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Applying Integral Thinking to Music Therapy Education

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Abstract

Educating music therapy students is a complex task as a result of laws and regulations, professional biases, and a desire to produce students who will be competent and thoughtful music therapists. The purpose, or outcome, of this article is to outline a curriculum re-design implementing Integral Thinking in Music Therapy (ITMT) as applied to the academic and clinical aspects of two university music therapy training programs in the United States. The history and philosophy of ITMT are explained to give context to this approach. An overview of the innovative curriculum design and teaching resources are included for direct implementation of experiences into the classroom. Recommendations include the uses of ITMT in music therapy education as well as possible limitations to this pedagogical approach.

Keywords: music therapy education; integral thinking in music therapy

Introduction

Integral Thinking in Music Therapy (ITMT) has foundations in the writings of U.S. American transpersonal psychologist and philosopher, Ken Wilber (Bonde, 2001). In 2001, Dr. Lars Ole Bonde outlined connections between integral thinking (IT) and music therapy, which was a fairly novel means of music therapy thinking at the time. Bonde identified that IT was embraced by Guided Imagery and Music (GIM) practitioners and was an influence on the writings of Bruscia (1998). Within this article, Bonde (2001) explored Wilber's integral psychology, the four Quadrant Theory, the influence of Wilber on Bruscia's thinking and writing, and the many critiques of Wilber's writings.

Prior to the Bonde article, Dr. Kenneth Bruscia (1998) began aligning music therapy thinking and practice with Wilber's 4 quadrants giving a brief nod to integral thinking that seemed newly forming in Bruscia's writings. This theory explored the internal

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(subjective) experiences, and exterior (objective) experiences of individuals in music therapy. Bruscia noted that individuals also have collective experiences which include family systems, society, culture, and the ways music has been used "as a ritual, as a collective identity, or an archetype" (p. 145). The quadrants work in conjunction to inform the in vivo experience of clients. These experiences become the aesthetic: "Music experience is not designed prescriptively, according to therapeutic goals or stimulus response bonds; rather it is incorporated into the therapy process for its own intrinsic value" (p. 147). Last, music is a transpersonal experience providing "access to soul and spirit" (p. 150). It is in these transpersonal experiences that people feel a sense of unity and oneness with all that is around them and where there is the greatest potential for transformation; music is the vehicle that leads to this realm.

Wilber (1996) influenced Bruscia's exploration of the six dynamic models of music therapy which illustrated the client's experiences of relating to themselves, of relating to the therapist and of relating to music in a dynamic configuration. In this model, Bruscia (1998) explored exterior and interior realms of the individual and collective development.

In 2011, Dr. Kenneth Bruscia was the William W. Sears Distinguished Lecturer at the American Music Therapy Association (AMTA) National Conference. At this event, Bruscia delivered an inspiring lecture about the role of ITMT in his speech titled "Ways of Thinking in Music Therapy" (AMTA, 2012). Here, he presented a persuasive argument that music therapists should no longer limit themselves to one orientation of music therapy. His speech explained how IT, posited by Wilber (2005), can be applied to music therapy within the U.S. American models of music therapy.

Bruscia's (2014) third edition of Defining Music Therapy formally introduced ITMT as a means of addressing the diversity of practice within music therapy. The integral thinking chapters served to dismantle the trends of the profession where one orientation to music therapy practice is competitive with another. Bruscia wrote, "unfortunately, these differences are often presented and defended through dichotomous, one-way thinking with assertions such as: this is the way to practice music therapy most effectively, not that way" (p. 509). Instead, he presented ITMT as a means of honoring and respecting the differences within music therapy and as a place to begin when encountering challenges with clients. "If the therapist is working integrally, he has to determine where he should be located in relation to the client and what aspect of the client requires his attention or focus" (p. 518). Other music therapists also connected MT thinking to the 4 quadrants (Abrams, 2010; Lee, 2015). Dr. Jin Lee (2015) further synthesized ITMT by offering a discourse on the theoretical implications of the model.

In 2018, the authors of the present article discussed the prospect of designing a U.S. American undergraduate curriculum that harnessed the potentials of integral thinking as a model for music therapy education. By implementing the core tenets of ITMT, as outlined by Bruscia (2014), Bonde (2001), and Lee (2015), a curriculum was born that serves to teach critical music therapy thinking that does not focus solely on population or method but on the wholeness of clients and the potentials of all orientations of music therapy practice. This article summarizes and generalizes the concepts of ITMT and presents the authors' proposed curriculum allowing the reader to delve deeper into ITMT as a music therapy educational model within the United States.

Integral Thinking in Music Therapy

Three Orientations

Integral thinking reflects three ways of "creating the impetus for change" (p. 371) when

working with clients: Outcome, Experience and Context (Bruscia, 2014). Outcome thinking (or outcome orientations) "focus on client needs that have already been identified through some form of assessment or clinical preparation" (Bruscia, 2014, p. 371). In the Sears lecture, Bruscia (2012) shared an example of a client hitting their head against the wall and how that behavior needed to stop. In this example, the therapist would target the specific behavior of stopping the client's head from hitting the wall. The therapist wants a specific behavioral response. Outcome orientations can be viewed as philosophical approaches such as behavioral music therapy, cognitive-behavioral, medical, educational or neurologically informed music therapy (Lee, 2015). In these approaches, music therapists target specific responses. "All outcome strategies are based on cause-effect and stimulus response relationships, and the control of relevant variables" (Bruscia, 2014, p. 372). The desired outcomes should be "operationally defined and lend themselves to some form of measurement" (Bruscia, 2014, p. 373). When conducting research, the music therapist may reflect an objectivist epistemology while operating within a post positivist perspective. In outcome orientations, music therapy is a science and the music therapist is an expert.

Experience thinking (or experience orientations) "involve engaging the client in music experience and inherent relationships in order to provide opportunities for both client and therapist to clarify and address the client's therapeutic needs" (Bruscia, 2014, p. 376). Therapists collaborate with clients through an exploration of experiences the client(s) may have or want to have. "In contrast to outcome-oriented strategies, more specific goals are clarified by what is discovered when client and therapist engage in the music experience, not prior to the first therapy encounter" (Bruscia, 2014, p. 376). Experiences can be positive or negative, and they can happen spontaneously or can be planned. Experience thinking provides opportunities for the client(s) to discover their own needs. An example is a non-referential improvisation with adolescents. The music therapist does not direct the improvisation; however, the clients and therapist explore the dynamics of the group through the music experience (Bruscia, 2012). Experience orientations can encompass philosophical approaches such as Nordoff-Robbins music therapy, Analytical Music Therapy, Guided Imagery in Music (GIM), humanistic-existential music therapy, psychodynamic music therapy or transpersonal music therapy (Lee, 2015). In these models "the client's problems and resources are revealed within the context of the experience...the music experience and relationships then become a creative problem-solving process wherein the client and therapist explore alternatives or possible solutions to the therapeutic issue or problem" (Bruscia, 2014, p. 377). Music therapists are not directive, and are open to exploring what the client is experiencing in the moment. This openness requires the therapist to be both reflective and reflexive, to provide both music and verbal experiences, and to be process oriented. Change may not be measurable through numbers and both subjective and objective measurements are important. A result of this work may include products, such as recordings that can be used to help the client find resources and solutions within their challenge. When conducting research, the music therapist may use interpretivist approaches, such as phenomenological inquiry and other methods within constructivism. Music therapy is an art and a science, the research questions and methods may unfold over time, and the researcher is an important part of the process.

Initially, Bruscia (2014) introduces context thinking (or context orientations) as ecologically oriented strategies. Later the terminology becomes context thinking but appears interchangeable with ecological thinking. Context thinking acknowledges the complexities that music therapists encounter and includes considering environmental issues, cultural domains, community, advocacy, discrimination, and empowerment. This way of thinking requires "situating the client, therapist, music, and health concern in respective interpersonal social, political, cultural, environmental, and global contexts"

(Bruscia, 2014, p. 573). An example from the Sears Lecture (2012) was working with a woman who experienced abuse. The client's own work included a focus on empowerment and supporting herself as she confronted her environment and changed her own attitudes about women who are abused. Context orientations can be viewed as philosophical approaches such as feminist music therapy, community music therapy, resource-oriented music therapy, or queer music therapy (Lee, 2015). In these approaches, music therapists may address social justice issues and the cultural and environmental complexities that impinge upon or embolden client(s). Research in music therapy is from a transformative worldview, and positions participants to be integral to the design and implementation of the research endeavor.

It is important to emphasize that the therapist must engage relexivity in this work. Moving between the three ways of thinking is vital. All three ways of thinking can occur in a session, with the same individual and over time. ITMT recognizes that music therapy is not white or black but instead shades of grey.

Core Tenants of ITMT

One of the core tenants of ITMT is that all three ways of thinking are needed in music therapy and all three are equal in value. No one orientation is more important than the other. Bruscia advocates for music therapists to use all three ways of thinking when working with clients. "Music therapy is not only what you do, or what I do, or what we do—it is what we all do" (Bruscia, 2014, p. 757). He also writes that "an integral therapist works the way the client needs him to work, not the way the therapist has already decided to work" (Bruscia, 2014, p.781). In his writings and lectures, Bruscia describes how music therapists must be integral in their practice. He offers the example of a GIM session, which can easily be classified as experience thinking, yet the music therapist is targeting a specific emotional response from the client in the music. In other words, the therapist is using outcome thinking. Using ITMT allows for diversity of practice and thought and does not require the therapist to pick one way of working. A music therapist moves from stating, "I am a neurologically informed music therapist" to "I engage in ITMT." In this example, the music therapist shifts from a focus on outcomes to the acknowledgement that their work demands all three ways of thinking. ITMT allows for music therapists to conceptualize differences as options, respect each other's ideas/work, and to be reflexive in their practice. ITMT acknowledges that some employers require one way of practicing while some clients might need the other two ways of thinking. Using ITMT, music therapists can change the locus and focus on their work, allowing for micro and macro perspectives (Bruscia, 2014).

Another core aspect of ITMT is that music therapists must provide the space for clients to be the ones who direct which way of thinking is needed. Does the therapist ask the client what they want to do in music therapy at the beginning of each session? Clients who do not communicate through words may have other means of informing the music therapist what they want from music therapy—but the music therapist may need to set aside their own definitions of music therapy to allow room for the client's input. For example, a music therapist may be passionate about social justice issues and using music therapy to fight against oppression. Yet, this music therapist may encounter a client who experienced oppression but wants to use music therapy to focus on healing from surgery in order to be discharged from the hospital. Pushing an agenda of social justice is not appropriate and could be contraindicated for this client. Similarly, if a client is in a rehabilitation hospital and has experienced oppression and wants to process it through music therapy instead of doing exercises to rehabilitate after a stroke, then the music therapist must support the context of the client, following their lead, and supporting their work.

Music therapists can choose to practice within one specific orientation. However, they are ethically responsible for disclosing this limitation to their practice. This paper is not an edict for professionals to work outside of their scope or their knowledge-base, rather a charge to professionals to expand beyond their current preferred orientations. This article is also a call to music therapy educators to be prepared to teach to client outcomes, experiences, and context in order to prepare students to be integral in their work. This expansion can lead to a realization of the importance of working in a client-centered manner while allowing the therapist to realize the benefits of being flexible enough to use the tools that are inherent within many different kinds of practices. ITMT does not call for therapists to abandon a way of thinking or working; "a music therapist can follow a protocol or model faithfully; modify the protocol to meet emerging client needs; use other relevant protocols if and when necessary; and establish a unique way of working with a client without using protocols" (Bruscia, 2014, p. 781).

Competency Based Education

In the Preamble of the Standards for Education and Clinical Training, AMTA (2018) wrote,

> the Association shares the beliefs that education and clinical training are not separate processes, but reflect a continuum of music therapy education; that education and clinical training must be competency based at all levels; that education and clinical training must be student centered; and that education and clinical training must exist in a perspective of continuous change to remain current. (AMTA, par. 6)

Here the association states that education must be competency-based and that it must also change to stay current with healthcare best practices.

In the U.S., music therapy programs must go through a rigorous review process by AMTA to become approved training programs. One requirement is for each course syllabus to include an outline that aligns course content with the AMTA Professional Competencies. Educators must list the competencies that will be introduced, emphasized, and mastered across the curriculum. Having professional competencies on the syllabus and tailoring courses to those competencies is a challenge. For example, Professional Competency 8. Therapeutic Principles, 8.3 states, "demonstrate basic knowledge of accepted methods of major therapeutic approaches" (AMTA, 2013). The authors challenge this notion by asking which existing music therapy therapeutic approaches are the "major" ones and how does that limitation encourage educators to stay current with trends? There are over 20 different frameworks and approaches within music therapy. Using the ITMT model allows the educator to organize therapeutic approaches into context orientations, experience orientations and outcome orientations. At the universities where both authors work, curriculum has been revised to have an Introduction to Integral Thinking in Music Therapy course and a separate course in each orientation. The introduction course allows for the model to be explained and lays a foundation for the courses in Outcome Thinking in Music Therapy, Experience Thinking in Music Therapy and Context Thinking in Music Therapy. Additionally, students learn that each orientation is equally important in music therapy, that each orientation has its own course and allows for in-depth knowledge, skills and research associated with each orientation. This curricular design provides for the exploration of traditional approaches such as person-centered, cognitive behavioral, and psychodynamic approaches to music therapy as well as an exploration of feminist theories, queer theory, disabilities studies, and conversations about race in therapy, thereby greatly expanding the knowledge base of students at the start of their education and encouraging them to conceptualize therapy

beyond the classical, Eurocentric approaches that have been at the forefront of Western music therapy education.

Some professional competencies are clearly within one orientation. In 11. Client Assessment, 11.3 states, “Identify the client's functional and dysfunctional behaviors” (AMTA, 2013). Targeting specific behaviors is outcome thinking. The professional competency does not ask the music therapist to explore the motivation/reason behind the behaviors. For example, perhaps the environment influences the behavior- is the room cold, did the client not eat breakfast because of food insecurity (context thinking)? Nor does 11.3 account for experience thinking. Perhaps the client is being asked to do something they find no meaning in, yet, the music therapist needs to notice behaviors the client is demonstrating.

The majority of the professional competencies are not clearly in one orientation. Using ITMT as a framework to interpret the professional competencies allows for the educator to more comprehensively examine the competency and intentionally decide how to interpret it and then teach it. For example, 12.6 states, “Formulate music therapy strategies for individuals and groups based upon the goals and objectives adopted.” Here, the educator can discuss different strategies within each orientation. The educator can explore how there are outcome goals, experience goals and context goals. Methods and strategies within outcome, experience and context thinking can be demonstrated.

Educational Models

Music therapy education does not happen in a vacuum and it is informed by educational theory. Given the need to address the professional requirements of AMTA, while acknowledging the challenges inherent in that process, the authors have employed several educational theories as a foundation for the ITMT curriculum.

Experiential Education

The authors of this paper were immersed in an experiential training program at both the Master’s and Doctoral level in the U.S., therefore, experiential curriculum design and thinking has had an impact on the way the authors conceptualized the development of an integral approach to curriculum development. Dewey (1903) recommended that educators provide opportunities for students to engage in hands-on-activities and to observe phenomena under natural conditions. Later, Kolb (1984) elaborated on the development of Dewey’s philosophy writing “learning is a dialectic process integrating experiences and concepts, observations, and action… it is through this integration of the opposing but symbiotically related process that sophisticated, mature purpose develops” (p. 22). Kolb developed a model that focused on the following: in-the-moment learning, experimenting with and testing ideas, and the impact that these experiences have on one’s personal learning and on the human experiences of learning. “When human beings share an experience, they can share it fully, concretely, and abstractly” (p. 21).

Bloom’s Taxonomy

In the U.S., pedagogical practices in higher education often include the implementation of Bloom’s Taxonomy, which addresses six major categories “knowledge, comprehension, application, analysis, synthesis, and evaluation” (Armstrong, n.d., background information section, para 1). Bloom’s taxonomy facilitates a deeper understanding of the types of educational experiences that can be co-created among educators and learners. These opportunities contribute to ever deeper ways of knowing about a content area while in the process of applying that knowledge to the world at large. The taxonomy

honors and places value on all kinds of learning but does so in a hierarchical manner. The hierarchy is often shown as a pyramid. At the base of the pyramid is the recall of facts, which establishes a foundation for other types of learning areas. Creation or the production of new and/or original works is considered to be the top or pinnacle of the pyramid (Armstrong, n.d.). When conceptualizing ITMT for undergraduate students the authors designed classroom assignments to facilitate the recall of facts that are essential to music therapy practice and critical to pass the board-certification exam for music therapists, as well as including the creation of music, session plans, and research endeavors that address and emphasize the six major categories as outlined by Bloom.

Critical Pedagogy

The authors also wanted to honor critical pedagogy, which was presented by Freire in his seminal 1968 text *Pedagogy of the Oppressed*. The ITMT curriculum includes opportunities to emphasize thinkers and authors who represented traditionally marginalized communities instead of only the voices of White, Western, European authors and therapists. As mentioned above, education is dialogical and not a top-down process from teachers to students. Our intention within this curriculum is to work to resist oppressive curricular structures and designs that prioritize systems over individuals (Kincheloe, 2008). The ITMT trajectory has space for students to have agency over what they want to learn and what holds interest and sparks passion for them as humans. While we recognize that we are beholden to our professional organization regarding content specialization, we also identify that students are collaborators in this endeavor instead of passive recipients. With this in mind, the authors acknowledge that taking on the role of expert is often a compensatory strategy for educators that meets the need of the educator but that does not serve the students well nor contribute to their learning. We also identify that when educators do not connect with students in meaningful ways students may be less likely to engage in their educational experiences which is a disservice to the student and to the profession (Winter & Blanks, 2020).

Educating for Integration

Instilling integral thinking starts with music therapy education. Integral thinking becomes the responsibility of music therapy educators and requires educators to lead and advocate for different ways of thinking. Are music therapy educators serving their students if they immerse them in one kind of music therapy practice or are they inhibiting them from reaching their full potential as flexible and reflexive therapists? As educators design and implement their curricula, do they consider the needs and wishes of the students? Do the educators conceptualize the students' contexts, the students' desired outcomes, and the educational experiences students require to develop into the future of the profession? ITMT is a clinical practice but it is also an educational practice that can lead to flexible and resilient clinical thinkers and therapists.

It is important to note that there are challenges to this process. Educators might ask if an ITMT model is even possible in the already overburdened undergraduate curricula? Even Bruscia (2012) asked, "can we really teach and train people to be integral thinkers in an undergraduate degree? It's hard. I don't know how to do it." Ten years later, the authors believe the answer is a resounding yes! The following describes our process of changing our curriculum into an ITMT approach.

Ethics of ITMT Education

Educators must be ethical in their interactions with students and in how they approach

teaching music therapy (DiMaio & Engen, 2020). Designing courses to introduce, emphasize and master all professional competencies is a challenging task. At the same time, it is human nature to teach the way we were taught or to believe our way of facilitating music therapy is the best.

Teaching music therapy from an ITMT framework is one means of being an ethical teacher. Using ITMT as a framework ensures the professor's bias does not impede the student's learning. ITMT allows for a fuller explanation of the complex profession of music therapy. Otherwise, it is possible students are learning only one orientation, or one way of thinking. If one way of thinking is the focus of a music therapy program, then the student is missing valuable information. Ultimately, this narrow education means the clients are missing opportunities to fully experience music therapy. Therefore, teaching only one or two orientations within music therapy is unethical to the students and ultimately to the clients.

Theory into Practice

It is important for us, as authors, to establish our cultural differences and acknowledge our situatedness as we invite you to consider the implications of an integral curriculum within your own cultural context. Three faculty members collaborated on the ITMT curriculum, Drs. DiMaio, Jang and Winter. All three faculty were trained within the United States of America. Two of the three faculty were born in the U.S. Dr. Jang was born in Korea. We all had experiences at different undergraduate institutions and graduate institutions (DiMaio and Winter were trained at the same institution for their Master's and PhD degrees). Our experiences as students and now as faculty members with a combined 20 years of higher-education teaching experience, led us to review undergraduate music therapy curricula across the U.S to see if there were any predominant themes amongst institutions. Additionally, our education, mentorship, and continuing education led us to use the teaching approaches and assignments shared in this article. Within this first step, we discovered that there appeared to be two overarching approaches: curricula that were populations focused or curricula that were methods focused.

Populations-based music therapy curricula reflected courses like Music Therapy and Medical Settings or Music Therapy and Children. Here, courses emphasized the use of music therapy with a specific population. The limitations of teaching music therapy according to populations begins with the following questions: what is a population and can a curriculum be distilled down to a few major categories of populations and still provide breadth and an appropriate depth of knowledge? What is a diagnosis and is a diagnosis a population? Are ages and cultures populations? The definition of the word "population" would belie this way of thinking and this way of categorizing music therapy clients. At the outset, a population is defined as "a number of organisms of the same group or species who live in a particular geographical area, or country" (Webster, 2020). Populations are capable of inbreeding, are a group from which samples are taken, or have a quality or characteristic in common (Webster, 2020). Inherent in a population is the grouping of people into categories that represent vast numbers of individuals such as a population of humans, thereby diminishing what is inherent to smaller numbers of individuals such as people with Autism. Can we group people with Autism into a population when we understand that Autism is a neurodiverse spectrum, and presents with great variability across individuals?

We might say that the use of the word population is inaccurate terminology for grouping clients that are served by music therapists. According to the AMTA (2019) Workforce Analysis, music therapists in the U.S. worked in "an estimated 31,500+

facilities in 2018" (p. 4). If we use the terminology "population" to categorize the individuals who were served then what we have is a population of humans, and populations of humans from different sectors of the U.S. Perhaps some of the music therapists provided services to children. If we were to teach a Music Therapy and Children course and we used the AMTA Workforce Analysis to understand where music therapists work, what children would we focus on? Children from Florida, or children who were sampled for COVID-19 research? What aspects of children would be in the content? Would we cover diagnoses like Autism or cancer? Would the content reflect settings like schools, hospitals, or home-based approaches? Would children who do not have access to such resources be included? What about children whose first language is not English or who have experienced trauma? What about the influence of the family? Is this course truly able to cover all the work of music therapists with children from birth until age 18? Not only is this an impossible task, but it sets the professor up to be unable to adequately prepare students to meet the needs of children, and gives students permission to think that taking this class gives them the knowledge they need to implement music therapy with all children. Eventually, students from this course will work with children that were not in the defined population of children. Those students might feel inadequately prepared or frustrated with the ways they can interact with the client through the music. If a university uses a population approach to teach music therapy and they do not attempt to examine all aspects of that population, then are they being ethical?

Conversely, methods-based courses reflect titles such as Music Therapy Methods or Principles of Music Therapy I. In the first example, the courses reflect the four main means of facilitating music therapy, improvisation, recreative, receptive, and composition. Time is spent learning techniques within each core method of delivering music therapy. In the second example, courses could approach music therapy from philosophies, theoretical views, or more broad concepts such as ethical thinking. Approaching music therapy from a methods-base creates limitations, including how to apply theories to the methods. For example, receptive music experiences can implement theories from Queer Music Therapy, Cognitive-Behavioral theory, or within any of the 30+ theoretical frameworks in music therapy. How can one course teach how to implement receptive techniques through all of those approaches? Additionally, receptive techniques with children might be different than receptive techniques with adults. In other words, the client and setting impacts how the method is facilitated.

In either case, there are limitations. We are not stating that teaching from either of these approaches is bad or impossible. Instead, we share these questions and points as the answers lead us to using ITMT when teaching. How do the populations-based curricula or methods-based curricula address issues of social justice, and the impact of the client's ecology, community, and culture on their health in a 15-week semester? How do these curricular models build the skills needed, by music therapy students, interns, and entry-level professionals to help diverse clients to have specific responses to music, such as peak experiences and self-insights? How do students learn about client-centered outcomes, diagnoses, and music therapy theories? Similar critical questions were applied to ITMT curriculum and how the authors addressed these critiques are explained later in the article.

It is time to acknowledge that the evidence-base and the required clinical skill set of the profession has grown exponentially and as long as the Bachelor's degree is the entry level in the U.S., we must find ways to teach students to think critically so that they can adequately address emergent and in-the-moment client needs. Students must learn to make professional decisions, to look broadly at multiple ways of thinking, and understand how to collaborate with clients by supporting client decision making. ITMT provides the educator and student with the tools to integrate music therapy thinking in a functional and meaningful way. Students learn to apply ITMT in each course, during

practicum placements, and into their internship and take those skills into their first job. The weight of "what is the best course of action with this population of client(s)" is lifted and replaced with "What are the contexts, experiences, and outcomes that will best serve this client? And what does the client want?"

This change in the undergraduate curriculum reflects a commitment to expanding music therapy educational practices beyond a focus on population/diagnosis and to relinquish any religiosity around specific theoretical orientations. We conceptualized all aspects of the classroom, clinics, and internship within these three orientations, and applied them to AMTA's professional competencies, and standards of education, all within the confines of a robust undergraduate curriculum.

Curriculum Template

The authors created a unique curriculum based on ITMT for Radford Univeristy, which was later adapted to Texas Woman's University. At both universities, the change moved from populations-based courses in music therapy to ITMT. Additionally, emphasis was placed on the necessity of clinical interactions every semester. Table 1 reflects the music therapy courses that directly implement ITMT. Each university has other music therapy courses, such as clinical musicianship classes (Table 1).

Table 1. Curriculum Template.

Courses	Explanation
Professional Foundations 1 (first-year students) Professional Foundations II (first-year students)	This two-semester sequence ensures that students understand what music therapy is and core tenants of the profession. Classes include lecture and laboratory-based teaching strategies. Students observe videos of music therapy sessions as well as in-person music therapy sessions. Methods and stages of music therapy are explained. ITMT is introduced conceptually.
Introduction to Integral Thinking in Music Therapy (Follows professional foundations)	Here the foundations of ITMT are laid. In depth explanations of ITMT are introduced and emphasized. This course allowed us to step away from the "major orientations" to introduce theories such as the implications of race in therapy, Feminist Theory, Queer-Theory, and Disabilities Studies.
Context Thinking in MT Experience Thinking in MT Outcome Thinking in MT	These three courses, emphasize theoretical models within each way of thinking as well as applications of methods. Client experiences within each way of thinking are explored. These courses can be taken in any order and are not sequential. Assignments include receptive, re-creative, compositional, and improvisation methods within each way of thinking and span the developmental continuum. Session plans are developed and implemented reflecting each way of thinking.
Practicums 1-6	All practicums reflect applications of ITMT in a developmental process, building from observations to independent demonstrations. At some institutions it may be possible to have specific practicums that primarily reflect one aspect of

	ITMT. For example, a practicum at a school setting that requires outcome thinking in the session and documentation. This specific approach should not negate the use of ITMT in other aspects of the practicum experience. Each practicum requires students to research the diagnosis of a client and create session plans that apply ITMT to possible scenarios at that setting through implementation of the four methods.

Examples of Assignments

The ITMT curriculum is designed so that all three ways of thinking are continually introduced and reintroduced through a variety of ways of conceptualizing music therapy practice. Assignments associated with the four methods are integrated across the curriculum through courses and practicums. For example, students are asked to experience, reflect upon, and design compositional, improvisational, receptive, and re-creative interventions. Experiential assignments are central to each course and across the entire curriculum, providing many opportunities for the learning community to discuss and explore music therapy practices over their entire academic career instead of only at specific points, leading to the understanding that each way of thinking can be facilitated through the four methods of music therapy. Students expand this understanding by interviewing their practicum supervisors and the music therapists in their community.

Clinical Observation Sheet

First-year students who take the Professional Foundations I and II sequence are required to complete observations of music therapy sessions implemented by their upper-level peers or professional music therapists in the area. After each observation, students complete an observation form (see example) to begin to conceptualize how ITMT unfolds in a real-world clinical setting. The observation form is organized using ITMT and at the end asks the student to identify when each way of thinking may have occurred in the session. Professors or supervisors then review each student's form and give written feedback.

Observation Form

What was the context of the session?

- Where did the session take place including day/time? Describe the environment.
- How many clients were present?
- What was the diagnosis of the clients served?
- Who was/were the student music therapists and the supervisor?
- What were some of the paramusical* aspects of the session and did they have any particular impact?
- How did the student music therapist(s) address the cultural dimensions of the client(s)?

*paramusical aspects include people, objects, furniture, lights, props, dance, drama, artwork, poetry, behaviors, reactions that are created independently of the music or that are in the "context of musical activity but are nonmusical in their intent or content" (Bruscia, 2014, p. 418).

What were the experiences in the session?

- What music methods were used in the session?
- What genre of music was used? If specific songs were used, list them:
- What musical instruments were implemented? Why do you think those instruments were chosen?
- How did the client(s) respond to the music? Was there an interaction or experience (musical or non-musical) that seemed meaningful?
- Were there any paramusical or extramusical* processes or products that are important to identify?

*extramusical aspects are “nonmusical aspects of music or music experiences that stem from affect, or derive their meaning from the music (e.g., lyrics, programs, stories, or dramas depicted in the music” (Bruscia, 2014, p. 415).

What were the outcomes of the session?

- What were the goals and objectives of the session?
- What were the client’s strengths and areas of need?
- What were some choices that each client got to make?
- What seemed to work really well?
- What seemed to be challenging?

Reflexive practice:

- What was a moment when the MT-BC was using context thinking?
- What was a moment when the MT-BC was using outcome thinking?
- What was a moment when the MT-BC was using experience thinking?
- What did you notice about a transition between the three ways of thinking?
- What was your role in the session?
- What did you notice about your own responses when you were observing and/or participating?
- Did you observe anything that you thought would challenge you if you were the student music therapist? If so, how might you begin to address that challenge?
- What was exciting or surprising about this session?
- What questions do you have after observing this session?
- Final thoughts/take-aways from the observation?

Pre-internship Practicums

Session Plans

Session plans are a tool to help students prepare for their work with client(s). They allow for the supervisor to understand the student’s ideas for a session and to help the student think through what they will actually do in the session. There are many session plan templates that could be implemented based on the clinical setting. Table 2 is an example of a session plan based on ITMT. It is designed to support student decision making to various aspects of a session.

This document can be used during practicums but can also be adapted to use across the curriculum and is a template for all three ways of thinking, context, experience and outcome. The appendix has three examples of adaptations of this session plan with text in place to serve as an example to students. Within each course, students can complete this form four times each time focusing on a different method of music therapy. Students

create their own scenarios or use a situation embedded in the assignment. Professors or supervisors review each session plan and give detailed written feedback.

There are places for the student to explain their rationale for thinking. Additionally, the document uses language that acknowledges that the setting in which sessions take place will influence some of the decision-making. For example, if the practicum is in a school, their goal and objective may have to be written in an outcome orientation to reflect practices within school-based settings or to align with a client's Individualized Education Plan. Students will learn that clinical decision-making applies not only to the client(s) but it also applies to the systems and settings in which they practice. They will also understand that ITMT offers the flexibility to address both client need, and local, state, and federal requirements. The setting is one factor that influences the music therapist's way of thinking; however, it is possible to also be reflexive within the confines of the setting using ITMT.

Table 2. ITMT Session Plan.

<table>
<tr><td>Student Therapist:</td><td>Setting (group or individual and where):</td></tr>
<tr><td colspan="2">Information from assessment/charts/observations/interview/previous sessions and environment (Write in a narrative format):</td></tr>
<tr><td colspan="2">Based on the information above, which way of thinking is needed and why: Context, Experience or Outcome. Remember- it is possible for all to be needed within one session. Please pick one specific issue from the assessment and address it and explain why.</td></tr>
<tr><td colspan="2">What goal would be important, assuming you can write the goal to reflect the way of thinking you will be using?</td></tr>
<tr><td colspan="2">What objective would you write, assuming again, you can write objectives to reflect the way of thinking you will be using?</td></tr>
<tr><td colspan="2">State the method of music therapy you will use and explain the rationale behind your choice: Receptive/Re-creative/Improvisation/Composition:</td></tr>
<tr><td colspan="2">Equipment needed:</td></tr>
<tr><td colspan="2">Structure of environment:</td></tr>
<tr><td colspan="2">Procedure (step by step process of what you would say, imagine how the client would respond, how will you introduce the music experience, imagine how the client would respond).</td></tr>
<tr><td colspan="2">Alternate music experience: Pick a different method of music therapy and describe how it might match the needs of the client/group in the previous discussed context.</td></tr>
<tr><td>Impact: What data are you collecting if any and why?</td><td>What do you need to practice to be successful using this procedure?</td></tr>
</table>

Research Paper

At the beginning of the semester, and within each practicum, students are assigned the task of researching a diagnosis of their current client(s). Here students are implementing research skills, and are learning what they will need to do if they obtain a job in a setting where they have not yet worked, or encounter a diagnosis that is unfamiliar. Below is the assignment using ITMT. The professor reads each paper and then gives written feedback that includes rationales.

> Music therapists work with many different people, many of whom have a professional diagnosis. The purpose of this assignment is to help you learn about various diagnoses, practice your research skills and to incorporate this knowledge in your clinical placements while examining this diagnosis from ITMT: Context, Outcome and Experience.
>
> Each of you will pick a specific diagnosis related to your placements. For example, you may decide on a diagnosis like Type 2 Diabetes.
>
> You will then research this diagnosis. You need to look for information related to the CONTEXT related to Type 2 Diabetes. For example, are some people more at risk for developing it? How does it impact people socioeconomically? Are there any social justice issues related to this diagnosis? How does this disease impact a person's culture or culture impact the disease?
>
> You need to look for information related to the EXPERIENCE of Type 2 Diabetes. What is it like for people living with this diagnosis? What are the symptoms associated with it? How does it impact quality of life?
>
> Finally, you need to look for information related to OUTCOMES with Type 2 Diabetes. What are some possible measurable goals associated with this disease? What are specific behaviors that might need to occur to address living with Type 2 Diabetes? Knowledge from experience and context thinking may influence this section.
>
> **Product:** You will upload a paper, using APA 7, reflecting these three areas: context, experience and outcome. Use each orientation as a header. You must have a reference section with a minimum of 10 references. Your references should be a combination of music therapy literature and non-music therapy literature.
>
> Write three well written paragraphs for each header which means you have to practice your summary skills. Upload your paper here. Please know that I will be using "turn it in" software to make sure you are not plagiarizing.

ITMT Courses

Within the introduction to integral theory course (third semester, or first-semester Sophomore), students are re-introduced to the different ways of conceptualizing clinical work within ITMT and are re-introduced to the four methods of music therapy. At Radford University, this course begins with a focus on Queer Theory, Critical Race Theory, Feminism, and Disabilities Studies. Students read Arao and Clemens' (2013) chapter Safe Spaces to Brave Spaces. Students engage in discussions about their collective contexts, the contexts of the clients we serve in rural Virginia and the clients that we may serve more globally. It is intentional that we take a deep dive into theoretical orientations that do not place a heavy emphasis on white, Eurocentric orientations to therapy, but rather honor diverse voices, as well as long-standing and emergent practices that lead us to question and explore our own cultural situatedness and how this informs the practice of music therapy. Students read and reflect on music

therapy articles from each of the above theories and are given critical reading prompts to facilitate their engagement with the readings. The prompts were adapted from Tomasek (2009) and are outlined below:

- What problem is being identified and who does the problem relate to?
- How does context, experience or outcome orientation relate to the stated problem?
- For whom is this topic important and why?
- What do I already know about this topic and where and how have I acquired this knowledge? What might be the limitations of my thinking related to this topic?
- How do the three orientations relate to my knowledge? Which orientation am I most familiar with in this situation? Why might this difference exist?
- What new ideas are here for me to consider? Why am I willing to consider them? Why am I not willing to consider them?
- How does this reading compare to what I'm learning in other classes or have learned in other classes?
- In what ways has this reading helped me to discover a potential need for change?
- What does the author value and have I been taught to value the same things, why or why not?
- If the opportunity arose, what questions would I pose to the author?
- Create at least one question for the author that relates to context, outcome, and experience.

Storytelling

Educators often share clinical stories. Along with ethical considerations, the storyteller can incorporate ITMT. Explaining the client's micro and macro levels and their other context issues can be helpful aspects of clinical stories. Educators can tell the story by incorporating ITMT. What were the context issues that influenced music therapy? What experiences occurred that were important? What outcomes happened through the process and at the termination? Educators demonstrate the role these issues may have in assessment, treatment and evaluation. Telling or reading a case study allows for the student to listen for context thinking, experiencing thinking and outcome thinking. Revisiting the case study during class and analyzing together which aspects of the ITMT were present or missing may be helpful.

Conversely, educators could focus on one aspect of ITMT. For example, the music therapy story may center around experience orientation. Having students tell their own story related to music using one orientation within ITMT can also help them understand ITMT but also how it can be applied to their own lives. Naturally, boundaries are in place so students understand how to edit when sharing in class and what to do if they don't want to participate authentically.

Acknowledgement of Liabilities

Our approach to teaching music therapy through ITMT has limitations. We recognize that this document is not based on a research model that supports the effectiveness of ITMT. It is situated in our U.S. American bias and limited to our own education and beliefs. Some people asked us for statistics but there are no randomized controlled trials indicating which music therapy pedagogical approach is best practice anywhere. Our two universities are still implementing these changes and conceptualizing the pedago-

tical approach. We evaluate assignments and make changes based on students' responses. We are also asking for student input on their experiences within the new curricular design. We plan to closely track certification pass rates and internship pass rates, and we will be gathering student input in a more formal manner by creating a survey and formally studying this curriculum approach. We do believe these types of data are critical to our collective understanding of the impact of these changes on the development of student music therapists.

Certification Board for Music Therapist (CBMT) does not recognize ITMT in its domains. This lack of acknowledgement means our students will not be tested on this material. We discuss the CBMT test, the strengths and limitations and how ITMT can relate to the domain. We also have students take the practice assessment test.

Another limitation includes expecting students to agree with this approach when practicing music therapy. Students must learn each orientation and be reflexive within its practice instead of becoming an expert in one theoretical approach. It is a strength but also a limitation.

Explaining the curriculum to students and the history behind this curriculum is helpful. Our students encounter other music therapists who do not know about ITMT, especially when applying to internship and so they have the burden of educating others. However, the experiences within these changes indicate that students value the changes, are finding support in this approach and are able to implement the three ways of thinking in both the classroom and the clinical setting, while being respectful of each orientation. Therefore, limitations include several important areas: ongoing changes to assignments, the unknown long-term effects, our own bias, possible negative consequences regarding the CBMT test, and students being educators.

Conclusions

Music therapy educators are responsible for ensuring students receive an ethical and comprehensive competency-based education in music therapy. It is a challenging task filled with obstacles such as limited credit hours, ever-changing trends, turnover with educators, 116 professional competencies, standards of education and training, board-certification domains, and the unique interests, personalities, and proclivities of educators. Changing a program's curriculum is no easy undertaking! Faculty members have strong opinions and strong feelings about orientations to practice and the paperwork associated with curriculum changes can be tedious and political. We recommend changing curriculum to reflect ITMT. If that is not possible, changes can be made within each course.

However, the benefits of implementing ITMT into the music therapy program outweigh the liabilities. It allows students to leave the university with a practical understanding of how to address the needs of settings, clients and themselves. It gives students three orientations to work from as they move through their careers. It teaches them to value each approach equally and to be critical, intentional thinkers. Finally, the clients of these students benefit by having a wider approach to music therapy that incorporates the reflectiveness within ITMT.

About the Authors

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Appendix

Outcome orientated session plan example:

<table>
<tr><td>Student Music Therapist (SMT):</td><td>Setting (group or individual and where): rehab facility, hallway designed for practice of walking.</td></tr>
<tr><td colspan="2">Information from assessment/charts/observations/interview/previous sessions and environment (Write in a narrative format):

Rehabilitation hospital: Client is a 52-year-old white man, native to Boston, recovering from a hemorrhagic intracerebral (within the brain) stroke, on the right side of the brain. The left side of his body is impacted, specifically his arm/leg and his vision has changed. He is to be discharged home at the end of the week. He will continue to receive Physical Therapy (PT) and Speech Landguage Pathology services through an outpatient center. He has good family support, insurance and reports spirituality as a source of comfort. The social worker notes that he is struggling with recovery. He is taking more medication to assist with his high blood pressure (what caused the stroke). He cannot return to work anytime soon. He reports enjoying listening to music and never played an instrument himself. His wife plays the piano and reports enjoying hearing her play.

This is the 3rd MT session. Assessment has been completed and client and SMT are using music experiences to assist client in strengthening gait. SMT consulted with PT on the client's team, documenting their goals, their techniques and participated in team meetings. Currently, the client can walk 50 feet, then becomes short of breath and weak, needing to stop walking and sit. In the past session, SMT used meaningful songs, performing beside the client as he practices his walking exercises. This music experience was met with some success, mostly by self-report from the client who stated it helped him find strength to walk a few extra steps when he became tired.
SMT asked the client to create statements that are motivating and a source of strengths for the next session.</td></tr>
<tr><td colspan="2">Based on the information above, which way of thinking is needed and why: Context, Experience or Outcome: Outcome thinking is needed because the client is struggling with recovery and because the Music Therapist is employed by the rehab facility, it is a part of the SMT's job to address these issues.</td></tr>
<tr><td colspan="2">What Goal would be important, assuming you can write the goal to reflect the way of thinking you will be using?

Client will increase mobility.</td></tr>
<tr><td colspan="2">What objective would you write, assuming again, you can write objectives to reflect the way of thinking you will be using?

Client will walk 75 feet independently, using no more than 3 music prompts, before stopping.</td></tr>
<tr><td colspan="2">Method of Music Therapy and Rationale Behind Choice: Receptive/Re-creative/Improvisation/Composition:
Receptive: This will allow the SMT to cue the client's gait and motivate the client to continue walking before stopping to rest.</td></tr>
<tr><td colspan="2">Equipment Needed: Guitar and voice</td></tr>
</table>

<table>
<tr><td colspan="2">Structure of Environment: Client will walk up and down the rehab hall and SMT walks beside the client providing receptive music experiences.</td></tr>
<tr><td colspan="2">Procedure of an imaginary session (step by step process of what you would say, how the client would respond, how you would introduce the music experience, how the client would respond- please make up how the client would respond to all of your questions/statements).

This is the 3rd MT session with the client.
SMT greets the client and does a quick verbal check in: ask the client to rate pain, energy level and perception of strength.
SMT asks the client for statements that are motivating and help the client. Client shares three sentences: I have conquered more. Jesus walks with me. One step at a time. v
SMT states will try a different technique where the SMT improvises music to the tempo of the client as he walks.
The client asks, do I need to make music?
SMT explains more about improvisation, how people walk at a tempo and how there is a cadence and cycle to movement.
SMT demonstrates on self, by walking and creating music to tempo of gait.
Client verbalizes an understanding.
SMT begins strumming chords progression in a steady tempo of 45 beats (after consulting with PT)
SMT instruction client to walk in place to beat of guitar
SMT sings prompts to walk in place (walk- in- place) using rhythm from guitar.
Then the SMT instructs the client to walk forward, again using the rhythm and chord progression of the guitar to motivate and cue the client to move. The SMT keeps a steady tempo.
SMT walks beside the client.
SMT incorporates more of the sentences the client shared at the beginning of the session, singing the to the music and to the tempo.
Client reports feeling tired and needing a break.
SMT encourages the client to take 5 more steps before resting.
Client takes 2 more steps and then stops.
SMT and client look at the measurements on the wall indicating that the client walked 70 feet.
SMT states that the client needs to get to 75 feet before taking a rest for the next session.
Client agrees to this goal.
Again, SMT ask the client to rate pain, energy level and perception of strength.
SMT reminds the client the next session is in 2 days and asks if the client needs anything before the session ends.
</td></tr>
<tr><td colspan="2">Alternate Music Experience: Pick a different method of music therapy and describe how it might match the needs of the client/group.

Composition: Client and SMT write a song that will be performed when client is doing walking exercises. Therapist makes tempo of song 45 beats per minute to reflect needs stated within PT.</td></tr>
<tr><td>Impact: What data are you collecting if any and why

Feet walked and pre/post NRS on pain, energy and perception of strength</td><td>What do you need to practice to be successful using this procedure?

Practice improvisation at a steady tempo while walking.</td></tr>
</table>

Experience orientated session plan example:

Student Music Therapist (SMT):	**Setting (group or individual and where):** Rehab hospital in client's room
Information from assessment/charts/observations/interview/previous sessions and environment (Write in a narrative format): **Rehabilitation hospital:** Client is a 52-year-old white man, native to Boston, recovering from a hemorrhagic intracerebral (within the brain) stroke, on the right side of the brain. The left side of his body is impacted, specifically his arm/leg and his vision has changed. He is to be discharged home at the end of the week. He will continue to receive Physical Therapy and Speech Language Pathology services through an outpatient center. He has good family support, insurance and reports spirituality as a source of comfort. The social worker notes that he is struggling with recovery, that his attitude towards recovery can be "poor" at times, and that she is concerned he may soon be diagnosed with depression. He is taking more medication to assist with his high blood pressure (what caused the stroke) and he continues to report that he "doesn't feel" good because of the medication. He cannot return to work anytime soon. He reports enjoying listening to music and never played an instrument himself. His wife plays the piano and reports enjoying hearing her play.	
Based on the information above, which way of thinking is needed and why: Experience thinking is needed because of the social worker's information regarding his attitude towards recovery, concerns about depression, the many upcoming changes, his experiences of the medications and the issues around his self-identity.	
What Goal would be important, assuming you can write the goal to reflect the way of thinking you will be using? Client will explore his feelings related to recovery and new life.	
What objective would you write, assuming again, you can write objectives to reflect the way of thinking you will be using? Client will use one new coping strategy to address feelings.	
Method of Music Therapy and Rationale Behind Choice: Receptive/Re-creative/Improvisation/Composition: Improvisation: This method will allow the client to express himself in non-verbal ways and to reflect upon his musical expressions and gain insights about himself and his recovery.	
Equipment Needed: harmonic and non-harmonic instruments	
Structure of Environment: SMT will go to the client's room with instruments. Depending on how the room is arranged, SMT will ensure instruments are accessible and that there are no barriers between client and SMT.	
Procedure of an imaginary session (step by step process of what you would say, how the client would respond, how you would introduce the music experience, how the client would respond- please make up how the client would respond to all of your questions/statements). 1. SMT builds rapport and explain music therapy services. 2. SMT gives the client a tour of the music therapy room. SMT explain's various instruments and sometimes demonstrate how they can be played. 3. SMT states that the client is experiencing lots of "things" and that music therapy is now also a new experience. The SMTE then asks the client to select an instrument	

or instruments and to let the SMTE “hear what having a stroke is like. The SMT asks permission to record the music and the client agrees.

4. Client goes to the piano and bangs three times on the keys.
5. The SMT uses verbal skills and states “That was three intense sounds. (pauses) You have been at this hospital for almost 2 weeks and were at the other hospital for a week. It’s been almost a month since the stroke occurred. What other sounds are there?”
6. Client responds by grabbing a drum and hitting it loudly and consistently for about a minute….then slowly becomes softer and eventually stops playing.
7. The SMT allows for silence and then states, “So I’ve heard intensity, loudness, ...constant loudness and then a slow transition to no sound. What were the sounds at the end of the drumming? What did they represent?”
8. The client and SMT have a conversation about different experiences in the music and relating them to the stroke.
9. SMT plays back the music the client created and asks what is it like to hear these sounds? More conversation occurs.
10. Client eventually admits that the soft sounds at the end of the improvisation are grief and hopelessness.
11. SMT asks the client to share sounds of another time when he was mad, but to play the “whole experience, not just the anger but what happened to the anger.” Client gathers different instruments and creates a full range of sounds starting with loud dissonant sounds and ending with calmness.
12. SMT gives musical feedback and uses verbal skills to process the experience. Questions like: What was it like to play an old event versus playing the one now? What sounds are missing from the old event, for example, who should also be making these sounds? Who helped you back then? Who can help you now? How are you different now from back then?
13. As the session progresses, the client discloses more about himself and how he has changed. He identifies what helped him before with anger and identifies different thoughts and skills that might help him now.
14. The SMT validates each experience the client reports.
15. Finally, the SMT asks the client to create sounds that reflect where he wants to be and joins him at the piano. The SMT again records these sounds. The client uses the non-harmonic instruments. The improvisation lasts for about 3 minutes. Afterwards they listen to the music together and share what they hear.
16. The SMT sends the client a copy of the last improvisation which the client has titled “Hope”

Alternate Music Experience: Pick a different method of music therapy and describe how it might match the needs of the client/group.

Composition: SMT and client write original songs that describe the different experiences of having a stroke. Here the SMT would help the client create lyrics that help him discover the many different experiences he has been through and verbally validates them during the process. The SMT would encourage the client to help create music for the lyrics that match the emotions of the different versus. The SMT would encourage the client to perform as much of the song as possible.

Impact: What data are you collecting if any and why	**What do you need to practice to be successful using this procedure?**
Musical data: recordings	Practice verbal skills, practice improvisation.

Context oriented session plan example:

Student Music Therapist (SMT):	**Setting (group or individual and where):):** Individual adult client on the Oncology unit.

Information from assessment/charts/observations/interview/previous sessions and environment (Write in a narrative format):

Hospital: Client is a 60-year-old white cisgender woman has been receiving treatment for limited stage small cell lung cancer for the past 4 months. The cancer has not spread to other parts of her body however she is aware that the 5-year survival rate is around 27% for her.

She is middle class and has good health insurance. She is not married and has a good support system. Friends visit her often. Her self-identification is founded in her Christian belief system and she is a native to Dallas, Texas. The client reports listening to music as an important part of her life. She does not play any instruments. She has been experiencing pain and extreme exhaustion, probably related to her treatment. She is at the hospital to help manage her pain and hopes to go home soon. Recently, the pain has become so extreme that she has started to wonder why God is giving her so much intense and long-lasting pain. In her belief system, God is all powerful and in control of her life. When good things happen, it is because of God and when bad things happen it is also from God. She is trying to figure out what she has done wrong or what lesson she is supposed to learn so the pain will stop.

Based on the information above, which way of thinking is needed and why: Context, Experience or Outcome: Context thinking is needed because an aspect of her culture (spirituality) is overlapping with her pain.

What Goal would be important, assuming you can write the goal to reflect the way of thinking you will be using?

Client will explore the intersection of culture and her medical experience.

What objective would you write, assuming again, you can write objectives to reflect the way of thinking you will be using?

No specific objective is appropriate at this time

Method of Music Therapy and Rationale Behind Choice: Receptive/Re-creative/Improvisation/Composition:

Composition: This will allow the SMT use the songwriting process to incorporate the client's religious beliefs into a song that addresses pain/medical issues and can be a resource used outside of the MT session

Equipment Needed: piano and voice

Structure of Environment: Client is bedbound. SMT will move chair beside client's bed and lower the bedside table so the client can write on the paper if she has the energy. The keyboard will be out and ready to use in the songwriting process.

Procedure of an imaginary session (step by step process of what you would say, how the client would respond, how you would introduce the music experience, how the client would respond- please make up how the client would respond to all of your questions/statements).

1) SMT greets client, educates about MT and offers music therapist services.
2) Client agrees.
3) SMT asked about pain using a numeric rating scale, "On a scale of 0 (which is no pain) to

<table>
<tr><td colspan="2">
10 (which is the most pain possible), where are you right now?” (Outcome thinking in this question)
4) Client responds that her pain is a 6 right now.
5) SMT educates the client that music can help with pain management and is she interested in exploring that option?
6) Client states that she only listens to music to praise God, that God gave her this pain and he will take it away when he is ready.
7) SMT uses verbal skills to process this context information. Phrases like, “Tell me more about how God is in your life” or “Help me understand how he interacts with your pain.”
8) Throughout this conversation, the SMT is building rapport with the client and trying to understand her belief system, while demonstrating respect for this aspect of the client’s identity.
9) Eventually the SMT states, “I hear how important God is to you and your health. Earlier, I shared different things we can do with music. I am wondering what you want to do with our time? Right now, I am thinking that everyone desires their own song. Shall we write a song to God to help him understand your pain and honor him too?”
10) Client agrees.
11) SMT, throughout the songwriting process, empowers the client to come up with the title, lyrics and verses. After the lyrics are completed the SMT and client focus on the music.
12) SMT asks if she can record the music and client verbally agrees
13) The SMT asks for examples of music the client listens to and reflects that style in an improvisation on the keyboard. Chords are simple and repetitive and therefore predictable.
14) The SMT encourages the client to use the lyrics and sing as the SMT plays the keyboard.
15) The client does begin to sing. Eventually she sings through all of the lyrics. At times the SMT joins in to support the client.
16) The improvisation has ended. The SMT ask, “What was that like for you?”
17) The client answers that she loves the song that she is exhausted and needs a break.
18) SMT answers that she will edit the recording of the song and bring it back to her.
19) As the SMT is packing up another numeric rating is collected. This time the client reports her pain is a 3. (outcome thinking in this aspect of the session)
</td></tr>
<tr><td colspan="2">
Alternate Music Experience: Pick a different method of music therapy and describe how it might match the needs of the client/group.

Receptive: Client and SMT discuss various relaxation techniques that can incorporate client’s cultural beliefs. Music and imagery, somatic experiences, integrated breathing can easily be adapted to incorporated the client’s cultural needs.
</td></tr>
<tr><td>Impact: What data are you collecting if any and why

Composition is a form of data. If lyrics are used, then those are also aspects of data, as well as NRS for pain pre and post music experience.</td><td>What do you need to practice to be successful using this procedure?

Practice improvisation to lyrics/ exploring various songwriting processes.</td></tr>
</table>