior Change through Music Therapy by Suzanne B. Hanser, copyright 1976 is available from the University Bookstore, University of the Pacific, Stockton, Calif. 95211 for \$5.10. Florida State University in Tallahassee, Florida uses this manual. Elizabethtown College in Elizabethtown, Pennsylvania is in the process of completing a manual.

Other facilities apparently use a combination of forms but do not group them together as a single document.

Recommendations for Future Studies

The writer would recommend a follow-up study on this survey providing a closer examination of the structure of practicum experience within the educational curricula. The writer would recommend a series of surveys of clinicians, educators, and students to begin clearly defining the didactic knowledge and competency skills the music therapist needs to function successfully in the various employment situations. Evaluation relates not only to didactic knowledge but also to application of that knowledge in appropriate settings.

Results of this study indicated that mental retardation, psychiatric disabilities, and physical disabilities were the three strongest areas emphasized in the practicum facilities. The writer would recommend the development of learning modules for specific divisions of these areas that incorporate specific didactic knowledge and competency skills enabling the music therapist to successfully work with these clients in the various clinical settings in which they are served.

Obviously there is much work to be done if the growth of the music therapy profession is to proceed in an orderly

manner. The writer recommends that a series of proposed surveys be presented to the membership by the Education Committee in coordination with the Research Committee of the National Association of Music Therapy, Inc. Members should be encouraged to coordinate their research efforts through these committees to prevent duplication of effort. All educational facilities requiring senior research projects or graduate theses should require their students to submit proposals to NAMT committees so that the results of these studies can be appropriately communicated and utilized in contributing to the over-all growth of the profession and--most of all--in contributing to the quality of service provided for the clients.

APPENDIX A

NAMES AND ADDRESSES OF THE SUBJECTS

EDUCATIONAL INSTITUTIONS AFFILIATED
with the
NATIONAL ASSOCIATION FOR MUSIC THERAPY, INC.

ALVERNO COLLEGE, Sr. Josepha Schorsch, R.M.T., Department of Music,
Milwaukee, WI 53215

ANNA MARIE COLLEGE, Sr. Ann Belliveau, R.M.T., Department of Music,
Paxton, Mass. 01612

ARIZONA STATE UNIVERSITY, Mrs. Betty I. Howery, R.M.T., Department
of Music, Tempe, AZ 85281

AUGSBURG COLLEGE, Roberta Metzler, R.M.T., Department of Music,
Minneapolis, MN 55404

BAPTIST COLLEGE AT CHARLESTON, Mrs. Carolyn Hancock, R.M.T., Music
Therapy Department, Charleston, SC 29411

CALIFORNIA STATE UNIVERSITY, Ms. Kay Roskam, R.M.T., Department of
Music, Long Beach CA 90840

CATHOLIC UNIVERSITY OF AMERICA, Helen Bonny, R.M.T., School of Music,
Washington, D.C. 20017

CLARKE COLLEGE, Jo Ann Bennis Roberts, R.M.T., Music Department, 1550
Clarke Drive, Dubuque, IA 52201

COLLEGE OF MT. ST. JOSEPH ON THE OHIO, Sr. Miriam Elizabeth Dunn, R.M.T.,
Department of Music, Mt. St. Joseph,
OH 45051

COLLEGE OF MISERCORDIA, Mr. Melvin Arnold, R.M.T., Music Department,
Dallas, PA 18612

COLLEGE OF SAINT TERESA, Dr. Mary Nicholas, R.M.T., Department of Music,
Winona, MN 55987

COLORADO STATE UNIVERSITY, Mr. Frederick Tims, R.M.T., Department of
Music, Ft. Collins, CO 80523

COMBS COLLEGE OF MUSIC, Dr. Helen Braun, R.M.T., Music Therapy Department,
Philadelphia, PA 19119

DE PAUL UNIVERSITY, Mr. James Harris, R.M.T., Director of Music Therapy,
23 E. Jackson Blvd, Chicago, IL 60604

DUQUESNE UNIVERSITY, Mr. Richard Gray, R.M.T., Department of Music,
Pittsburg, PA 15219

EAST CAROLINA UNIVERSITY, Dr. Ruth Boxberger, R.M.T., School of Music,
Greenville, NC 27834

EASTERN NEW MEXICO UNIVERSITY, Mr. Joseph Moreno, R.M.T., Department
of Music, Portales, NM 88130

ELIZABETHTOWN COLLEGE, Elizabeth Eidenier, R.M.T., Department of Music,
Elizabethtown, PA 17022

FLORIDA STATE UNIVERSITY, Dr. Jayne M. Alley, R.M.T., Director of Music
Therapy, Tallahassee, FL 32306

GEORGIA COLLEGE, Carol Prickett Simmons, R.M.T., Department of Music,
Milledgeville, GA 31061

HENDERSON STATE UNIVERSITY, Mr. C. Wayland Lankford, R.M.T., School of
Fine Arts, Arkadelphia, AK 71923

ILLINOIS STATE UNIVERSITY, Mr. Daniel R. Stephens, R.M.T., Music Department,
Normal, IL 61761

INDIANA UNIVERSITY-FORT WAYNE, Mrs. Carol I. Collins, R.M.T., Division of
Music, Fort Wayne, IN 46805

LOYOLA UNIVERSITY, Mr. Charles Braswell, R.M.T., Chairman of Music Therapy,
New Orleans, LA 70118

MARYVILLE COLLEGE, Sr. Ruth M. Sheehan, R.M.T., Department of Music,
13550 Conway Road, St. Louis, MO 63141

MICHIGAN STATE UNIVERSITY, Mr. Robert F. Unkefer, R.M.T., Department of
Music, E. Lansing, MI 48824

MONTCLAIR STATE COLLEGE, Ms. Barbara Wheeler, R.M.T., Department of Music,
Upper Montclair, NJ 07043

OHIO UNIVERSITY, Mr. Michael Kellogg, R.M.T., School of Music, Athens,
OH 45701

PHILLIPS UNIVERSITY, Mrs. Betty Shirm, R.M.T., School of Music, Enid, OK
73701

QUEENSBOROUGH COMMUNITY COLLEGE, Madelaine Ventre, R.M.T., Music Therapy
Department, Bayside, NY 11364

- SHENANDOAH CONSERVATORY OF MUSIC, Mrs. Marion Sung, R.M.T., Winchester,
VA 22601
- STATE UNIVERSITY COLLEGE-FREDONIA, Mrs. Constance E. Willeford, R.M.T.,
Department of Music, Fredonia, NY 14063
- STATE UNIVERSITY COLLEGE-NEW PALTZ, Ms. Gerri Davis, R.M.T., Department
of Music, New Paltz, NY 11364
- SOUTHERN METHODIST UNIVERSITY, Dr. Charles Eagle, R.M.T., Coordinator of
Music Therapy, Dallas, TX 75275
- TEXAS WOMAN'S UNIVERSITY, Dr. Donald Michel, R.M.T., Department of Music,
Denton, TX 76204
- UNIVERSITY OF DAYTON, Mrs. Marilyn Sandness, R.M.T., Music Division of
Performing and Visual Arts Department, Dayton, OH
45469
- UNIVERSITY OF EVANSVILLE, Miss Cheryl Dileo, R.M.T., Department of Music,
Evansville, Ind. 47702
- UNIVERSITY OF GEORGIA, Dr. Richard M. Graham, R.M.T., Department of Music,
Athens, GA 30601
- UNIVERSITY OF IOWA, Dr. Erwin Schneider, R.M.T., Division of Music
Education, Iowa City, Iowa 52242
- UNIVERSITY OF KANSAS, Dr. William W. Sears, R.M.T., Department of Music
Education-Music Therapy, Lawrence, KS 66045
- UNIVERSITY OF MIAMI, Mr. Clive Muncaster, R.M.T., Department of Music,
Coral Gables, FL 33124
- UNIVERSITY OF MINNESOTA, Dr. Judith Jellison, R.M.T., Department of
Curriculum and Instruction, Minneapolis, MN 55455
- UNIVERSITY OF MISSOURI-KANSAS CITY, Dr. Wanda Lathom, R.M.T., Conservatory
of Music, Kansas City, MO 64111
- UNIVERSITY OF THE PACIFIC, Dr. Suzanne B. Hanser, R.M.T., Department of
Music Therapy, Stockton, CA 95211
- UNIVERSITY OF WISCONSIN-EAU CLAIRE, Mr. Dale Taylor, R.M.T., Department
of Music, Eau Claire, WI 54701
- UNIVERSITY OF WISCONSIN-MILWAUKEE, Mr. Leo Muskatevc, R.M.T., Department
of Music, Milwaukee, WI 53201

UNIVERSITY OF WISCONSIN-OSHKOSH, Mrs. Nancy Hinant, R.M.T., Department of Music, Oshkosh, WI 54901

WEST TEXAS STATE UNIVERSITY, Mrs. Martha Estes, R.M.T., Department of Music, Canyon, TX 79016

WESTERN ILLINOIS UNIVERSITY, Mr. F.D.Patrick, III, R.M.T., Department of Music, Browne Hall, Macomb, IL 61455

WESTERN MICHIGAN UNIVERSITY, Mr. Brian Wilson, R.M.T., Department of Music, Kalamazoo, MI 49001

WILLAMETTE UNIVERSITY, Miss Donna Douglas, R.M.T., Music Therapy Department, Salem, OR 97301

WILLIAM CAREY COLLEGE, Mrs. Carylee Hammons, R.M.T., School of Music, Hattiesburg, MS 39401

EDUCATIONAL INSTITUTIONS AFFILIATED
with the
AMERICAN ASSOCIATION OF MUSIC THERAPY

NEW YORK UNIVERSITY, Ms. Barbara Hesser, C.M.T., 777 Education Building, 35 W. 4th St., New York, NY 10003

TEMPLE UNIVERSITY, Mr. Kenneth Bruscia, C.M.T., Woodhaven Center, 2900 Southampton Rd., Philadelphia, PA 19154

APPENDIX B

MUSIC THERAPY PRACTICUM QUESTIONNAIRE

MUSIC THERAPY
PRACTICUM QUESTIONNAIRE

Name of College or University _____

Address _____

Name and title of person completing questionnaire _____

Do you wish to receive a summary report on the results of this questionnaire? yes no

The term practicum as used in this questionnaire means a practical, pre-clinical, pre-internship experience which provides the music therapy student with the regular working circumstances of a clinical setting with clients. It is not observation or field trips.

1. Please indicate the organizational structure of your educational facility.

semester term for _____ weeks quarter term for _____ weeks
(check) (no.) (check) (no.)

trimester term for _____ weeks other (please specify) for _____ weeks
(check) (no.) (check) (no.)

2. Do your music therapy students receive college credit on their official transcripts for practicum experience? (check one) yes no

3. If college credit is given for clinical practicum experience please list the titles of the courses and the amount of credit received over the four-year program period.

_____	Course Title	_____	Total Credit Hours
_____	Course Title	_____	Total Credit Hours
_____	Course Title	_____	Total Credit Hours

4. If practicum experience is offered concurrently with academic course work please indicate in the appropriate blanks.

YEAR	TERM	NO. OF HRS. PER WEEK	(FOR) HOW MANY WEEKS	CREDITS RECEIVED	
				SEM. HRS.	OTR. HRS.
FRESH.	1				
	2				
	3				
	4				
SOPH.	1				
	2				
	3				
	4				
JR.	1				
	2				
	3				
	4				
SR.	1				
	2				
	3				
	4				

5. Do you require practicum type special projects as a part of other courses (i.e. field trips, observations, viewing video tapes of therapy sessions, etc.)?

yes no If required please describe.

6. Is any practicum experience required that is not necessarily concurrent with the academic courses (i.e. summers, unit breaks, etc.)? yes no If yes, please indicate.

Course Title No. Working hrs. Credits received During what portion of 4 yrs.

7. Is any practicum experience required for which the music therapy student does not receive college credit (i.e. music therapy club projects, etc.)?

yes no If required please describe.

8. Check below the types of clients who are involved in your practicum program.

mentally retarded children, mentally retarded adults, emotionally disturbed children, psychiatric adults, children with learning disabilities, geriatric clients, prisoners, speech handicapped clients, autistic children, visually impaired clients, crippled children, crippled adults, delinquent adolescents, other (please specify).

9. Check below the types of clinical facilities in which your practica sessions are held.

community mental health centers, nursery schools, state operated residential psychiatric institutions, privately operated residential psychiatric institutions, special education classroom in the public school, state operated residential mental retardation institution, privately operated residential mental retardation institution, treatment center for emotionally disturbed children, prison, old folks home, drug clinic, general hospital, V.A. hospital, alcohol abuse center, crippled children's home, on campus clinic, other (please specify).

10. Check the type of supervision that is provided for the music therapy student.

music therapy staff instructor peer student
 music therapy graduate student other (please specify)
 clinic staff at the site

11. Please check your procedure for evaluation. If you use specific forms please include samples.

video taps recording conferences
 audio recording reports of clinic staff at the site
 observation paper forms other (please specify)

12. Please check if you require the following from students enrolled in your practicum program.

client treatment plans summary term report
 client progress reports assigned readings
 session logs other (please specify)

13. Do you have an additional music therapy staff member who is primarily responsible for coordinating and developing your practicum program? yes no

14. In your degree program is the internship required prior to the granting of a degree?

yes no (no.) credit hours (if applicable)

15. Please offer any comments or additional information that you feel would be helpful.

APPENDIX C

COVER LETTER SENT WITH FIRST MAILING
MONDAY, APRIL 4, 1977

1162 F South Cedar Crest Blvd.
Allentown, Pennsylvania 18103
April 4, 1977

Dear

Enclosed you will find a copy of a questionnaire concerning clinical practicum experience. If you yourself do not have time to complete this questionnaire will you please delegate the responsibility to a student or to your secretary and have it returned to me in the stamped, self-addressed envelope?

While I was enrolled in graduate studies I became quite intrigued with the idea of offering clinical practicum experience to music therapy students concurrently with their academic coursework. From my research on this subject it would appear that more and more emphasis is being placed on earlier and more extensive practical experience in the curricula of related disciplines such as special education, speech therapy, physical therapy, psychology, etc. After speaking with various educators, music therapy students, and clinicians it appears that this trend is developing in the music therapy curricula.

I contacted the N.A.M.T. National Office and determined that they know of no such study being planned. I then contacted the Chairman of the Education Committee. That committee has requested the results of this survey for their appropriate consideration in future curricula development.

If you desire a summary report on this questionnaire please check the appropriate blank on the questionnaire. A list of the responding educational facilities will be included in that report.

I thank you in advance for your time in responding to this request. I will be looking forward to your reply.

Sincerely yours,

(Mrs.) Diane D. Gardner, R.M.T.
Director, Music Therapy Program
Hamburg Center

APPENDIX D

COVER LETTER SENT WITH SECOND MAILING
ON SUNDAY, MAY 1, 1977

1162 F South Cedar Crest Blvd.
Allentown, Pennsylvania 18103
May 2, 1977

Enclosed you will find a second copy of a questionnaire concerning clinical practicum experience. The results from the first mailing are most informative and I am anxious to secure the remaining data. If you yourself do not have time to complete this questionnaire will you please delegate the responsibility to a student or to your secretary and have it returned to me in the stamped, self-addressed envelope?

While I was enrolled in graduate studies I became quite intrigued with the idea of offering clinical practicum experience to music therapy students concurrently with their academic coursework. From my research on this subject it would appear that more and more emphasis is being placed on earlier and more extensive practical experience in the curricula of related disciplines such as special education, speech therapy, physical therapy, psychology, etc. After speaking to various educators, music therapy students, and clinicians it appears that this trend is developing in the music therapy curricula.

I contacted the N.A.M.T. National Office and determined that they know of no such study being planned. I then contacted the Chairman of the Education Committee. That committee has requested the results of this survey for their appropriate consideration in future curricula development.

If you desire a summary report on this questionnaire please check the appropriate blank on the questionnaire. A list of the responding educational facilities will be included in that report.

I thank you in advance for your time in responding to this request. I will be looking forward to your reply.

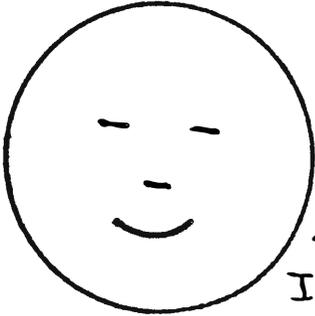
Sincerely yours,

(Mrs.) Diane D. Gardner, R.M.T.
Director, Music Therapy Program
Hamburg Center

APPENDIX E

POSTCARD SENT ON SUNDAY

MAY 15, 1977



SMILE!

It's just me pestering AGAIN AND SAYING "Pretty please?" If at all possible could you please have one of the two copies of the survey I sent you completed AND returned to me? I've had AN exceptional return to date BUT STILL HOPE TO BE ABLE TO PROUDLY BRAG ABOUT MY PROFESSION PROVIDING A 100% RETURN WHEN I COMPLETE THE FINAL REPORT.

THANK you?

Diane D. Gardner

APPENDIX F

RESPONDING EDUCATIONAL FACILITIES
UTILIZED IN THIS STUDY

Responding Educational Facilities

Affiliated with NAMT

UTILIZED in this Study

Anna Maria College, Paxton, Mass.

Arizona State University, Tempe, Arizona

Augsburg College, Minneapolis, Minn.

Baptist College at Charleston, Charleston, S.C.

California State University, Long Beach, Calif.

Catholic University of America, Washington, D.C.

College of Mt. St. Joseph on the Ohio, Mt. St. Joseph, Ohio

College of Misericordia, Dallas, Penn.

College of Saint Teresa, Winona, Minn.

Combs College of Music, Philadelphia, Penn.

Duquesne University, Pittsburgh, Penn.

East Carolina University, Greenville, N.C.

Eastern New Mexico University, Portales, N.M.

Elizabethtown College, Elizabethtown, Penn.

Florida State University, Tallahassee, Fla.

Georgia College, Milledgeville, Ga.

Henderson State University, Arkadelphia, Ark.

Illinois State University, Normal, Ill.

Indiana University-Fort Wayne, Fort Wayne, Ind.

Loyola University, New Orleans, La.

Maryville College, St. Louis, Mo.

Michigan State University, East Lansing, Mich.
Montclair State College, Upper Montclair, N.J.
Ohio University, Athens, Ohio
Phillips University, Enid, Okla.
Shenandoah Conservatory of Music, Winchester, Va.
Southern Methodist University, Dallas, Tex.
State University College-Fredonia, Fredonia, N.Y.
State University College-New Paltz, New Paltz, N.Y.
Texas Woman's University, Denton, Texas
University of Dayton, Dayton, Ohio
University of Evansville, Evansville, Ind.
University of Georgia, Athens, Ga.
University of Iowa, Iowa City, Iowa
University of Kansas, Lawrence Kan.
University of Miami, Coral Gables, Fla.
University of Minnesota, Minneapolis, Minn.
University of Missouri-Kansas City, Kansas City, Mo.
University of the Pacific, Stockton, Calif.
University of Wisconsin-Eau Claire, Eau Claire, Wis.
University of Wisconsin-Oshkosh, Oshkosh, Wis.
Western Illinois University, Macomb, Ill.
Western Michigan University, Kalamazoo, Mich.
Willamette University, Salem Ore.
William Carey College, Harrisburg, Miss.

Responding Educational Facilities

Affiliated with AAMT

Utilized in this Study

New York University, New York, N.Y.

Temple University, Philadelphia, Penn.

APPENDIX G

CURRICULUM REQUIREMENTS

for 1973-74

at

TEXAS WOMAN'S UNIVERSITY

Catalogue Descriptions of Courses

Curriculum Outline Plan

List of Courses by Area

**CATALOG DESCRIPTIONS OF MUSIC THERAPY COURSES
FOR UNIVERSITY BULLETIN, 1973-74**

Undergraduate

1. MU 2511 -- Preclinical Experience in Music Therapy.

Observation and participation of the practice of music therapy in a clinical setting. Prerequisite: Permission of instructor. Three clinical hours per week. Credit: One hour. May be repeated for a maximum of four credits.
2. MU 2512 -- Basic Skills in Music Therapy.

A study of ancient and modern history of mental health/mental illness and music therapy, and of the place of the music therapist as a member of the therapeutic team. Two hours of lecture and one of clinical observation per week. Credit: Two hours.
3. MU 2522 -- Music in Recreation.

A study of the techniques of using music in therapeutic and recreational settings with special emphasis on the functional use of nonsymphonic instruments. Two hours of lecture and one of clinical observation per week. Credit: Two hours.
4. MU 3500 -- Practicum in Music Therapy.

Clinical experiences in working with emotionally disturbed, physically handicapped, and mentally retarded adults and children. Prerequisite: Junior standing and permission of instructor. Credit: One to three hours. May be repeated for a maximum of nine credits.
5. MU 3516 -- Clinical Orientation in Music Therapy I.

Six weeks of supervised experience in an approved clinical facility. Music 3516 and 3526 must be taken in direct sequence, resulting in three months of continuous clinical orientation. Prerequisite: Junior standing, nine hours of psychology and permission of instructor. Credit: Six hours.
6. MU 3526 -- Clinical Orientation in Music Therapy II.

Continuation of MU 3516. Six weeks of supervised experience in an approved clinical facility. Music 3516 and 3526 must be taken in direct sequence, resulting in three months of continuous clinical experience. Prerequisite: Music 3516. Credit: Six Hours.
7. MU 4513 -- Influence of Music on Behavior.

A study of music as a form of human behavior; of the esthetic need of man; of physiological, neurological, psychological, and sociological needs that make musical experiences necessary; and of attitudes toward research of musical phenomena. Prerequisites: Junior standing; six hours of psychology, three of zoology, and three of sociology; and permission of instructor. Three lecture hours per week. Credit: Three hours.

8. MU 4523 -- Music in Therapy.

A study of the clinical uses of music as therapy in the treatment of mentally ill and physically disabled children and adults. Prerequisite: Junior standing and MU 4513. Three hours of lecture and one of clinical observation per week. Credit: Three hours.

9. MU 4516 -- Internship in Music Therapy I.

Supervised practical experience in an approved clinical setting for six weeks. Music 4516, 4526, 4536, 4546 must be taken in direct sequence, resulting in a continuous six-month internship. Prerequisite: Completion of all academic courses in the music therapy program. Credit: Six hours.

10. MU 4526 -- Internship in Music Therapy II.

Continuation of MU 4516. Supervised practical experience in an approved clinical setting for six weeks. Music 4516, 4526, 4536, and 4546 must be taken in direct sequence, resulting in a continuous six-month internship. Prerequisite: Music 4516. Credit: Six hours.

11. MU 4536 -- Internship in Music Therapy III.

Continuation of MU 4526. Supervised practical experience in an approved clinical setting for six weeks. Music 4516, 4526, 4536, and 4546 must be taken in direct sequence, resulting in a continuous six-month internship. Prerequisite: Music 4526. Credit: Six hours.

12. MU 4546 -- Internship in Music Therapy IV.

Continuation of MU 4536. Supervised practical experience in an approved clinical setting for six weeks. Music 4516, 4526, 4536, and 4546 must be taken in direct sequence, resulting in a continuous six-month internship. Prerequisite: Music 4536. Credit: Six hours.

13. MU 4633 -- Psychology of Music I.

A study of the psychological foundations of music with emphasis upon problems of perception of and responses to musical stimuli, and of measurement and diagnosis of musical ability and achievement. Experimental literature reviewed. Prerequisite: Permission of instructor. Three lecture hours per week. Credit: Three hours.

14. MU 4643 -- Psychology of Music II.

A laboratory and research course to accompany or follow MU 4633. Designed to allow experimental investigation of organismic response to musical stimuli. Prerequisite: Permission of instructor. Credit: Three hours.

Graduate

15. MU 5513 -- Techniques in Music Therapy

Advanced music therapy practice under approved clinical supervision. May be repeated for credit with consent of the instructor, but not more than six hours may be counted toward a masters degree. Prerequisite: Permission of instructor. Credit: Three hours.

16. MU 5523 -- Administration of Music Therapy Programs.

A study of the organization and administration of university and clinical programs of music therapy. Prerequisite: Permission of instructor. Three lecture hours a week. Credit: Three hours.

17. MU 5533 -- Seminar in Music Therapy I.

A survey of contemporary trends in music therapy. Prerequisite: Permission of instructor. Three lecture hours a week. Credit: Three hours.

18. MU 5543 -- Seminar in Music Therapy II.

A survey of contemporary trends in music therapy. Prerequisite: Permission of instructor. Three lecture hours a week. Credit: Three hours.

19. MU 5643 -- Research in Psychology of Music.

A laboratory and research course designed to allow experimental investigation of organismic response to musical stimuli. Prerequisite: Permission of instructor. Credit: Three hours.

CATALOG CURRICULUM OUTLINE OF THE MAJOR IN MUSIC THERAPY
FOR UNIVERSITY BULLETIN, 1973-74
(See 72-73 Bulletin, p.298)

BACHELOR OF SCIENCE -- MUSIC THERAPY MAJOR

With Registration in the National
Association for Music Therapy

First Semester

Second Semester

Freshman Year

English 1013	3	English 1023	3
History 1013	3	History 1023	3
HPER 1141	1	HPER 1151	1
Psychology 1013	3	Psychology 1603	3
Music (Music Therapy) 2512	2	Music 3512	2
Music 1512	2	Music (Music Therapy) 2511	1
Music, piano	1	Music 1522	2
Music, ensemble	1	Music, piano	1
	<u>16</u>	Music, ensemble	<u>1</u>
			<u>17</u>

Sophomore Year

English 2013	3	English 2023	3
HPER, elective	1	HPER, elective	1
Sociology 2013	3	Psychology 3303	3
Music (Music Therapy) 2511	1	Music (Music Therapy) 2522	2
Music, theory and literature	6	Music, theory and literature	6
Music, piano	1	Music, piano	1
Music, principal instrument	1	Music, principal instrument	1
Music, ensemble	1	Music, ensemble	1
	<u>17</u>		<u>18</u>

Junior Year

Government 2013	3	Government 2023	3
Zoology 2013	3	Zoology 2023	3
Music (Music Therapy) 4633	3	Educational Foundations 3813	3
Music (Music Therapy) 3500	1	Music (Music Therapy) 4643	3
Music, theory and literature	6	Music (Music Therapy) 3500	1
Music, principal instrument	1	Music, principal instrument	1
	<u>17</u>	Music, voice	1
		Approved elective	3
			<u>18</u>

Summer Sessions**Three-Month Experience in an
Approved Clinical Setting**

Music (Music Therapy) 3516	$\frac{6}{6}$	Music (Music Therapy) 3526	$\frac{6}{6}$
--------------------------------------	---------------	--------------------------------------	---------------

Senior Year

Psychology 3513	3	Psychology 3023	3
Music (Music Therapy) 4513	3	Music (Music Therapy) 4523	3
Music (Music Therapy) 3500	1	Music (Music Therapy) 3500	1
Music 4773	3	Music (Music Therapy), elective	3
Music 3532	2	Approved electives	6
Approved elective	$\frac{3}{15}$		16

**Six-Month Internship in an
Approved Clinical Setting**

Music (Music Therapy) 4516	6	Music (Music Therapy) 4536	6
Music (Music Therapy) 4526	6	Music (Music Therapy) 4546	6
	12		12

Total Semester Hours: 134, plus Clinical Orientation (12 hours) and Internship (24 hours).

NOTE: Before a student can register for her six-month Internship in Music Therapy (I-IV), she must have met the following requirements:

1. Have completed all academic and preclinical course work.
2. Have an overall grade-point average of 1.2 or better.
3. Have a grade-point average of 1.2 or better in all major academic courses and 1.5 or better in all preclinical work.
4. Show emotional stability and good physical health.

TEXAS WOMAN'S UNIVERSITY
Denton, Texas

Degree: Bachelor of Science
Major: Music Therapy

LIST OF COURSES BY AREA

Music

MU 1512	Instrumental Methods -- Brass	2	
MU 1522	Instrumental Methods -- Percussion	2	
MU 3512	Instrumental Methods -- Woodwinds	2	
MU 3532	Basic Conducting	2	
MU 4773	Orchestration I	3	
MU Theory	. . . . .	12	
MU Literature/History	. . . . .	6	
MU Principal Instrument	. . . . .	4	
MU Voice	. . . . .	1	
MU Piano	. . . . .	4	
MU Ensembles	. . . . .	<u>4</u>	42

Music Therapy (Major)

a. Taken during academic year:

MU 2511	Preclinical Experience in Music Therapy	2	
MU 2512	Basic Skills in Music Therapy	2	
MU 2522	Music in Recreation	2	
MU 3500	Practicum in Music Therapy	4	
MU 4513	Influence of Music on Behavior	3	
MU 4523	Music in Therapy	3	
MU 4633	Psychology of Music I	3	
MU 4643	Psychology of Music II	3	
MU Elective	. . . . .	<u>3</u>	25

b. Taken in summer after junior year:

MU 3516	Clinical Orientation in Music Therapy I	6	
MU 3526	Clinical Orientation in Music Therapy II	<u>6</u>	(12)

c. Taken after senior year:

MU 4516	Internship in Music Therapy I	6	
MU 4526	Internship in Music Therapy II	6	
MU 4536	Internship in Music Therapy III	6	
MU 4546	Internship in Music Therapy IV	<u>6</u>	(24)

Psychology (Minor)

PSY 1013	Introduction to General Psychology	3	
PSY 1603	Developmental Psychology	3	
PSY 3023	Social Psychology	3	
PSY 3303	Applied Statistics	3	
PSY 3513	Abnormal Psychology	3	
EDFD 3813	Survey Course of Exceptional Children	<u>3</u>	18

List of Courses by Area (continued)

page 2

General Education

ENG	1013	Composition and Literature	3	
ENG	1023	Composition and Literature	3	
ENG	2013	English Literary Masterpieces	3	
ENG	2023	English Literary Masterpieces	3	
GOVT	2013	American Government	3	
GOVT	2023	American and Texas Government	3	
HIST	1013	History of the United States, 1492-1865	3	
HIST	1023	History of the United States, 1865 to the present	3	
HPER	1141	Folk Dance	1	
HPER	1151	Modern Dance	1	
HPER		Electives	2	
ZOOL	2013	Human Anatomy and Physiology	3	
ZOOL	2023	Human Anatomy and Physiology	3	
SOC	2013	General Sociology	<u>3</u>	37

Electives

Approved electives 12 12

Total Semester Hours: 134, plus

Clinical Orientation (12 hours) and
Internship (24 hours).

APPENDIX H

PRACTICUM SCHEDULE CARD

APPENDIX I

MASTER PRACTICUM SCHEDULE

For The

Fall Semester 1973

MASTER PRACTICUM SCHEDULE

Frank Borman Elementary School - 1:15-1:45 - Emotionally Disturbed, 6 boys, aged 9-12, Martha Jordan, teacher, Mr. Chrisman, principal

<u>Days</u>	<u>Name</u>	<u>Course</u>	<u>Transportation</u>
<u>M-F</u>	Bobbi Rudiger	MU 3500	no car
<u>MWF</u>	Robin Davidson	MU 2511	car
<u>TTh</u>	Livia Bemis	MU 2511	car
<u>T</u>	Anna Ator	MU 2512	car
<u>F</u>	Jean Luttrell	MU 2512	no car
<u>Th</u>	Sandy Wimberly	MU 2512	car

Woodrow Wilson Elementary School 12:10-12:50 Monday through Friday - Emotionally Disturbed, 8 children aged 6-9, Jane Norris, teacher; Mr. Sam Spratt, Principal

<u>Days</u>	<u>Name</u>	<u>Course</u>	<u>Transportation</u>
<u>MWF</u>	Terri Lee	MU 3500	no car
<u>TWTh</u>	Brenda Chapman	MU 2511	car
<u>F</u>	Debbie Karleski	MU 2512	no car
<u>Th</u>	Linda Westbrook	MU 2512	no car

Woodrow Wilson Elementary School 12:10-12:50 Monday-Friday - Emotionally Disturbed, 11 children ages 9-12, Cathy Hancock, teacher, Mr. Sam Spratt, Principal

<u>Days</u>	<u>Name</u>	<u>Course</u>	<u>Transportation</u>
<u>M-F</u>	Susan Dillingham	MU 3500	car
<u>MFW</u>	Nancy Gilchrist	MU 2511	no car
<u>WThF</u>	Becky Milner	MU 2511	no car
<u>M</u>	Stella Blackwell	MU 2512	no car
<u>T</u>	Roberta Rauch	MU 2512	no car

Woodrow Wilson Elementary School 12:10-12:50 MWTThF - MBO, 13 students ages 9-12, Karen Armstrong, teacher; Mr. Sam Spratt, Principal

<u>Days</u>	<u>Name</u>	<u>Course</u>	<u>Transportation</u>
<u>MWTThF</u>	Bobbi McMillan	MU 3500	no car

First Christian Church 10:45-11:45 MWF - Children (MR, ED, Physically Handicapped) 2 separate groups (7 and 4) ages 4-8, Mrs. John Tompkins, teacher in-charge

<u>Days</u>	<u>Name</u>	<u>Course</u>	<u>Transportation</u>
<u>MWF</u>	Peggy Lellatte	MU 3500	no car
<u>MWF</u>	Judy Robinson	MU 2511	car

Beaumont Nursing Home 6:30 Thursday - Geriatric, Mr. Charles McKee, administrator

<u>Days</u>	<u>Name</u>	<u>Course</u>	<u>Transportation</u>
Th	Peggy LeVatte	MU 3500	no car
Th	Terri Lee	MU 3500	no car

Denton Nursing Home 2:30 Wednesday - Geriatric,

<u>Days</u>	<u>Name</u>	<u>Course</u>	<u>Transportation</u>
W	Laurie Windham	MU 3500	no car
W	Nancy Lawler	MU 2512	car

Silver Leaves Nursing Home 2:30 Tuesday, Friday, Saturday (two separate classes Tues. and Fri., combined on Sat.) Miss Mary Anne Baum, Activity Director

<u>Days</u>	<u>Name</u>	<u>Course</u>	<u>Transportation</u>
TFS	Fran McDonald	MU 3500	car
S	Terri Lee	MU 3500	no car

Silver Leaves Nursing Home

TFS	Mary Miller	MU 3500	no car
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Denton State School 8:30-9:30 M-F Emotionally Disturbed Mentally Retarded - 7 residents, Level 3C, Room 5, Mrs. Dill, teacher; Mr. Barry Orr Principal

<u>Days</u>	<u>Name</u>	<u>Course</u>	<u>Transportation</u>
M-F	Gloria Montgomery	MU 3500	no car
MWF	Sandra Vera	MU 2511	car
MTTh	Glenda Shipley	MU 2511	no car
TTh	Carol Johnson	MU 2512	car

Denton State School 9:30-10:30 M-F Mentally Retarded - 2 separate classes (5 partially sighted, 6 blind) Room 8, Mrs. Stacey Steele, teacher; Mr. Barry Orr, Principal

<u>Days</u>	<u>Name</u>	<u>Course</u>	<u>Transportation</u>
M-F	Rosemary Crock	MU 3500	no car (TWU car provided)

Denton State School 1:10-1:45 M-F Mentally Retarded, Level 1, 10 residents (6 ambulatory, 4 non-ambulatory) Room 7, Mrs. Lynne McGee, teacher; Mr. Barry Orr, Principal

<u>Days</u>	<u>Name</u>	<u>Course</u>	<u>Transportation</u>
M-F	Gloria Junkin	MU 3500	no car

Denton State School 1:10-1:45 M-F Mentally Retarded, 9 residents, Section 12, Room Library, Mrs. Harberson, teacher, Mr. Barry Orr, Principal

<u>Days</u>	<u>Name</u>	<u>Course</u>	<u>Transportation</u>
M-F	Pam Smith	MU 3500	no car

Denton State School 1:10-1:45 M-F Mentally Retarded Emotionally Disturbed, Level 4C, 9 residents, Room 4, Mrs. Donna Cook, teacher, Mr. Barry Orr, Principal

<u>Days</u>	<u>Name</u>	<u>Course</u>	<u>Transportation</u>
M-F	Mary Boudreaux	MU 3500	no car
MTTh	Jan Bennett	MU 2511	no car

Denton State School 1:10-1:45 M-F Mentally Retarded, Section 10, 11 residents, Room 15, Mrs. Dill, teacher; Mr. Barry Orr, Principal

<u>Days</u>	<u>Name</u>	<u>Course</u>	<u>Transportation</u>
M-F	Maryalayne Lott	MU 3500	car

Denton State School 2:10-2:55 M-F Mentally Retarded, Level 5, 9 residents, Room 14, Mrs. Thompson, teacher; Mr. Barry Orr, Principal

<u>Days</u>	<u>Name</u>	<u>Course</u>	<u>Transportation</u>
M-F	Sandy Wimberly	MU 3500	car
MTW	Christina Nickerson	MU 2511	no car
Th	Livia Bemis	MU 2511	car

Denton State School 2:10-2:55 M-F Mentally Retarded, Level 4A, 10 residents (9 ambulatory, 1 in recliner), Room 4, Mrs. Donna Cook, teacher; Mr. Barry Orr, Principal

<u>Days</u>	<u>Name</u>	<u>Course</u>	<u>Transportation</u>
MWTF	Janet Lumpkin	MU 3500	no car
MWTF	Becky Loving	MU 3500	car

Denton State School 1:10-1:45 M-F Mentally Retarded, 9 residents, Section 12, Room Library, Mrs. Harberson, teacher, Mr. Barry Orr, Principal

<u>Days</u>	<u>Name</u>	<u>Course</u>	<u>Transportation</u>
M-F	Pam Smith	MU 3500	no car

Denton State School 1:10-1:45 M-F Mentally Retarded Emotionally Disturbed, Level 4C, 9 residents, Room 4, Mrs. Donna Cook, teacher, Mr. Barry Orr, Principal

<u>Days</u>	<u>Name</u>	<u>Course</u>	<u>Transportation</u>
M-F	Mary Boudreaux	MU 3500	no car
MTh	Jan Bennett	MU 2511	no car

Denton State School 1:10-1:45 M-F Mentally Retarded, Section 10, 11 residents, Room 15, Mrs. Dill, teacher; Mr. Barry Orr, Principal

<u>Days</u>	<u>Name</u>	<u>Course</u>	<u>Transportation</u>
M-F	Maryalayne Lott	MU 3500	car

Denton State School 2:10-2:55 M-F Mentally Retarded, Level 5, 9 residents, Room 14, Mrs. Thompson, teacher; Mr. Barry Orr, Principal

<u>Days</u>	<u>Name</u>	<u>Course</u>	<u>Transportation</u>
M-F	Sandy Wimberly	MU 3500	car
MTW	Christina Nickerson	MU 2511	no car
Th	Livia Bemis	MU 2511	car

Denton State School 2:10-2:55 M-F Mentally Retarded, Level 4A, 10 residents (9 ambulatory, 1 in recliner), Room 4, Mrs. Donna Cook, teacher; Mr. Barry Orr, Principal

<u>Days</u>	<u>Name</u>	<u>Course</u>	<u>Transportation</u>
MWF	Janet Lumpkin	MU 3500	no car
MWF	Becky Loving	MU 3500	car

Student Practicum AssignmentsMU 3500

<u>Name and Class.</u>	<u>Cr. Hrs.</u>	<u>Clinic</u>	<u>Days</u>	<u>Time</u>
1. Boudreaux, Mary - Sr.	2	Denton State School	M-F	1:10-1:45
2. Crock, Rosemary - Gr.	3	Denton State School	M-F	9:30-10:30
3. Dillingham, Susan - Sr.	3	Woodrow Wilson Elementary	M-F	12:10-12:50
4. Junkin, Gloria - Gr.	3	Denton State School	M-F	1:10-1:45
5. Lee, Terri - Jr.	2	Woodrow Wilson Elementary Beaumont Nursing Home Silver Leaves Nursing Home	MWF Th Sat.	12:10-12:50 6:30 2:30
6. LeWatte, Peggy	3	First Christian Church Beaumont Nursing Home	MWF Th	10:45-11:45 6:30
7. Lott, Maryalayne - Jr.	2	Denton State School	M-F	1:10-1:45
8. Loving, Becky - Gr.	3	Denton State School Denton State School Choir	MWF M	2:10-2:55 6:00
9. Lumpkin, Janet - Gr.	3	Denton State School Terrill State Hospital	MWF Th	2:10-2:55 9:00-4:00
10. McDonald, Fran - Jr.	2	Silver Leaves Nursing Home	TThS	2:30
11. McMillan, Barbara - Sr.	3	Woodrow Wilson Elementary	MWThF	12:10-12:50
12. Miller, Mary - Sr.	3	Silver Leaves Nursing Home	TThS	2:30
13. Montgomery, Gloria - Sr.	3	Denton State School	M-F	8:30-9:15
14. Rudiger, Bobbie - Sr.	3	Borman Elementary	M-F	1:15-1:45
15. Smith, Pam - Sr.	3	Denton State School	M-F	1:10-1:45
16. Wimberly, Sandy - Gr.	3	Denton State School	M-F	2:10-2:55
17. Windham, Laurie - Jr.	2	Denton Nursing Home	W	2:30

Student Practicum AssignmentsMU 2511

<u>Name and Class.</u>	<u>Cr.Hrs.</u>	<u>Clinic</u>	<u>Days</u>	<u>Time</u>
1. Bemis, Livia - Jr.	1	Borman Elementary School Denton State School	TTh Th	1:15-1:45 2:10-2:55
2. Bennett, Jan - Fr.	1	Denton State School	MTTh	1:10-1:45
3. Chapman, Brenda - Fr.	1	Woodrow Wilson Elementary	TWTh	12:10-12:50
4. Davidson, Robin - Fr.	1	Borman Elementary School	MWF	1:15-1:45
5. Gilchrist, Nancy - Soph.	1	Woodrow Wilson Elementary	MTW	12:10-12:50
5. Milner, Becky - Soph.	1	Woodrow Wilson Elementary	WThF	12:10-12:50
6. Nickerson, Christina - F.	1	Denton State School	MTW	2:10-2:55
7. Robinson, Judy - Soph.	1	First Christian Church	MWF	10:45-11:45
8. Shipley, Glenda - Soph.	1	Denton State School	MTTh	8:30-9:15
9. Vera, Sandra - Jr.	1	Denton State School	MWF	8:30-9:15

Contacts for establishing Clinical Practica in Music Therapy

A. Denton Independent School District

1. Dr. Short, Coordinator of Student Teachers
TWU 382-5469
2. Mr. Bob Chrisman, Personnel Director, Denton
Independent School District, contact through
Dr. Short
3. Mrs. Dorothy Minter, Coordinator Special Education,
Denton Independent School District, Community
Services, 909 Linden 382-1591
4. Mr. Sam Spratt, Principal Woodrow Wilson Elementary
School, 1501 Emerson, Denton 382-9313 or 387-4386
5. Mr. Chrisman, Principal Frank Borman Elementary
School, Parvin St., Denton 387-7502

B. First Christian Church, 1203 North Fulton, Denton 387-1474

1. Mrs. John Tompkins, director of the program, home phone
382-3538

C. Denton State School, Highway 35S, Denton 387-3831

1. Mr Barry Orr, Academic School, Principal

D. Silver Leaves Nursing Home, 909 East, Loop 288, Denton
387-8525

1. Miss Mary Anne Baum, Activities Coordinator

E. Denton Nursing Home, 2229 Carroll Blvd., Denton
387-8508 or 387-8509

1. Mr. Charles Moore, Administrator

F. Beaumont Nursing Home, 2224 Carroll Blvd, Denton
387-6656 or 382-5773

1. Mr. Charles McKee, Administrator

APPENDIX J

ACTIVITY PLAN FORM

ACTIVITY PLAN

Description of the Group:

Length of Activity:

Behavioral Objective:

Materials:

Description of the Activity:

Critique:

APPENDIX K

SAMPLE ACTIVITY PLANS

from the

CORRECTED SOURCE FILE

Rosemary J. Crock
Monday, October 8, 1973

ACTIVITY PLAN

Description of the Group: 9 emotionally disturbed, educable mentally retarded adolescents - C.A.13-20; M.A.5-11.

Length of Activity: 1½ sessions

Behavioral Objectives: To be able to identify the designated rhythm instruments and to improve listening attention span as will be evidenced by student's accurate response or lack of accurate response to "Simon's" command.

Materials: Castanets, maracas, tambourine, rhythm sticks, cow bell, triangle, sand blocks, sleigh bells, tom tom drum, tone block.

Description of Activity: Class sit in a circle on floor. Remove instruments from box one at a time. First student to name instrument may hold it quietly while other students receive their instruments. During this procedure, inject "Who has the _____, again?" i.e. "tambourine" to help with the recollection of the specific names. When all students have instruments, explain "Simon Says" game using examples, i.e. "If Simon says rhythm sticks beat 3X, whoever is holding the rhythm sticks will beat 3X. If I don't say "Simon says" first, then don't do anything." Once students understand procedure, students may take turns being Simon. Accurate responses will be reinforced with smiles, verbal praise, or touch.

Critique: This activity proved to be successful in that the students remembered the names of the instruments and listened intently to the leader in order to obey only what "Simon" said and precisely what he said. A good memory and listening exercise.

✓ Name Pamela Smith

Date Oct. 10, 1973

ACTIVITY PLAN

Description of the Group: Mentally retarded (trainable) with mental age of about two to four years. Maximum size for group 8 to 10.

Length of Activity: Approximately ten minutes.

Behavioral Objective: Recognize colors at sight and recognize and associate spelling of colors with colors.

Materials: Strips of ~~pep~~ colored construction paper approximately two inches high and five inches long. Enough to give each child a different color. Chalk board and chalk.

Description of Activity: Have students seated at their desks facing chalk board. Have names of colors written on the board approximately three inches high in height. Pass out a colored strip of paper to each student. Tell them to look at their color and think about what color it is but not to say the color yet. Then explain the instructions to them very slowly repeating as many times as seems necessary. The directions are as follows:

Sing the song "Where is _____, where is _____,
Here it is, Here it is,
This is _____, This is _____,
See it here, See it here." (to the tune "Where is thumbkin")

In the blanks you would say the name of a color. The child with that color will stand up when you sing the first line. Then at the end of the song have the child match his color to the word for that color on the board. Then thank the child and have him sit down. Then do the same with another color till all children have done the activity.

This activity can then be reversed handing out words and matching them to the colors.

Critique: Make sure you have drilled the students on the colors and explain directions very carefully.

Name; Peggy LeVatte

Date: Oct. 8, 1973.

Description of the Group:

Seven children ranging in ages from 4-8 yrs. old.
Mongoloid(2); M. Brain Damage(1); Neurological(2);
Hydrocephalus(1); Visual Auditory & Cleft Palate(1).

Length of Activity: 5-8 minutes.

Behavioral Objective: 1) Walk in rhythm to music; 2) temporal commitment while music is being played; 3) remain in circle formation as they walk

Materials: Picture of an elephant; piano or record and record player.

Description of Activity:

1. Sit on the floor in a circular formation.
2. Show picture of an elephant; Discuss with the children where they've seen an elephant, his size, shape, movement etc.
3. Have children stand- remain in circle. The children should bend over, clasp hands in front to form trunk of elephant and swing arms as they walk- emphasizing the slow heavy walk of the elephant. Begin accompaniment and continue for approximately 3-4 minutes.
4. Upon completion ask children to sit down

Critique:

Children responded to questions asked about the elephant in an orderly and logical manner. They seemed to enjoy walking and swaying like an elephant, but they weren't all walking to the beat of the music. The reason for this was that they were walking on a rug and they couldn't hear the rhythm pattern in their feet.

They began and stopped with the music and remained in the circle formation.

NAME Mary Miller
DATE Nov. 19, 1973

Mary Miller

A C T I V I T Y P L A N

Description of group: 6 geriatric patients, women, most of whom are ambulatory

Behavioral objective: The ladies will be able to play "Twinkle Twinkle Little Star" on the resonator bells, working as a team, each lady with her own bell, and listening well enough to know when to play and when not to play.

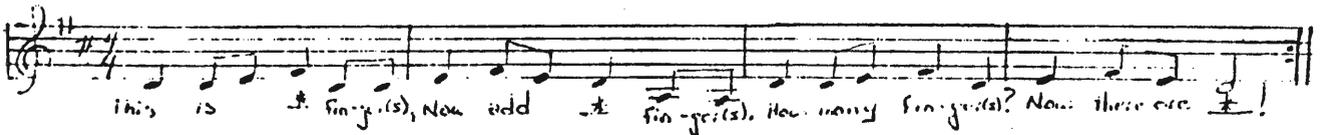
Materials: at least 6 resonator bells, C,D,E,F,G, and A. (If you want to play the chords along with the melody, you will need at least 6 more bells, 2 for each chord.)

Procedure: Give each lady her own bell and stick. Explain line-by-line how the song goes, who plays each note, and how many times each note is played. Practice each line one at a time. (If they do well you may play the chords along with the melody). At first, point to each person who is supposed to play (or touch them on the shoulder). It is important to line the notes up in order; the one playing C should be sitting next to the one playing D, etc.

Critique: Don't be sloppy about teaching them to do it right. They aren't stupid; they want to do it right. They derive a great deal of pleasure from doing a satisfactory job.

Name Brenda ChapmanDate October 29, 1973

ACTIVITY PLAN

Description of the Group: 8 Emotionally disturbed children C.A. 6-9Length of Activity: aver. 5 minutesBehavioral Objective: To be able to add and subtract following
verbal command. *the numbers 1-10*Materials: Numbers written on construction paper.Description of Activity:COUNTING SONG
ADDING AND SUBTRACTING

Subtraction:

This is _____ finger(s)
 Take away _____ finger(s)
 How many fingers?
 Now there are _____!

* Substitute different numbers in each verse.

Critique: The activity turned out to be an exercise. The children didn't have any difficulty in adding and subtracting the numbers 1-10. If I use this activity again, I'll use larger numbers.

Sandra Vera

December 3, 1973

Activity Plan**Description of the Group:**

Seven ED/MR students CA 10-16 MA 3-10

Length of Activity:

Five minutes

Behavioral Objective:

having students care for their instruments by putting them away carefully.

Materials:Record--"Play Your Instruments and Make a Pretty Sound" by Ella
Jenkins Ed 2 Side 1 --Put Instruments Away
box to put instruments away in
instruments**Description of Activity:**While listening to the song, the students put their instrument
away carefully.**Critique:**

The students put their instrument away carefully and quietly.

Roberta Lea Rudiger

Dec. 3, 1973

ACTIVITY PLAN

Description of the Group: Five emotionally disturbed black boys. Ages 9 - 12.

Length of Activity: 20 minutes.

Behavioral Objectives: To participate as a group and play notes of tune as directed. This will be indicated by the child playing the chord on time.

Materials: resonator bells, mallets, and chords of the music to be played. (place chords on board or on big poster board.)

Description of Activity:

1) Before going to the class pick out the chords needed and assign a name to each chord. Ex. James CEG, Mark FAC ect.

2) Once in class have the students play the melody. This is done by writing the notes that have the melody in a different color than the rest of the chord. Ex. CEG FAC ect.

3) The instruction that only the person with that note indicated in green should play is given before the students start to play.

4) After playing the melody, try having the the students play one chord you have given. Each student will have three bells, so three mallets each will help to make the chord sound out.

5) you may wish to ask one of the students to point out the chords or direct the group.

Cruthone: This activity was not terribly successful but the guys did do quite well. I believe hand bells do do better for playing many chords.

Name Janet LumpkinDate December 3, 1973
(Week of Nov. 26-30)

ACTIVITY PLAN

Description of the Group: 7 EMR boys and girls, ages 17-20**Length of Activity:** 10-15 minutes**Behavioral Objective:** Increased pride in individual performance upon which successful group performance depended, to be evidenced by beating rhythm instruments in accordance to song.**Materials:** 4 hand drums and mallets, 5 pair rhythm sticks, "Drums and Sticks" song (below)**Description of Activity:**

The song "Drums and Sticks" was first taught:

Boom! chick-chick-chick; Boom! chick-chick-chick; Drums and Sticks

Boom! chick-chick-chick; Boom! chick-chick-chick; Drums and Sticks

When all students knew the words and rhythm, the group was divided into two sections. One section sang "Boom!" and the other sang "chick-chick-chick," all sang "drums and sticks." Then instruments were passed out: drums went to the "Boom!" group; rhythm sticks to "chick-chick-chick" group. First, the "Boom!" group hit the drum and sang "Boom!" while second group sang "chick-chick-chick." Roles reversed and "Chick" group used instruments while "Boom!" group sang. Both groups were then ready to sing and play to the song. Gradually, the words were left out and students performed percussion only, singing on "drums and sticks."

With 4/4 meter and its downbeat firmly established, singing of "Old McDonald" was begun. Song was modified to 3/4 (Boom! chick-chick") and "Home on the Range" was sung.

Critique: Students were unable to maintain beat and sing at the same time. The two activities were simply more than they could handle. Thus, therapist was the only one singing. Students became bored simply doing rhythm. Behavioral objective of pride was attained but was short-lived.

APPENDIX L
EVALUATION AND QUESTIONNAIRE
by the
CLINICAL SUPERVISOR

Evaluation and Questionnaire

by the
Clinical Supervisor

Music Therapy Student _____ Date _____

Clinical Supervisor _____

Time of Session _____ Days per week _____ Length of session _____

Would you please rank the music therapy student from 1-5 on the following items by the circling the gradation under each item. A sample of the scale is indicated below. If the item is not applicable or observable please indicate by writing na to the left of the number.

_____ 1. XXXXXXXXXXXXX

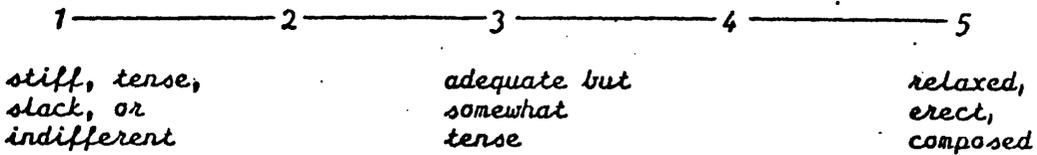
1	2	3	4	5
extremely unsatisfactory, totally inadequate	less than satisfactory or adequate	satisfactory, adequate, acceptable	more than satisfactory, adequate, or acceptable	extremely satisfactory, outstanding, with no apparent need for improvement

Would you please answer the questions at the end and feel free to add any comments you have about the practicum program as a whole. We are interested in improving the services we have offered to you so that the experience can be more rewarding both for your students and/or patients and for the music therapy student.

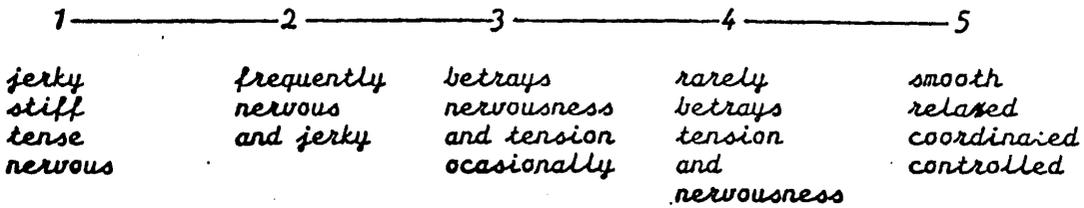
Personal Qualities

Comments:

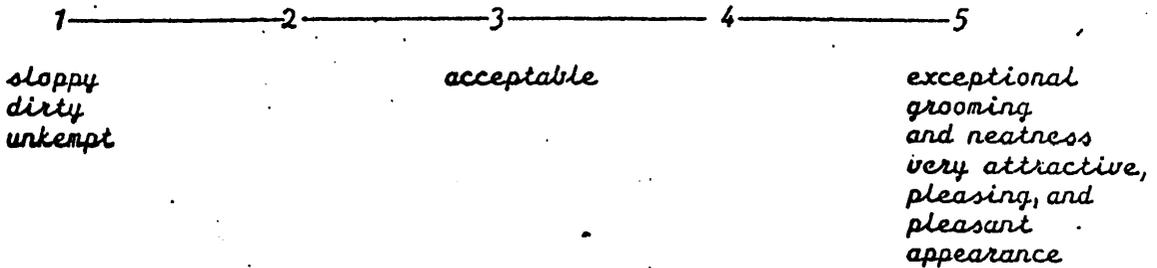
1. Posture



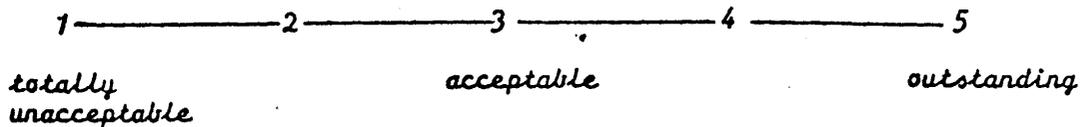
2. Body Movement



3. Grooming



4. Appropriateness of attire



5. Poise and Self-confidence

1 ————— 2 ————— 3 ————— 4 ————— 5

nervous
flustered
ill at ease
seems totally
unsure of own
abilities

satisfactory
able to make
decisions
adequately

quiet, calm,
self-assured
at ease even
in a difficult
situation
exceptional
decision-making
abilities

6. Enthusiasm

1 ————— 2 ————— 3 ————— 4 ————— 5

did not
~~show any~~
smile, did
not appear to
want to be in
the session

acceptable
~~quantity~~

COMMUNICATED WITH
~~patients~~ patients
warmly with gestures,
smiles, ~~hand~~,
or friendly
verbalizations

Management of the Session

Comments:

7. Relationship to team members

1 ————— 2 ————— 3 ————— 4 ————— 5

totally
unaware,
ignored,
antagonized,
or irritated
other members

satisfactory
cooperation

gave or
followed
instructions
with exceptional
cooperation

8. Patient Management and Discipline

1 ————— 2 ————— 3 ————— 4 ————— 5

session was
totally chaotic,
patients completely
out of hand, much
wasted time

satisfactory
session control

session control
maintained with
exceptional skill

9. Flexibility and Pacing of Activities

1 ————— 2 ————— 3 ————— 4 ————— 5

was not able to
change or adjust
activities at
all

acceptable
pacing and
changing of
activities
adequate budgeting
of time

extremely
efficient
utilization of
time with
exceptionally
smooth change
and adjustment
of activities

10. Punctuality

1 ————— 2 ————— 3 ————— 4 ————— 5

late
(always)

late
(frequently)

prompt
(always)

early
(frequently)

early
(always)

11. Evidence of Positive Behavioral Change within the Session

1 ————— 2 ————— 3 ————— 4 ————— 5

promoted no
behavior change
or else stimulated
regression or
negative change -
totally unacceptable

acceptable
promotion of
behavior change

excelled in
promoting
positive change
in behavior

12. Obtaining Patient Participation

1 ————— 2 ————— 3 ————— 4 ————— 5

patient
participation
was not obtained by the therapist
and therapist
appeared unconcerned
about the lack

therapist caused
majority of
patients to participate
appropriately

therapist elicited
all patients
participate
exceptionally
well

Management of the Activities Within the Session

Comments:

17. Opening of the Session

1 ————— 2 ————— 3 ————— 4 ————— 5

never was an
effective
beginning to
the sessionsatisfactory
opening of
the sessionwas a definite
organized, efficient
start of the session
which elicited
patient attention18. Clarity of Directions

1 ————— 2 ————— 3 ————— 4 ————— 5

patients were
unable to hear,
understand, or
follow directions; or
voice was harsh,
unpleasant, poorly
enunciatedsatisfactory
directionsdirections were
effective and
easy to understand
voice was clear,
distinct, well-
modulated, and alive19. Organization and Preparation of Activities

1 ————— 2 ————— 3 ————— 4 ————— 5

~~DEMONSTRATED NO PLANNING~~
~~AND COMPLETE~~
~~LACK OF~~
~~ORGANIZATION~~
~~PREPARATION~~satisfactory
organization
and preparationACTIVITY
~~PREPARATION~~ was
exceptionally
~~organized~~ and weak
organized - ~~completely~~
~~organized~~ - therapist
indicated ~~exceptional~~
~~PREPARATION~~
OUTSTANDING PREPARATION
AND PLANNING20. Close of the Session

1 ————— 2 ————— 3 ————— 4 ————— 5

session ended
abruptly with
no preparation
to draw the
activities to
a close.satisfactory
closingdefinite ending
to the session
exhibiting a
feeling of finishing
yet anticipation

21. *Were your patients or students enthusiastic about the music therapy session? Did they greet the student music therapist with enthusiasm?*
22. *By the end of the semester was the student music therapist able to manage the class session without your assistance? How soon and how well did she manage the session?*
23. *Do you feel that on the whole your patients or students benefitted from the music therapy session?*
24. *Would you like to continue the music therapy session next semester? Why or why not?*
25. *What suggestion would you offer to the student music therapist for improvement?*
26. *What ^{you} do consider to be the ideal length of a session and how many times per week do you think the session should be offered?*
27. *What additional comments can you make to help improve the program or what was your response to the program as a whole.*

We thank you very much for this assistance and for your help over the semester. Have a Merry Christmas and a Happy New Year!

APPENDIX M

PRADTICUM QUESTIONNAIRE

and

SELF EVALUATION

*Practicum Questionnaire and
Self-Evaluation*

Name _____ Course _____ Date _____

Clinical Facility _____ Clinical Supervisor _____

Rank yourself from 1 -5 on the following using the scale indicated below:

1 _____ 2 _____ 3 _____ 4 _____ 5

*extremely
unsatisfactory,
totally
inadequate*

*less than
satisfactory
or adequate*

*satisfactory,
acceptable,
adequate*

*more than
satisfactory,
adequate, or
acceptable*

*extremely
satisfactory,
outstanding,
optimum with no
apparent need
for improvement*

- _____ 1. Grooming
- _____ 2. Appropriateness of attire
- _____ 3. Posture and Body Movement
- _____ 4. Poise and Self-confidence
- _____ 5. Enthusiasm
- _____ 6. Relationship to other team members
- _____ 7. Relationship to clinical supervisor
- _____ 8. Relationship to practicum supervisors
- _____ 9. Relationship to other class members
- _____ 10. Handling patient discipline
- _____ 11. Budgeting of time and pacing of activities in the session.
- _____ 12. Budgeting of time in planning for the session.
- _____ 13. Flexibility (ability to change activities when needed within the session)
- _____ 14. Punctuality
- _____ 15. Obtaining patient participation
- _____ 16. Knowledge of behavior modification techniques
- _____ 17. Use of reinforcement
- _____ 18. Organization and planning of activities
- _____ 19. Initiative
- _____ 20. Use of equipment from the media center

- ___ 21. Use of equipment from the clinical facility
- ___ 22. Attendance (at the music therapy session)
- ___ 23. Attendance (at practicum staffing)
- ___ 24. Attendance (at the Institute staffing)
- ___ 25. Dependability
- ___ 26. Replacing materials in an orderly manner in the media center
- ___ 27. Consideration of other persons riding to and from practicum in the car.
- ___ 28. Accepting criticism
- ___ 29. Utilizing suggestions
- ___ 30. Observational skills
- ___ 31. Defining behavioral objectives
- ___ 32. Extra reading and research (pertaining to the music therapy clinical session)
- ___ 33. Giving clear directions
- ___ 34. Self-reliance
- ___ 35. Awareness of patient needs and problems
- ___ 36. Emotional stability
- ___ 37. Maturity
- ___ 38. Sense of Humor
- ___ 39. Attitude toward session itself
- ___ 40. Attitude toward music therapy profession.

Please answer the following questions or respond to the following statements. Space has been left for comments. Please indicate any questions, confusion, suggestions, difficulties, etc.

1. Did you attend any staffing at the Institute?

___ yes

___ no

___ If yes, how many?

2. If you attended Institute staffings, what was your response to the experience?

3. Has either one of your practicum supervisors ever complimented or criticised you?

_____yes

_____no

Specify and comment:

4. Have your patients ever expressed affection toward you?

_____yes

_____no

Specify and comment:

5. Has your clinical supervisor ever complimented or criticised you?

_____yes

_____no

Specify and comment:

6. What potential do you think your particular patients had?

7. Do you feel that over the semester you were able to accomplish a behavioral change or therapeutic goal with your patients?

yes

no

Comment:

8. Do you feel that you as a person have benefited and grown from this experience?

Personally

yes

no

Professionally

yes

no

Academically

yes

no

9. Comment on your relationship with

Clinical Supervisor:

Practicum supervisors:

Other practicum students within the session:

10. What would you like to learn next semester in Practicum staffing and in the clinic?

11. Did you utilize equipment that was available in the clinical facility?

_____ yes

_____ no

Comment:

12. What did you utilize from the music therapy media center?

Recordings:

_____ yes

_____ no

_____ how many (approximately)

Songbooks:

_____ yes

_____ no

_____ how many (approximately)

Rhythm instruments:

_____ yes

_____ no

_____ how many times (approximately)

List the instruments you preferred to use.

13. At the end of a therapy session did you ever write down what happened and then read it at a later date for the purpose of self-evaluation?

_____yes

_____no

Comment:

14. Did you ever go and observe another practicum on your own initiative?

_____yes

_____no

Comment:

15. Did you read any books, articles, etc. (other than those assigned) which pertained to your practicum situation?

_____yes

_____no

If yes, please specify

16. Do you feel that your planning for the sessions was adequate?

_____yes

_____no

Comment on why it was adequate or how you plan to improve it:

17. Did you ever tape record a therapy session for the purpose of self evaluation and improvement?

_____yes

_____no

Comment:

18. Did you read files and progress reports in the clinical facility on patients?

 yes

 no

19. Within the group structure do you feel that you adequately provided for the individual needs of patients?

 yes

 no

Comment:

20. How many times were you absent from practicum and why?

21. Consider the following questions:

Did you try conscientiously to do the best job you could for your patients?

Did you attend practicum unless you had an excellent reason not to?

Were you on time for practicum?

Did you turn in quality assignments on time?

Did you attend practicum staffing and Institute staffing regularly?

Did you put forth effort and try to learn from this experience?

What grade do you honestly think you should receive for your work this semester?

For the purpose of improving the practicum course, comment on the following:

1. Practicum staffing:
2. Reading assignments:
3. Number and length of sessions in the clinic per week for one hour credit:
4. Activity plans:
5. Objectives of the practicum program:
6. Strengths of the present practicum program:
7. Weaknesses of the present practicum program:
8. Supervision from the practicum supervisor (quantity and quality):
9. Responsibility to self for education:
10. Improvements in practicum that you would like to see instituted:

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