

Strong Roots Music Therapy Program:
A Music Therapy Program Proposal for Family Services, Inc.

by

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STRONG ROOTS MUSIC THERAPY PROGRAM:
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“Strong roots produce beautiful leaves” -Anonymous

Summary Statement

The Strong Roots Music Therapy Program will focus on providing exemplary group music therapy services to the Poughkeepsie City School District students that will address their individualized needs and interests. The music therapy groups will be designed to provide the students with opportunities to creatively express themselves and form bonds between their peers and their community. In addition to music therapy interventions, the Strong Roots Music Therapy Program will also provide students, staff, and family members with opportunities to become involved in musical experiences and performances for the community. This paper will discuss a proposal for a music therapy program at Family Services, Inc. in Poughkeepsie, NY.

Family Services, Inc.

Family Services, Inc., founded in 1879, is an agency located in the Hudson Valley of New York. The overall mission of Family Services is to “bring people together to find the support they need, improve their lives and communities, and building a stronger, safer Hudson Valley” (Family Services, Inc., 2021, Our Mission section, para. 1). The programs provided through Family Services, Inc. include Behavioral Health, Family Programs, Youth Services, Community Safety, and Prevention (Family Services, Inc., 2021). The Strong Roots Music Therapy Program will be focusing on providing music therapy to Youth Services of Family Services, Inc.

Youth Services of Family Services, Inc.

Within Youth Services, there are two programs: Teen Resource Activity Center (TRAC) and the After the Bell Program. Youth Services are free to all public school students and take

place after the children are dismissed from school (Family Services, Inc., 2021). The primary difference between TRAC and the After the Bell Program is the age of the children they serve. TRAC serves middle school and high school students with ages ranging from 11 to 18. The After the Bell Program serves elementary school students with ages ranging from 5 to 11. The services that TRAC and the After the Bell program provide include physical activity, work readiness training, healthy living workshops, a nutritious meal, academic assistance, theater arts, cultural exploration, service learning, family nights, and parent activities and in-services (Family Services, Inc., 2021). At the present time, there is no music program in either TRAC and the After the Bell program.

Personal Statement

When deciding on a career, I found that music therapy combines two of my passions. Since before I can remember, music has been a part of my life and I have always been compelled to help those around me that have obstacles that are larger than mine. My most cherished memories from growing up involved music. I developed a love for singing and musical theater at a young age. Since elementary school, I participated in at least 10 shows and from each experience, I learned more about myself and others.

During my senior year of high school, I chose to go to James Madison University to study music education. Though I value music education, I found myself wondering if there is something else I could be doing with music that would better fulfill me. After doing research on music therapy, shadowing a few music therapy sessions, and visiting the State University of New York at New Paltz, I decided to leave James Madison University to study music therapy and I have not looked back.

In my studies thus far, I have seen the power that music holds to build relationships and bring communities together. My first clinical experience was a practicum assignment working with individuals with developmental disabilities. Throughout the semester, I worked with three clients to create a band. In our sessions, the band worked toward a performance at the end of the semester for a nursing home in the community. During the performance, I witnessed the benefits of music therapy for the clients and also the community. The community at the nursing home came alive; the performance sparked conversations with the members of the band and with fellow residents as well.

While learning about the access to music and music therapy within varying communities, I was reminded of how fortunate I was to have grown up surrounded by music. I attribute much of my interpersonal growth to the various music groups in which I belonged, specifically my high school show choir, Vocal Motion. Working towards an end goal through music helped me develop confidence, leadership skills, and connect to the power of music. Not all schools and communities have access to music groups and music education classes. When I heard about the services that the “After the Bell” program provides, I was delighted to see the inclusion of the creative arts; however, music was absent in the services provided. I then thought about the benefits that music therapy services can provide the children of Poughkeepsie. The experiences that group music therapy can provide promote social, emotional, and cognitive development.

Statement of Need

According to widely accepted definitions, the students of the Poughkeepsie City School District are considered at-risk students. A population that is in an environment or has had experiences that can lead to poor outcomes such as school failure, death, economic dependency,

or incarceration is considered an at-risk population (Moore, 2006, para. 3). The national average of poverty in America is 10.5% and Poughkeepsie's poverty rate surpasses the national average at approximately 19.4% (U.S. Census Bureau, 2020).

There are seven public schools in Poughkeepsie, NY that serve 4,268 students (Poughkeepsie City School District, 2021). Average proficiency score is calculated by the percentage of students that score at or above the level of "proficient" as designated by New York State and its state tests (Public School Review, 2018). Poughkeepsie City School District has an average math proficiency score of 23%, while the average math proficiency scores of New York public schools are 54% statewide (Public School Review, 2018). The Poughkeepsie City School District also has a reading proficiency score of 26%, while the statewide average is 54% (Public School Review, 2018). Based on combined math and reading proficiency testing data, Poughkeepsie City School District's average testing ranking is 1/10, placing it in the bottom 50% of New York public schools (Public School Review, 2018).

Mental health services can provide the at-risk students with a sense of self-autonomy and cohesion (Camilleri, 2007). Creative arts therapies are often included in mental health services. Creative arts therapies provide both at-risk youth and families a unique pathway to healing. Music therapy is under the umbrella of creative arts therapies, and thus is an appropriate service to include in programming for at-risk youth.

The addition of a music therapy program to Youth Services would be structured in a way that embodies the overall mission statement of Family Services, Inc. The proposed goals of a music therapy program at TRAC and the After the Bell Program are as follows:

1. To provide exemplary music therapy services that address the individualized needs and interests of the Poughkeepsie City School District students.
2. To develop ties among community members by providing students and families with opportunities to become involved with the development of music-based performances for the community.
3. To provide students with music experiences that promote self-expression and creativity.

Theoretical Orientation

The National Coalition of Creative Arts Therapies (2004) states that creative arts therapies are grounded in specific psychological theories like behaviorist, cognitive, humanistic, developmental, and psychoanalytic. These theories inform methods and goals of creative arts therapies. In developing my own clinical identity, I have aligned myself with a humanistic approach to music therapy. Humanism posits that “all individuals have innate capabilities for actualizing their own unique potentials for health and well-being, given conditions that can serve adequately as opportunities for change” (Wheeler, 2015, p. 148). Carl Rogers, a pioneer of humanistic psychology, developed the foundations of client-centered therapy (Rogers, 1951). Client-centered therapy, also recognized as person-centered therapy, involves the therapist establishing an intrinsically healing, therapeutic relationship and environment characterized by empathy, unconditional positive regard, and congruence (Corey, 2009; Corsini & Wedding,

1995). Aligned with a true humanistic approach, I view the client as a person first. Each individual I work with within music therapy has a different experience from the next and this informs the therapeutic process. My overall goal as the music therapist at Youth Services is to aid the students in the actualization of their strengths and overall, improve their quality of life. This aligns with Family Services Inc.'s overall mission in that the music therapy program will bring the students together to provide the "support they need, to improve their lives and community, and build a stronger, safer Hudson Valley" (Family Services, Inc., 2021, Our Mission section, para. 1).

In tandem with the humanistic approach, I will also be aligning myself with trauma-informed care. The American Psychological Association defines trauma as "any disturbing experience that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings intense enough to have a long-lasting negative effect on a person's attitudes, behavior, and other aspects of functioning" (APA Dictionary of Psychology, n.d., Trauma section, para. 1). Trauma-informed care stems from Trauma Theory. Trauma Theory outlines that traumatic experiences or memories could present in individuals through physiological reactions, or trauma symptoms, if the individual has not processed the trauma verbally or mentally (Reeves, 2015). Trauma-informed care asserts that healthcare professionals need to be aware of the signs and symptoms of trauma, recognize the effect the trauma has on each individual, and change the clinical process accordingly to best benefit the clients (Reeves, 2015). The trauma-informed approach will be evident in every aspect of my work, including: how songs and other music are chosen for music therapy sessions; consistent awareness of all sensory stimuli and its impact on participants; allowing the students options within music

therapy sessions; and in ongoing awareness of the impact of cultural backgrounds on the therapy process.

Differentiating Music Therapy and Music Education

While there are similarities between music therapy and music education there are important differences. Though both focus on the use of and engagement with music, the major differences involve the overall goals. Music education focuses on the development of musical skills and knowledge, while music therapy primarily focuses on functional skills. A music educator focuses on music related goals such as learning to sing, play, an instrument, perform, read music, compose, or analyze music (Adamek & Darrow, 2018). Meanwhile, a music therapist mainly addresses goals within a cognitive, behavioral, physical, emotional, or social domain (Adamek & Darrow, 2018). It is important to note that a music therapist may use musical instruction as part of their approach, but in addition to development of musical skill the focus may include other goals such as to increase self-esteem or improve fine motor skills (Adamek & Darrow, 2018). Ultimately, a music therapist uses music as a pathway to improve overall quality of life. A music therapy program would best benefit Youth Services due to its focus on the emotional and social goals for the students rather than strictly musical goals. Through my graduate coursework, I have been trained on how to utilize music therapy to best benefit children with varying needs and strengths. Within my clinical work, I have been able to work hands on with neurotypical children, children with developmental disabilities, children within acute medical care, and children within intensive medical care. See Appendix A for my resume which highlights my clinical work and related skills. I will be able to use the experiences and

knowledge I have obtained from both my clinical work and graduate coursework to inform my work with the students of Poughkeepsie City School district.

Review of Literature

Music Therapy

Music therapy is an evidence-based, established health profession. The American Music Therapy Association (AMTA) is an organization and resource dedicated to professional music therapists and defines music therapy as “the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program” (AMTA, 2019, para. 1).

More specifically, music therapy utilizes music in a therapeutic framework to accomplish individualized goals within physical, cognitive, social, and emotional domains (AMTA, 2019). The role of the music therapist is to assess the strengths and needs of the client to then create a treatment plan and facilitate musical experiences that will assist the client to achieve their goals and reach their highest potential (AMTA, 2019). While music therapy has the ability to expand upon an individual's musical skills, it also creates an environment that fosters growth in other areas of their life.

In order to become a music therapist, the individual must have completed an approved music therapy bachelor's, equivalency, or master's level program (AMTA, 2019). Within their education, the person must complete clinical training under the supervision of a board-certified music therapist. The individual must accumulate 1200 clinical hours during their pre-internship and internship training. Once the individual has completed their education and has accumulated

their clinical hours, the person must pass a national examination that is offered by the Certification Board for Music Therapists, thus earning the credential Music Therapist, Board Certified (MT-BC) (AMTA, 2019). See Appendix B for a *Music Therapy Fact Sheet* that provides a compact overview of music therapy that can be administered to Family Services, Inc. staff.

Music Therapy Methods

The four music therapy methods are improvisation, re-creative, composition, and receptive (Bruscia, 2014). Each method involves a different set of sensorimotor behaviors, varying perceptual and cognitive skills, and engages a different interpersonal process (Bruscia, 2014). The applications and therapeutic potentials also vary, making the music experience truly individualized and unique.

Improvisational Methods. Improvisational methods include music experiences in which the client extemporaneously creates music by playing an instrument and/or singing (Bruscia, 2014). The client actively creates melodies, rhythms, songs, or an instrumental piece through improvisation. Improvisational methods can be utilized in both individual and group settings. The musical medium should lie within the clients' capabilities (Bruscia, 2014). Some examples of musical mediums utilized are the voice, body sounds, percussion, stringed or wind instruments, and keyboard instruments. Possible goals while using improvisation methods may be to provide a fulfilling means of self-expression and identity formation, express and work through emotions, and develop interpersonal and group skills (Bruscia, 2014).

Re-creative Methods. Re-creative methods include music experiences in which the client learns, sings, plays, or performs precomposed music (Bruscia, 2014). Similar to

improvisational methods, re-creative methods can be facilitated through various musical mediums, including the voice, percussion, stringed or wind instruments, and keyboard instruments. Possible goals while using re-creative methods may be to foster adaptive, time-ordered behavior, promote identification and empathy with others, learn specific role behaviors in various interpersonal situations, and to develop a sense of community (Bruscia, 2014).

Compositional Methods. Compositional methods include music experiences in which the therapist helps the client write songs, lyrics, or instrumental pieces (Bruscia, 2014). The music therapist acts as support as they guide the client towards a musical product. Possible goals of compositional methods may be to develop decision making skills, to promote exploration of emotions, and to develop the ability to integrate and synthesize parts into wholes (Bruscia, 2014).

Receptive Methods. Receptive methods include music experiences where the client listens to music and responds silently, verbally, or in another modality (Bruscia, 2014). This music experience can be live or be pre-recorded. The music experience can involve the client listening while focusing on the physical, emotional, intellectual, aesthetic or spiritual aspects of the music (Bruscia 2014). Possible goals while utilizing receptive methods may be to evoke specific body responses, to stimulate or relax, to explore ideas and thoughts of others, and to evoke imagery and fantasies (Bruscia, 2014).

Areas of Practice in Music Therapy

Along with four distinct music therapy methods, there are six areas of practice within music therapy (Bruscia, 2014). An area of practice is determined by what the primary clinical

focus or what the foreground of concern for the client, therapist, and clinical agency is (Bruscia, 2014). Four questions help determine the area of practice. These questions seek to identify: the priority health concern of the client; the priority health concern for the agency, program, or therapist serving the client; the goal of the music therapist; and the nature of the client-therapist relationship (Bruscia, 2014). Through the answers to the questions above, the six main areas of music therapies have been recognized as didactic, medical, healing, psychotherapeutic, recreational, and ecological (Bruscia, 2014). The areas of practice focused on within this program are didactic and recreational.

Didactic Music Therapy Practices

The focus of didactic practices is to help the client gain knowledge, behaviors, and skills needed for functional, independent living, social adaptation, and quality of life (Bruscia, 2014; Camilleri, 2000). Learning and development are the main themes throughout the therapeutic process. The learning and development emphasized in these practices can be musical or non-musical (Bruscia, 2014). Clients who most readily benefit from didactic music therapy include: individuals with any type of developmental disability or problem within their intellectual, sensory, physical, emotional, interpersonal, and/or social domain; individuals with learning problems that interfere with academic progress; institutionalized individuals who need adaptation skills; and musicians or music students with psychotherapeutic needs (Bruscia, 2014; Camilleri, 2000; Rolvsjord, 2001). Some examples of didactic music therapy practices are special music education, developmental music, didactic music, music therapy in special education, instructional music therapy, and music activity therapy (Bruscia, 2014; Camilleri, 2000; Rolvsjord, 2001).

Instructional Music Therapy. Instructional music therapy refers to the process in which a music therapist works within the context of a private lesson and uses music learning experiences to address the needs of the client (Bruscia, 2014; Rickson, 2006). Instructional music therapy is also known as adaptive music lessons. Instructional music therapy is most often done in private practice or community music school settings (Bruscia, 2014). The primary difference between instructional music therapy and standard music lessons is that music learning is secondary to therapeutic goals (Bruscia, 2014; Rickson, 2006). The music therapist creates an individualized approach to learning a musical instrument that best suits the client's needs and wants (Bruscia, 2014). Instructional music therapy has been shown to increase impulse control, decrease restless behaviors, improve self-confidence, and increase self-expression (Montello & Coons, 1998; Rickson, 2006).

Recreational Music Therapy Practices

Recreational music therapy practices include all applications of music, music activities, and music therapy where the focus is on diversion, play, recreation, activity, or entertainment. The primary goal of recreational practices is to help individuals engage in music or other arts as leisure-time and social activities that will bring enjoyment and respite and overall enhance their quality of life (Bruscia, 2014; Green et al., 2014; Hochreutener, 2016). Recreational music therapy is deemed a more intense level of practice when it is administered in a systematic way, over an extended period of time (Bruscia, 2014). Some examples of recreational music therapy practices are therapeutic music recreation, community music, recreational music therapy, therapeutic music play, and music and play therapy (Bruscia, 2014; Green et al., 2014; Hochreutener, 2016; Pitts & Silverman, 2015).

Community Music. Community music includes music activities that are provided for groups of people with common musical interests or people who live in a community of any kind (Bruscia, 2014). The overall goal may be to pursue musical goals, for example music learning or musical performances, or developing ties among members of a community (Bruscia, 2014; Krüger, 2018; Stige, 2016; Wöfl, 2016). Ultimately, the purpose of community music is to enhance the quality of life of individuals by bringing people together in an enjoyable pastime (Bruscia, 2014, Krüger, 2018; Stige, 2016; Wöfl, 2016).

Music and Play Therapy. Music and play therapy involves the therapist using music-centered play, games, and related arts to help a child or group of children explore and work through therapeutic issues (Bruscia, 2014; Hochreutener, 2016). The overall goals of music and play therapy vary depending on the setting (Bruscia, 2014). For example, within a medical setting, a common focus of music and play therapy is to help the child understand and cope with their illness, hospitalization, or treatment (Bruscia, 2014; Hendon & Bohon, 2008). When used in a psychotherapeutic setting, the overall focus is to help the client understand, express, and deal with feelings about the self and their relationships with others (Bruscia, 2014; Green et al., 2014; Hochreutener, 2016). Play can include traditional games, toys, objects, puppet , storytelling, art, movement, drama, writing, and games of the imagination (Bruscia, 2014; Green et al., 2014; Hochreutener, 2016).

Levels of Practice in Music Therapy

Within each area of clinical practice, the level of practice varies due to the breadth, depth, and significance of the therapy process (Bruscia, 2014). The criteria in which the level of practice is determined is as follows: relevances to primary health needs, clinical independence,

breadth, context, depth, intensity, role relationships, use of music and therapist, challenge, and training (Bruscia, 2014). Through this criteria, the level of music therapy practice can be determined as music at the auxiliary level, augmentative level, intensive level, or primary level.

The auxiliary level includes any practice that has musical or nonmusical goals that are not health-related. Music therapy at the auxiliary level is not considered to be music therapy. Examples of music at the auxiliary level include teaching music to students with disabilities, using background music to enhance learning, and personal use of music to relax and reduce stress. Music therapy at the augmentative level includes any practice in which music is used to enhance the efforts of other treatment modalities to make supportive contributions to the client's overall health (Bruscia, 2014). The term "augment" is used in this context to add something to the individual's treatment modalities. Music therapy at the intensive level includes any practice in which music therapy takes a significant role in addressing the priority health needs of the client (Bruscia, 2014). At the intensive level, the music therapist collaborates with other treatment modalities as an equal contributor. At the primary level, music therapy has a singular and primary role in the client's treatment. Music therapy at this level has both depth and breadth in both process and change in the therapeutic process (Bruscia, 2014).

At-Risk Youth

An at-risk population is described as a population that is in an environment or has had experiences that can lead to poor outcomes such as school failure, death, economic dependency, or incarceration (Moore, 2006, para. 3). At-risk populations can include disabled children, families in poverty, single parenthood, and low education levels (Moore, 2006, para. 3).

Children and families within inner city communities often have a variety of needs that require versatile and varying mental health interventions.

Benefits of Music Therapy With At-Risk Youth

Music therapy sessions with at-risk youth can be offered in both group and individual formats using any of the methods of music therapy and can be adapted to meet the varying individual needs of the clients. Research has shown that music therapy with at-risk youth can be used to improve social skills, decrease problem behavior, improve mood, and improve emotional regulation (Brown & Sax, 2013; Chong & Kim, 2010; Currie & Startup, 2012; Uhlig et al., 2017; Wöfl, 2016). Case studies have also shown improved social skills and increased self expression (Camilleri, 2007). The benefits that music therapy provides for youth can also crossover to behavior and success inside of the classroom (Chong & Kim, 2010).

Improved Social Skills. At-risk youth can often feel isolated and in return can display poor social skills (Camilleri, 2007). It is important for children to acquire social skills as they promote better relation to the self and others (Camilleri, 2007). Case studies have shown that music therapy incorporates hands-on experiences that can help at-risk youth develop important social skills such as team-work, sharing, communication, and self-discipline (Camilleri, 2007). Music therapy experiences can be designed to increase empathy, helpfulness, listening, and respect (Brown & Sax, 2013; Chong & Kim, 2010; Wöfl, 2016). These effects from music therapy work to improve academic performance (Chong & Kim, 2010). Case studies have shown that music therapy also provides at-risk youth with opportunities to master skills by repeatedly meeting within a structured environment (Austin, 2007; Camilleri, 2007). The overall goal of

working towards these benefits is that the children will be able to bring these skills learned into other aspects of their lives; such as their home, school, and social life (Camilleri, 2007).

Decreased Aggression. Aggression and other anti-social behaviors stem from a host of causes. Some of these causes include experiencing violence, abuse, and neglect (Wölfl, 2016). Engagement in music therapy experiences have been shown to decrease aggression, reduce problem behavior, lower trait anger, and increase cooperation between peers (Brown & Sax, 2013; Chong & Kim, 2010; Currie & Startup, 2012; Uhlig et al., 2017; Wölfl, 2016). For example, improvisational drumming has been a successful intervention for decreasing aggressive behaviors (Currie & Startup, 2012; Wölfl, 2016). When these behaviors decrease and more positive behavior is learned, these new behaviors may translate into positive experiences outside of therapy.

Mood Improvement. Mood stems from life experience and ways of coping through life experiences (Brown & Sax, 2013). Music therapy can focus on improving self-esteem, improving perception-of-self, and decreasing feelings of depression (Brown & Sax, 2013; Chong & Kim, 2010; Wölfl, 2016). Case studies have shown that music therapy provides a channel for expression and communication through music that is not typically accessed for at-risk youth (Austin, 2007; Camilleri, 2007). When mood is improved, opportunities for personal and interpersonal growth may open (Camilleri, 2007).

Improved Emotional Regulation. Being able to regulate emotions during youth is challenging as there are many changes children and adolescents experience. At-risk youth are more likely to experience difficulty with emotional regulation. Music therapy has been shown to be a successful intervention to improve emotional regulation in at-risk youth (Brown & Sax,

2013; Chong & Kim, 2010). Music therapy can also help children and adolescents connect with their true emotions and promote healthy coping strategies (Brown & Sax, 2013; Camilleri, 2007; Chong & Kim, 2010). Using developmentally appropriate interventions, music therapists can act as a guide for children and adolescents towards healthy emotional expression and regulation.

Benefits of a Music Therapy Program at Family Services, Inc.

Music therapy at Family Services, Inc. would be a beneficial and quality addition to the services provided to the students of the Poughkeepsie City School District. A music therapy program would embody the overall mission of Family Services, Inc. by providing students with quality services that promote a sense of community, support, and overall improvement. The music therapy program at Family Services, Inc. would use music therapy interventions that are individualized and tailored to the students' wants and needs. Along with the students of Poughkeepsie City Schools, the families of the students will also benefit from the music therapy program. The Strong Roots Music Therapy Program would provide collaborative opportunities for families to be involved in music concerts and performances, as well as being included in music making during family nights at the Youth Services programs. Twice a year, the Strong Roots Music Therapy Program will organize a "Strong Roots Music Showcase" performance for the community and families of the Poughkeepsie City School District.

Detailed Description of the Program

The Strong Roots Music Therapy Program at Family Services, Inc. will embody a humanistic, person-centered approach that will overall aid in the students' self-expression, self-actualization, and self-confidence. The Strong Roots Music Therapy Program will also follow trauma-informed care throughout the treatment process. Through this approach, students will be able to create bonds with their peers and community members in a safe space. The Strong Roots Music Therapy Program will provide students with organized music-based experiences every day. The music therapy administered throughout Youth Services will be at the augmentative level by enhancing and expanding on the mission of Family Services, Inc. The student survey and group documentation will adequately determine the effectiveness of music therapy for the Poughkeepsie City School District students. Within the Strong Roots Music Therapy Program, there will be four music therapy groups offered weekly: Improvisational and Re-creative Drumming Group, Songwriting and Performance Group, Group Adaptive Lessons and Music Therapy and Theatre Group (see Table 1).

Table 1

Proposed Weekly Schedule

*AFTB- After The Bell Services

**TRAC- Teen Resource Activity Center

***MS- Middle School

****HS- High School

	Monday	Tuesday	Wednesday	Thursday	Friday
2:00-3:00	Plan	Plan	Plan	Plan	Plan
3:00-3:45	Improvisational & Re-creative Drumming Group (AFTB*, Ages 5-7)	Improvisational & Re-creative Drumming Group (AFTB, Ages 8-12)	Improvisational & Re-creative Drumming Group (AFTB, Ages 5-7)	Improvisational & Re-creative Drumming Group (AFTB, Ages 8-12)	Improvisational & Re-creative Drumming Group (AFTB, Ages 5-7)
4:00-4:45	Group Adaptive Lessons (AFTB, Ages 5-7)	Group Adaptive Lessons (AFTB, Ages 8-12)	Group Adaptive Lessons (AFTB, Ages 5-7)	Group Adaptive Lessons (AFTB, Ages 8-12)	Group Adaptive Lessons (AFTB, Ages 5-7)
5:00-5:45	Songwriting and Performance Group (TRAC**, MS***)	Songwriting and Performance Group (TRAC, MS)	Songwriting and Performance Group (TRAC, MS)	Songwriting and Performance Group (TRAC, MS)	Songwriting and Performance Group (TRAC, MS)
6:00-7:00	Documentation/ Dinner	Documentation/ Dinner	Documentation/ Dinner	Documentation/ Dinner	Documentation/ Dinner
7:00-7:45	Music Therapy and Theatre Group (TRAC, MS & HS****)	Music Therapy and Theatre Group (TRAC, MS & HS)	Music Therapy and Theatre Group (TRAC, MS & HS)	Music Therapy and Theatre Group (TRAC, MS & HS)	Music Therapy and Theatre Group (TRAC, MS & HS)
8:00-8:45	Songwriting and Performance Group (TRAC, HS)	Songwriting and Performance Group (TRAC, HS)	Songwriting and Performance Group (TRAC, HS)	Songwriting and Performance Group (TRAC, HS)	Songwriting and Performance Group (TRAC, HS)
9:00-10:00	Documentation/ planning/collaboration with staff	Documentation/ planning/collaboration with staff	Documentation/ planning/collaboration with staff	Documentation/ planning/collaboration with staff	Documentation/planning/collaboration with staff

Improvisational and Re-creative Drumming Group. The improvisational and re-creative drumming group will serve the students of the After The Bell Services program. Each student will be given a drum or percussion instrument and have the opportunity to participate in music making. The music therapist will facilitate various music experiences that either allow for the students to create their own rhythms or learn rhythms from pre-composed songs. The overall goals of the improvisational and re-creative drumming group are to 1) increase self-expression, 2) decrease aggression, and 3) develop interpersonal skills. The session will begin with the students getting comfortable on their instruments as well as a brief musical improvisation. The music therapist will then facilitate a musical experience where the students will be given the opportunity to play independently and also in collaboration with their peers. The students will also have the opportunity to re-create songs of their choice. Participation in this group experience will allow students to develop both musical and socialization skills.

Songwriting and Performance Group. The songwriting and performance group will serve the students of the Teen Resource Activity Center (TRAC). The music therapist will facilitate both vocal re-creation, songwriting, and song transformation. Vocal re-creation is defined as vocalizing in a prescribed way as well as rehearsing choral groups (Bruscia, 2014). Song transformation is defined as changing the words, phrases, or entire lyrics of a pre-composed song while still maintaining the melody, or changing the melody but changing the lyrics (Bruscia, 2014). The overall goal of the song writing group is to promote 1) decision making skills, 2) skills in creating structure to express their thoughts, and 3) identification and empathy with others, as well as improve interpersonal and group skills. The overall goal of the performance is to develop a sense of community. The initial sessions will focus on the

similarities and differences between the group members and what common themes they will wish to focus on throughout the songwriting experience. The initial sessions will also focus on the genres of music the clients prefer. After deciding on themes and songs that will be focused on, the students will then begin the songwriting process through fill-in-the-blank prompts from pre-composed songs or through free-verse songwriting. This will promote collaboration and conversation among the group members. The students will be given a choice on whether they wish to record their songs into an album or to perform their songs for their families and the community. The music therapist will facilitate vocal rehearsal for the group members to rehearse for the album recording and/or community performance.

Group Adaptive Lessons. The adaptive lessons group will serve the students of the After the Bells Services Program. The primary goals of group adaptive lessons are to increase self-confidence, increase self-expression, and promote social skills. The secondary goal of group adaptive lessons is to learn how to play an instrument/s. An example of an instrument that can be taught within a group setting is ukuleles. The sessions begin with the exploration of the instrument chosen to learn. During the exploration, the students will be able to play the instrument freely. After exploring the sounds the instrument makes, the music therapist will begin to teach the students how to play the instrument. As the students learn how to play the instrument, the music therapist will teach the students an ensemble song that all of the students can play together. The song will then be performed as a group during the “Strong Roots Music Showcase”. Students will be able to discover a new found confidence within themselves as they learn to play an instrument with peers. Group adaptive lessons will also foster new connections between students due to the similarity of playing the same instrument.

Music Therapy and Theatre Group. The music therapy and theatre group will serve the students of the Teen Resource Activity Center (TRAC). Currently, Poughkeepsie Youth Theatre (PYT) welcomes the students of TRAC to participate in drama games, improvise scenes, learn how to act on stage, and perform an original play created by the students (Family Services Inc, 2021). The Strong Roots Music Therapy program will collaborate with PYT and add musical theatre to the services provided. The students will not only be able to create a play, but a musical included with their own original songs. The music therapy sessions will consist of a collaboration with the staff of PYT in musical improvisation experiences, musical theater song creation, and rehearsals for their musical. The overall goals of the music therapy and theatre group will be to develop decision making skills, increase self-confidence and self-expression, and develop teamwork skills.

Community and Staff Participation

The overall mission of Family Services Inc. of the Hudson Valley is to bring people together to find support, improve their lives, and build a stronger, safer community (Family Services, Inc., 2021). The Strong Roots Music Therapy Program will embody this mission by not only serving the youth of the program but the community and staff as well. Through the “Strong Roots Music Showcase”, members of the community will be invited, free of charge, to support the students of the youth services in their musical performance. Families of the students will be able to participate in the preparation of the performance by handing out flyers and preparing the program. The staff at Family Services Inc. will also be included in the Strong Roots Music Therapy Program by collaborating projects from their specialty classes. Displaying collaboration

between the staff members of Family Services, Inc. will provide examples of teamwork and social skills for the students of Poughkeepsie City School District.

Financial Justification

The annual cost accounts for the yearly salary, employee benefits, and money allotted for instrument repair and software updates (see Table 2). The initial cost includes a one-time necessary purchase of instruments and other resources for music therapy interventions (see Table 3).

Table 2

Financial Justification (Salary)

*Salary is based on information extracted from <https://bls.gov/news.release/pdf/ecec.pdf>

<i>Annual Expenses</i>	
Item	Cost
Salary (68.4%)	\$66,548*
Estimated Benefits (31.6%)	\$30,744
Instrument Repair and Software Updates	\$500
Total Annual Fees	\$97,792

Table 3*Financial Justification (Materials)*

**All materials and instruments can be found on <https://www.westmusic.com/>

<i>Initial Expenses</i>	
Item**	Cost
Remo World Music Drumming PP-WMDC-EE Package E 3 - Remo 10" Tubanos, 7 - Remo 12" Tubanos, 3 - Remo 14" Tubanos, 1 - Remo 12" Tunable Djembe, 1 - Remo Talking Drums, 1 - Remo Talking Drum Mallets, 2 - Remo 16" Bahia Buffalo Drums, 1 - Remo Bongos, 8 - Remo Crown Percussion Mini Maracas, 2 - Remo Guiros, 3 - Remo Claves, 4 - Remo Maracas, 1 - Remo Gankogui, Medium, 1 - Remo Gankogui, Large, 2 - Remo Shekere, Axaste, 2 - Remo 5-1/2" Acousti-Blox, 1 - Remo Wood Sticks, Pair, 1 - World Music Drumming by Dr. Will Schmid	\$3,399.00
Westwood CG-401 1/2-Size Classical Guitar Package of 12	\$879.00
Makala MK-S Soprano Ukulele Classroom Set, Set of 10 Ukuleles	\$519.99
Xylophone Sonor Global Beat SX-GBF Fiberglass Soprano Xylophone Piano	\$350.00
Yamaha Piaggero NP32B Ultra-Portable Digital Piano, 76-Keys, Black	\$199.99
HAPI Drum Mini-C PLAYALONG 8" Steel Tongue Drum - C Maj Diatonic Play Along, Copper	\$159.00
Total Initial Fees	\$5506.98

After two years of employment as a full-time music therapist at Family Services Inc., I will be eligible to apply to become a national roster internship program (AMTA, 2021). I will

also be able to become an affiliate internship site for universities nearby. This will allow me to supervise two music therapy internship/fieldwork students for their clinical hours.

Outcomes and Assessment

Students who participate in music therapy sessions will be evaluated as an individual and also as a group member. Since all music therapy sessions will be in a group setting, group interactions will be documented throughout the treatment process as well. The students will be evaluated based on their strengths, needs, areas for potential development, and interactions with peers. In the beginning of the treatment process, the music therapist will administer a music survey to get to know the student's musical preferences and what they would like to get out of music therapy (see Appendix C). The student survey will be read to students who need assistance.

After taking the music therapy intake survey, the music therapist will assess the students using the assessment for individuals in music therapy group form (see Appendix D). Students will be assessed on their engagement, musicality, social skills, emotional expression and any other notable observations while participating in the music therapy group.

All music therapy groups will be tracked with progress notes which will be written by the music therapist at the end of each session. Each progress note will document the group attendance, the therapist interventions, and the group members' interactions. See Appendix E for the attendance and progress notes form.

Treatment evaluation will be completed at the end of each school quarter. The treatment evaluation will be completed in a narrative form including the group members' names, ages, number of sessions, duration, proposed goals, and interventions. This document will serve as a

culmination of all of the treatment progress notes and will detail significant changes and moments within the treatment process. See Appendix F for the group music therapy treatment evaluation from.

Conclusion

A music therapy program at Family Services Inc. will provide the students of Poughkeepsie City School district with a creative outlet that will be individualized to their needs and interests. As well as benefiting the students, a music therapy program will foster connections within the Hudson Valley Community. With the safe space of music therapy groups, the students will be able to express themselves, develop self confidence, and develop increased social skills.

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Appendix A

Resume

Alexandra Brewer

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New Paltz, NY 12561

Education and Training

Master of Science
SUNY New Paltz
New Paltz, NY
Music Therapy | Expected in 07/2021

Bachelor of Science
SUNY New Paltz
New Paltz, NY
Music, 05/2019

- Magna Cum Laude graduate
- Specialization: Music Therapy

Some College (No Degree)
James Madison University
Harrisonburg, VA
Music Education
-Attended for 3 full semesters from August
2015-December 2016

Skills

- Classically trained vocally (11 yrs.)
- Piano/guitar (13 yrs. piano/3 yrs. guitar)
- Goal Writing
- Session Planning
- Extensive Musical Theater Experience
- Vocal Music Director
- Songwriting/improvisation
- Strong communication and interpersonal skills
- Ability to work as part of interdisciplinary team

Clinical Experience

North Central Bronx Hospital, Outpatient Psychiatric Program

Music Therapy Graduate Intern | Bronx, NY
01/2021 to 7/2021

- Facilitate music therapy interventions in group and individual sessions with patients with diagnoses including but not limited to Bipolar I/II, Schizophrenia, Schizoaffective Disorder, and Major Depressive Disorder.
- Attend daily treatment meetings and collaborate with the treatment team.
- Identified patients' strengths and communication styles to address their needs
- Developed assessments, session plans, and documented post sessions using *Epic*.

Woodland Pond at New Paltz

Music Therapy Graduate Fieldwork II Intern | New Paltz, NY
01/2020 to 5/2020

- Facilitate music therapy interventions in group and individual sessions with clients within the memory care unit, skilled nursing unit, and assisted living unit.
- Attend activities meetings and collaborate with health professionals and nurses.
- Identified residents' strengths and communication styles to address their needs.

Maria Fareri Children's Hospital

Music Therapy Graduate Fieldwork I Intern | Westchester, NY
09/2019 to 12/2019

- Facilitated music therapy interventions in group and individual sessions with patients and their families within the Pediatric Intensive Care Unit (PICU), Oncology Unit, and Neonatal Intensive Care Unit (NICU). Ages ranging from 2 months-18 years of age.
- Attended treatment meetings and collaborated with health professionals, therapists, and nurses.
- Identified patients' strengths and communication styles, often times on the spot, to address their needs.
- Developed session plans and documented post session

Hudson Valley Creative Arts Studio

*Music Therapy Undergraduate Practicum Intern | Kingston, NY
01/2019 to 05/2019*

- Facilitated individual and group music therapy sessions using a music-centered approach with multiple populations including children with Autism Spectrum Disorder, Snyder-Robinson Disease, and Schizophrenia.
- Identified clients' strengths and communication styles to address their needs.
- Utilized improvisation as well as precomposed songs.

Related Work Experience

Piano Teacher- May 2014 - Current

Self Employed

- ⊖ Current: Facilitate piano lessons to a child with Autism Spectrum Disorder utilizing explorative play and improvisation.
- ⊖ Previous: Facilitate piano lessons to adolescents in preparation for New York State School Music Association (NYSSMA) Festival.

Bibbidi Bobbidi Boutique Hostess-January 2017- May 2017

Disney College Program Internship at Walt Disney World

- ⊖ Worked in a fast paced work environment. Held sing-alongs
- ⊖ Completed rigorous customer service training.
- ⊖ Did hair and make-up, sanitized chairs and work location prior to each transformation. Had to follow a story line throughout the day.
- ⊖ Transformed children ages 3-12 to be any princess/prince/knight of their choosing.

Activities Worker- June 2016- August 2018

Babylon Beach House, West Islip, NY

- ⊖ Ran the activities room for the residents. Facilitated one on one visits to each resident.
- ⊖ Hosted karaoke, story time, Bingo, crosswords, current events, and happy hour for the residents.

Awards/Scholarships

Mary Boyle Music Therapy Scholarship Recipient- May 2019 & May 2020

SUNY New Paltz, Graduate Program

-Recipients demonstrate good clinical and leadership skills and a dedication to the field of Music Therapy.

Barbara Hardgrave Scholarship- September 2017

SUNY New Paltz, Undergraduate Program

-Recipients demonstrate exemplary vocal talent.

National Choral Award- April 2015

West Islip High School, West Islip, NY

-The highest honor for high school choral performers that recognizes the dedication and musical achievement of the top male and female choral students.

Appendix B

Music Therapy Fact Sheet

What is Music Therapy?



Ally Brewer

Music Therapy

- Music therapy is the “clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program” (AMTA, 2021).
- Music therapy uses music within a “therapeutic relationship to address physical, emotional, cognitive, and social needs of individuals” (AMTA, 2021).
- Music therapy is used in both individual and group settings.

Qualifications of the Music Therapist

- A Bachelor’s or Master’s degree in music therapy from an American Music Therapy Association-Approved college/university program.
- Education includes 1200 hours of clinical training, culminating with a supervised internship (AMTA, 2021)
- Nationally board-certified earning the credential MT-BC (AMTA, 2021).

What are the four main methods used in music therapy?

1. **Improvisational-** making up music in real time using instruments or the voice
2. **Recreative-** learning, singing, playing or performing precomposed music
3. **Compositional-** writing songs, lyrics, or instrumental music
4. **Receptive-** music experiences where the individual/group listens to music and responds silently, verbally, or in another modality (Bruscia, 2014).

Sample Goals

Improvisational	Recreative
<ul style="list-style-type: none"> ● To provide a fulfilling means of self-expression ● To express and work through emotions ● To develop interpersonal and group skills ● Develop perceptual and cognitive skills 	<ul style="list-style-type: none"> ● To foster adaptive, time-ordered behavior ● To promote identification and empathy with others ● To learn specific role behaviors in various interpersonal situations ● To develop a sense of community
Compositional	Receptive
<ul style="list-style-type: none"> ● To develop decision making skills ● To promote exploration of emotions ● To develop the ability to integrate and synthesize parts into wholes ● Explore various ways of expressing 	<ul style="list-style-type: none"> ● To evoke specific body responses ● To stimulate or relax ● To explore ideas and thoughts of others ● To evoke imagery and fantasies

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Appendix C
Music Therapy Intake Survey

Name: _____

Age: _____

Date: _____

1. Which of the following music genres do you enjoy? (circle all that apply)

- a. Pop
- b. Rock
- c. Rap
- d. Indie/Alternative
- e. R'n'B
- f. Other: _____ (please specify)

2. Do you enjoy singing?

- a. Yes
- b. No

3. Have you ever played a musical instrument?

- a. Yes
- b. No

4. What instruments would you like to learn? (circle all that apply)

- a. Drums
- b. Piano
- c. Guitar
- d. Other: _____ (please specify)

5. Who are your favorite artists?

6. What is your favorite song?

7. What would you like to do in music group?

Appendix D

Assessment for Individuals in Music Therapy Group

Name _____

Age _____

Date _____

Assessment Completed By _____

Event of Session	Observation

Music Skills/Characteristics:

Social Assessment:

Did not participate

Participated Confidently

1

2

3

4

5

Notes:

Emotional Assessment:

Did not disclose or display emotion

Self disclosed and expressed emotion

1

2

3

4

5

Notes:

Notes for future music therapy sessions:

Music therapist signature _____ **Date** _____

Appendix E

Group Music Therapy Attendance Form and Progress Note

Music Therapist _____

Group Music Attendance and Notes

P= Present A= Absent

Group Member Name													
GM 1													
GM 2													
GM 3													
GM 4													
GM 5													
GM 6													
GM 7													
GM 8													

Session Date	Group MT Progress Note
	Therapist Interventions: Student Interactions:
	Therapist Interventions: Student Interactions:
	Therapist Interventions:

	<p>Student Interactions:</p>
	<p>Therapist Interventions:</p> <p>Student Interactions:</p>
	<p>Therapist Interventions:</p> <p>Student Interactions:</p>
	<p>Therapist Interventions:</p> <p>Student Interactions:</p>

Appendix F- Music Therapy Group Treatment Evaluation

Treatment Evaluation

Group Names: _____

Ages: _____

Date: _____

Session #'s: _____

Duration _____

Goals:

Interventions:

Treatment Notes: