Research Assignment Stipend
Final Report

Name: Janice Lindstrom
Course: MUTY 3211
Semester: Fall 2022

Introduction

I created this assignment, with the assistance of Pam Pagels, to help music therapy students understand how to identify and analyze music therapy research related to individuals with developmental disabilities and determine how to apply it to clinical situations. These assignments are repeated in each of the four music therapy methods courses that they will take, so the foundational skills they gain in this course will be built upon and developed across four semesters in their major degree. To be successful in these assignments, students need foundational skills in searching for and identifying authority-based research that they can then transfer to other classes.

Description of the information literacy assignment or activities

The assignment developed to help students begin learning how to critically read and apply research articles to their clinical work. Initially, students did not know how to search for articles and identify the appropriate type of clinical research that will be relevant for their clinical work and appropriate for the assignments. Ms. Pagels and I met several times to modify assignment steps to align more closely to specific frames and student learning outcomes described in the Framework for Information Literacy produced by the Association of College and Research Libraries.

Emphasis was placed on student familiarity with different types of research articles, e.g. literature reviews, case studies, systematic reviews, relevant to students' clinical work (Frames: Authority is Constructed and Contextual; Information Creation as a Process). Students also created better vocabularies for subject searching—including research document type and MeSH terms in order to create better, efficient queries in multiple databases (Frame: Searching as Strategic Exploration). During the implementation and evaluation of the information literacy component I continued to consult with Ms. Pagels, since most of the essential information research strategies and instruction for library resources were performed and evaluated in close association with her.

Method of assessment

Ms. Pagels provided a guest lecture with a preparatory assignment to help the students become familiar with library databases and research guides. During the guest lecture, the students learned more details about how to use research guides to find appropriate databases and use search terms to locate the articles needed for the final paper. The students also met with Ms. Pagels individually to receive specific help on identifying appropriate sources for their final paper. Additional assignments included summaries of two articles that they would use in their final paper. For these assignments, I graded their ability to

use APA style for citations and references, as well as pulling out the significant and relevant information from clinical research to support their clinical work. The final paper demonstrated all of the skills they built through these information literacy assignments and activities.

Results and impact on student learning

The results and impact on student learning of these information literacy assignments and activities are measured by the quality of work they turned in and the development of their understanding and skills demonstrated in each assignment. The students began with a perfunctory use of library databases to complete the preparatory assignment (see Appendix A). Throughout the semester, we discussed in class defining music therapy and supporting their argument with evidence from clinical research and experiences. In each discussion, the students refined their definition and understanding of music therapy, as well as identifying clear examples from research and clinical work. This refinement accelerated after they met individually with Ms. Pagels, as evidenced by the assignment samples in the Appendices to this report. Appendix B is the sample of an article summary submitted prior to meeting with Ms. Pagels. Following this meeting and my feedback on Article Summary #1, the student submitted a second article summary (Appendix C). The quality of the second article summary is significantly higher than the first article summary.

After meeting with Ms. Pagels, the students submitted a statement indicating the value of that meeting. One student wrote: "I had a meeting on the 15th and she taught me to use different searching keys (not just putting the word "music therapy" but include the word "intervention", etc.) to get more effective and valuable results. We found a couple of useful articles regarding Orff's music therapy approach and the article addressing children who have difficulty in impulse control." All the students indicated that this meeting was helpful.

Summary and next steps

The final papers this semester have demonstrated a higher quality of research and interpretation of the research than I have received from students in prior semesters. The Information literacy assignments and activities helped me be clearer in what I expected from students and helped the students produce more effective and scholarly work. I am going to continue using this assignment sequence in the first semester, as well as refine how I use similar assignments in the following three semesters that I teach music therapy students.

Appendix

Appendix A – Preparatory Assignment

1. What database did you choose? __Music and Performing Arts Online _____
2. Describe, briefly, what kinds of sources are covered by the database you selected:
Music, dance, theater, television, film, stagecraft, & related performing arts topics
C. Select one subject other than Music and Music Education from the list that might have journal content for music therapy. (Music therapy is interdisciplinary!)

1. What subject did you select? _Psychology_____
Looking at the database list, select one that you think might offer good articles related to music therapy research.
2. What database did you choose?
APA PsycINFO
3. Why did you choose it? (What content/features did it have that make it relevant for finding sources on music therapy research?
I've used APA PsycINFO before for my psychology classes, and I saw lots of articles addressing the relationship between music and psychology, as well as how music inpacts our brain. I thought it would be useful for music therapy research since this database can refine peer-reviewd journals and I can have an access to evidence-based researches that supports the perspectives of music therapy scientifically.

Appendix B Article Summary #1

Jamie B Boster, PhD, Alyson M Spitzley, BS, Taylor W Castle, MA, Abby R Jewell, MS, Christina L Corso, MS, John W McCarthy, PhD, Music Improves Social and Participation Outcomes for Individuals With Communication Disorders: A Systematic Review, *Journal of Music Therapy*, Volume 58, Issue 1, Spring 2021, Pages 12–42, https://doi.org/10.1093/jmt/thaa015

The purpose of this article was to explore the effect and benefits of the use of arts-based intervention, specifically music, for clients with communication disorder to foster their social and participation outcomes. Authors defined participants' social and participation by Communicative Competence Model (Light, 1989) and Participation Model (Beukelman & Mirenda, 2013). These models specify that social and participation includes the sociorelational and sociolinguistic skills that aim to reduce barriers or increase supports to communication. Sociorelational skills require the participants to response to the social situation such as participating, responding, showing interest, and establishing a rapport with a therapist. Sociolinguistic skills include the use of language to participate such as turn-taking, initiation, requesting and protesting, and topic maintenance. Participants were diagnosed with a communication disorder, verbal and/or nonverbal that are caused by receptive and/or expressive language disorders, cognitive dysfunction, and/or hearing disorders, and grouped in three categories: pediatrics with ASD, pediatrics with developmental and acquired disabilities, adults with developmental disabilities, and adults with acquired disabilities. Treatment of these participants include arts-based interventions such as music, art, dance, and drama. However, the article only focuses on the outcomes of the music therapy interventions. Because the article is a literature review, authors did not specify what kind of music therapy intervention the music therapists gave to the clients. The data was collected through the articles that discuss the use and effects of arts-based interventions. Authors only included data of the outcomes met the definitions for social and participation outcomes described by Light (1989) and Beukelman and Mirenda (2013). Overall, most of the studies report positive findings among three groups. Results include increase in attention, participation and interaction within the group, verbal and nonverbal expression, emotional understanding, and general understanding of conversations. There was suggestive evidence in most studies, however, no studies presented conclusive evidence. Authors concluded that the positive findings may suggest the accessibility and the communicative nature of music that is evidence-based. Because there are multiple methods for engaging in music, clients with cognitive or physical disabilities have more access to participate which can foster and increase their skills. Music also supports

communication by delivering the message through lyrics and expressing and communicating emotions. Because of such nature of the music, authors believe that the music-based interventions are flexible and suitable for addressing social and participation outcomes. The results suggest that music therapy has a significant effect on helping clients with communication disorders and provides a flexible support for their social interactions. Music might have an effective role of addressing participation-based goals for clients with communication disorders. Limitation of the studies include the small sample sizes and inconclusive and/or suggestive evidence. Authors suggest the use of bigger sample sizes, additional analyses, clarifying the coding type, and including different varieties of music-based interventions. This article relates to the developmental practicum because it addresses how individuals with communication disorders such as ASD and down syndrome benefit from music therapy interventions.

Appendix C Article Summary #2

Currei, E. (2018). Nurturing attentional skills in acute pediatric psychiatry through avant-garde musical interventions. *Music Therapy Perspectives*, 36(2), 243-256.

The purpose of this study was to explore how avant-grade sound-based interventions help pediatric patients with their attentional skills. The music therapist used three avant-garde music by composers from 20th century to provide the most effective musical experience possible for the patients. Patients were eight children with the age range from 6 to 12, all of them living in a small acute psychiatric unit. They are culturally and religiously diverse as well as their diagnosis varied including major depressive disorder (MDD), childhood-onset schizophrenia (COS), mood disorder, conduct disorder (CD), autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), body dysmorphic disorder (BDD), eating disorder, and oppositional defiant disorder (ODD). All of them were distressed, agitated, and had short span of attention. The music therapist conducted a total three group sessions that lasted 30 to 65 minutes.

The music therapy interventions included analytic (GAMT), neurologic (NMT), sensory-motor, numerous songwriting, and receptive methods. The music therapist based the interventions in music in psychotherapy to focus on patients' needs with musical and verbal experience simultaneously. The data were taken and collected on the therapist's written session notes, including observable changes in patients' body language and affect.

The music therapist used three music in each session: Sonic Meditations by Pauline Oliveros, 4'33" by John Cage, and Sound-Searching by Luigi Nono. The music therapist was a well-trained practitioner of avant-garde compositions, and they determined that ambient music would help the patients most effectively with their attention skills. The first session consisted of Sonic Meditations which starts with one long sound and its gradual development. The goal of this session was to improve attentional skills through meditation and environmental sound listening. While introducing the intervention, the use of words "centered" and "balanced" helped the patients to stay focused. The therapist encouraged patients to move along the music and guided them with walking-meditation. After the activity, the nurses and teachers in the unit reported that patients were calmed down and focused for the afternoon classes. The therapist concluded that movement activity helped patients to relive stress by expressing themselves through bodily movement. The second session consisted of John Cage's 4'33" which is technically just a silence. The goal for this intervention was to improve the patients' divided attention as they have different instruments in four stations that were color-coded. Some of the patients showed a fear of unknown by using aggressive gesture and language. The therapist helped them walk through several different stages

including acceptance of fear, support and encouragement, familiarity, and organization and structure. After each re-creation of the activity, despite the first difficulty staying focused, patients were able to adapt and stay calm. The last session consisted of Luigi Nono's Sound-Searching. This music includes the subtle textures and inconsistent timbres. The therapist encouraged the patients to freely improvise sound-noise-exploration and receptive experience. The goal of the session was to share the awareness, develop tolerance for others' ideas, and increase non-verbal form of expression and exploration. The intervention was to listen to the music and crate the extreme quiet music within the group. In the beginning, patients seemed to be anxious and restless due to the prior events on that day. However, after the activity, patient appeared to be calmed down and relaxed, although the sound they were creating was quiet yet tense. Patients were able to match and improvise around others, collectively interacting nonverbally even though it was a demanding task for them. In conclusion, the use of avant-garde music helped patients to calm down and improve their attention. For later recommendation, the music therapist must be a practitioner who study and understand avant-grade music well to use it in the intervention effectively.

From this article, I thought it was interesting that the therapist used such ambient music for the intervention. However, it made sense in a way that common and well-known music can elicit specific memory too strongly that it can overwhelm clients. Because I had a client who had ADHD and difficulty focusing and keeping attention, it was interesting to learn the way the therapist operated sessions although the context was different (group setting, diagnosis, environment of the clinical place, etc.). I don't think this intervention would necessarily work well with my client, however, if the client showed interest in the music, I could encourage him to try new intervention like this. I could encourage him to move around and improvise with instruments to express how he felt so that he can relive stress through expression. Integrating avant-garde music would be difficult for me to do now since I'm not yet a practitioner, but if I became one, that would be useful for interventions to improve patients' attention skills.

Appendix D Final Paper

Universal and Individual Concepts of Music Therapy

Introducing myself as a music therapy major can be difficult at times. Many people have asked, "What is music therapy? What do you do? What do you want to do after getting a degree?" Although they ask such questions out of pure curiosity, I always get overwhelmed by my thoughts rushing through what I learn in the class, what I do in the practicum, what the profession looks like, and what textbooks say about the definition. The questions of what music therapy is to me and how I would explain it with confidence have been enormous issues this semester. After learning and gaining experience in music therapy little by little, as of now, I propose that music therapy is the success- and resource-oriented use of music to help and guide clients in their journey of achieving their clinical and therapeutic goals. Because music is a universal language, every individual can participate and benefit from music therapy.

When forming my definition of music therapy, Orff's music therapy approach and what I learned in the developmental practicum heavily influenced me. Orff's music therapy is an educational music therapy approach that is commonly used with children who have disabilities. The key point of this approach is that everyone can participate in music-- no matter what disabilities you have, where you are from, what language speak, or how much you know about music (Darrow 2008). This idea resonated with me strongly because the power and ability of music to connect people are what drew me into learning music therapy. Music has played a significant role in shaping who I am now, and I cannot imagine my life without music especially concerning people I have met through and because of music. I believe, as Orff believed, that music is for everyone on the earth and has the potential to connect and bring people together no matter their differences.

Because music is accessible to everyone, it provides the unique experience of connecting people regardless of their differences. One example of music bringing people together would be a study that a

music therapist performed with pediatric patients who had a variety of disabilities and psychological disorders, as well as different demographic backgrounds. The goal of this study was to increase each patient's attentional skills while helping them calm down and relax for activities after music therapy. To achieve the most effective result, the therapist decided to use avant-garde music written by 20th-century composers. Unlike using popular music that can easily provoke strong memories, using not well-known, uncommon music without words could avoid overstimulation for patients and help them improve their attention skills (Currei 2018). By adding improvisational techniques in each session, the patients were able to freely express themselves through movements and different instruments, encouraging them to increase social interaction within the group regardless of their differences in demographics and diagnoses. The study shows the significance of allowing clients to communicate within their capacity, matching their individual abilities, it reinforces Orff's key concept of improvisation.

As we saw in this semester's practicum, everyone is unique and distinct despite having similar diagnoses. In one research article, researchers reported that music therapy students (MTS) who worked as camp counselors with clients with autism spectrum disorder (ASD) contributed to the significant finding of *Various Differences* (Silverman, et al. 2018). MTS reported to the researchers that each camper, despite having the same diagnosis of ASD, was "idiosyncratic"- meaning that diagnosis did not define who each individual participant was. Especially with ASD, a spectrum disorder, each induvial has different severities and features. Diagnosis can be helpful to have a general idea of what clients' needs might be; however, a label can affect how therapists see clients if they are not being careful enough about the potential risk of labeling. The diagnostic label does not help us learn what each client is capable of in music (Adamek & Darrow, 2018). Music therapists must be aware that disabilities and diagnosis are a part of a client and not whole, affirming that each client is more than their disabilities. This viewpoint confirms that music is for everyone because everyone can participate in music in their own way- listening, singing, dancing, playing, and so on.

In addition to music being accessible to everyone, music can ultimately be a success and resource-oriented discipline. In the class, we have discussed success-oriented interventions and how they are important to cooperate in music therapy to best assist the abilities and strengths of each client. The similarities aside, the resource-oriented approach focuses on the potential of each client and nurturing their strengths through collaboration and music as a healthcare discipline. According to Rolvsjord (2010), music is a tool for empowerment in music therapy that facilitates a sense of mastery and self-agency for clients. To achieve empowerment, music therapists must focus on each client's potential and develop a collaborative, therapeutic relationship rather than a prescriptive one. The resource-oriented approach addresses not just clients' potential music therapists' resources and what we can give to each session to help clients. We as music therapists can fuel our resources by studying the most recent evidence-based music therapy approaches and interventions, observing and assessing what each client needs to achieve their goals and objectives, and being empathetic. Empathy comes from sensitivity towards clients while remaining separate. It is significant for music therapists to comprehend this concept to provide the most effective support for each client's emotional, physical, psychological, cognitive, social, and physiological abilities. The main reason why I strongly resonate with educational approach of music therapy because e it focuses on each client's capacity and ability and their successes. As Silverman et. al. (2018) stated in their study, success looks different for everyone. It is important for music therapists to know that each client is unique in their own way, including who they are and what they can achieve from music therapy. Therefore, I included the word "resource-oriented" in my definition because I believe that what music therapy should be universal yet individual in a way that it treats everyone equally according to what they can and will be able to achieve in music therapy.

When defining music therapy, I see music as a guide for clients when they walk through the journey of achieving their goals. Such a viewpoint led me to think if music therapy is either an art or a healthcare discipline. Although I lean towards music therapy as a healthcare discipline since I see music as an aid to help clients, music therapy certainly has a significant aspect of a music discipline; music

therapists must be aware of the tonality, tension and resolution, quality of the music, all materials we learn in theory and musicianship classes... To provide the most effective music therapy, we must use musicality and its knowledge in a full capacity. There is a reason why our school does not have a Bachelor of *Arts* in music therapy or a music therapy *minor,* as some of my peers have asked me before. To be experts in music therapy, we need to know both fundamentals and advanced materials of music, and then its application to a healthcare discipline. I resonate with the *scientist-artist approach* that Pelitteri (2009) proposed where music therapy is a combination of the concepts of both evidence-based scientific knowledge and creative arts. Music therapy is a unique profession that addresses both empirical and humanistic aspects in the therapy. Therefore, all music therapists must be able to see the connection of two distinct disciplines and work within a blurred area of such specialties.

One counterpoint on my definition of music therapy could be that the notion of music as a universal language may be overstated when considering what music is; in one definition proposed by John Blacking, music is a collection of sounds that are organized by humankind, or natural sounds that humankind can interpret in an organized way. Music is essentially in our mind and how we hear, organize, and interpret sounds (Higgins 19). When we talk about "music" in our classroom, we typically think of Western classical and popular music because that is what we listen to commonly and are exposed to from younger age. However, music and its modes, systems, and tunes vary culturally, and, commonly, people from one culture have a difficult time perceiving another culture's music as "music" (Higgins 4). This realization made me think if music truly is universal- it certainly helps humans connect to each other, however, we as music therapists must be careful about this debate when providing music therapy to our clients because music is not magic, as some people think when they hear the word music therapy. Music-making and music-hearing are universal, but music itself might not be universal in a way that it has various cultural, ethnic, and historical backgrounds.

Music, for me, is not just a sound but experience that comes from listening to, playing, learning, performing, and creating music. Through music therapy practicum, I discovered that such idea goes with my client-- he was experiencing music in his own capacity and ability. For instance, he engaged in improvisation and drumming that helped us establish rapport and truthful therapeutic relationship. His engagement might have not looked like how we imagine people engaging in music such as singing and playing instruments. However, he did participate in music therapy by bringing resources he had into the session and responding to the music and therapeutic interventions that I brought into the session. Music therapy is a powerful use of music that helps individual walk through their journey of achieving their goals and all experiences that come to the path. What I can do as a music therapy student is to best assist each client on their ways with my musical abilities and provide support and help that they need, because everyone is capable of music and music therapy.

<div align="center">References</div>

Adamek, M. S., & Darrow, A. (2018). *Music in special education* (3rd ed.). The American Music Therapy Association.

Aigen, K., Brownell, M. D., Burns, D., Clair, A. A., Colwell, C. M., Darrow, A., Dvorkin, J. M., Frego, R. J., Ghetti, C. M., Gillmeister, G., Goldberg, F. S., Hama, M., Isenberg, C., Johnson, C. M., Miller, C. K., Kim, S., Kim, Y., Kwak, E., LaGasse, B., ... Tague, D. B. (2008). *Introduction to approaches in music therapy* (A. Darrow, Ed.) (2nd ed.). The American Music Therapy Association.

Brault, Annabelle, MA, M.T.A., M.T.-B.C. (2019). Resource-oriented music therapy in pediatric oncology: a philosophical inquiry. *Qualitative Inquiries in Music Therapy, 15*, 34-67.

Currei, E. (2018). Nurturing attentional skills in acute pediatric psychiatry through avant-garde musical interventions. *Music Therapy Perspectives*, *36*(2), 243-256.

Higgins, K. M. (2012). *The music between us: Is music a universal language?*. The University of Chicago Press.

Pellitteri, J. (2009). *Emotional processes in music therapy.* Barcelona Publishers.

Silverman, M. J., West, R., Schwartzberg, E. T., Hunt, C., Peterson, M. R., & Shibley, L. (2018). Experiences of music therapy students working as camp counselors for individuals with autism spectrum disorder: A thematic analysis. *Nordic Journal of Music Therapy*, *27*, 431-447.

Appendix E Rubric

Final Paper (1)							
Criteria	**Ratings**						**Pts**
Accuracy and Correctness of APA Style	25 pts Fully Accurate and Correct	23 pts Mostly Accurate and Correct	20 pts Somewhat Accurate and Correct	18 pts Somewhat inaccurate and incorrect	15 pts Mostly inaccurate and incorrect	0 pts Fully inaccurate and incorrect	25 pts
Completeness of Paper	25 pts Fully Complete	23 pts Mostly Complete	20 pts Somewhat Complete	18 pts Somewhat Incomplete	15 pts Mostly Incomplete	0 pts Not submitted	25 pts
Readability	25 pts Fully Readable with no errors	23 pts Mostly Readable with few errors	20 pts Somewhat Readable with some errors	18 pts Somewhat Unreadable with several errors	15 pts Mostly Unreadable with many errors	0 pts Fully Unreadable	25 pts
Logicality	25 pts Fully Logical	23 pts Mostly Logical	20 pts Somewhat Logical	18 pts Somewhat Illogical	15 pts Mostly Illogical	0 pts Fully Illogical	25 pts
							Total Points: 100