

**MUSIC IS LIMITLESS: A COMMUNITY MUSIC
THERAPY PROJECT PROPOSAL**

By

Sheri Aronowitz

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Sheri Aronowitz

State University of New York at New Paltz

We, the thesis committee for the above candidate for the Master of Science in Music
Therapy, hereby recommend acceptance of this thesis.

Maria Montserrat Gimeno, Thesis Advisor, EdD, LCAT, MT-BC
Department of Music, SUNY New Paltz

Heather Wagner, Thesis Committee Member, PhD, MT-BC
Department of Music, SUNY New Paltz

Daniel Kempton, Thesis Committee Member, PhD
Department of English, SUNY New Paltz

Approved on _____

Submitted in partial fulfillment of the requirements for the degree of Master of Science in Music
Therapy at the State University of New York at New Paltz

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Music is Limitless: A Community Music Therapy Project Proposal

Summary Statement

Proposed is the launching of a pilot community music therapy (CoMT) project. The intent is that the program be grant funded in whole or in part, and utilized as an adjunctive therapy for adults who receive services from the nonprofit organization Cerebral Palsy of Westchester (CPW). The project includes a comprehensive three-step process of active music making. It will begin at the David G. Osterer Center in Rye Brook, NY with group music therapy sessions focused on trust building; continue with the addition of community musicians to support and enhance the project; and conclude with a public performance.

Founded in 1949, CPW encompasses more than a dozen satellite programs and residential sites throughout Westchester and Fairfield Counties (“History”, 2018). Serving as the organization’s nucleus, The David G. Osterer Center addresses CPW’s mission of advancing the “independence, productivity, and full citizenship of people with cerebral palsy (CP) and other disabilities” (“Mission”, 2018, para. 1).

Ultimately, this project will bridge participants to the greater community; thereby creating a “ripple effect” that may be an impetus for sociocultural change (Wood, Verney, & Atkinson, 2004, p. 61). Integration within the community (communal immersion) will serve as a vessel for a greater sense of self and individualism for the group members that receive services from CPW. Consequently, it is intended that the process will allow for a reduction of stigma in regards to persons having disabilities. Instead of being viewed through the lens of their disabilities, the invited community musicians may instead see them as fellow bandmates, and the audience will view them as capable musicians. In sum, the music they produce will highlight their abilities.

Personal Statement

As a person with my own life-altering disabilities, I approach this project with a deep personal commitment to improve lives beyond my own; I bring a strong desire to bring this project to successful fruition. I see music therapy as an evidence-based practice that uses music as a tool to aid and bring out the strengths of persons in a therapeutic or communal setting.

Being able to see the world through a different light may provide advantages to those with disabilities, although general society tends to negate this potential (Corrigan, 2014). The stigma associated with disability may be ameliorated through common ground found in music. As said by Freddie Mercury of Queen in an interview filmed in 1985, “Music is limitless” (QUEEN LEGACY CHANNEL, 2016, 18:36).

Statement of Need

Since 1967 there has been a shift from the institutional model towards community-based services and supports for adults with disabilities (Factor, Heller, & Janicki, 2012). Since the passing of Americans with Disabilities Act (ADA) of 1990 and the Olmstead decision issued by the U.S. Supreme Court (*Olmstead v. L.C.*, 1999), independence is mandated to be achieved using the “least restrictive environment,” with the goal of integration into the community with an improved quality of life (Rosenthal & Kanter, 2002). Individuals with disabilities are experiencing longer life expectancies (Thomas & Barnes, 2010). Consequently, there have been increasing adaptations to adult care facilities and the services provided.

In recent years, the Centers for Medicare and Medicaid Services (CMS) revised their rules and regulations (Friedman, 2017). The final settings rule, places emphasis on person-centered planning, treatment based on the individual’s preferences and goals, including particular attention to community participation (CMS, 2014). In order to meet person-centered planning

and community-based settings, states have begun to shift from segregated day services to other options for attendance, such as day habilitation without walls. Music therapy is a growing addition to day services as well. The MetLife National Study of Adult Day Services in 2010 showed that 80% of the 557 participating adult day service (ADS) centers provided music therapy (MetLife Mature Market Institute, 2010).

The David Osterer Center envisions CPW's premise of providing individuals with disabilities the right to participate in independent lifestyles and direct their own destinies. These persons may have conditions classified within the spectrum of neurological impairment, developmental disability, intellectual disability (ID), and/or learning disability. Their needs may be physical, psychological, emotional, spiritual, or psychosocial in nature. Recent literature illustrates that these needs may be addressed through various applications of music therapy, and the general properties of music.

Review of Literature

Neurological impairments include progressive and static conditions involving the central and peripheral nervous systems that result in functional/intellectual impairment. Conditions associated with neurological impairments include, but are not limited to epilepsy, injury resulting from inadequate blood/oxygen supply to the brain, autism spectrum disorder (ASD), spina bifida, cerebral palsy (CP), multiple sclerosis (MS), Tourette Syndrome (TS), muscular dystrophy, fetal alcohol spectrum disorder, Fragile X syndrome, Angelman syndrome, Rett syndrome, and tuberous sclerosis (Berry et al., 2012).

Among the conditions classified as neurological impairments, pu literature makes note of the use of music therapy with adults with CP; ASD, Parkinson's disease (PD); TS; multiple sclerosis, as well as ID. The general properties of music illustrated in various literature, as well

as music therapy literature, show that interventions are particularly beneficial to populations of people with neurologic impairment in aiding their physical needs, cognition, speech and communication, and emotional concerns.

Centers for Disease Control and Prevention (CDC; 2018) defines CP as a group of permanent, non-progressive disorders occurring in early development that affects an individual's movement and posture. Individuals with these disorders often experience complications in feeling, acuity, thought process, and communication, as well as behavioral disturbances, epilepsy and other secondary musculoskeletal problems (CDC, 2018). Difficulties with physical and cognitive functioning often present through participation in rhythmic interventions, e.g., rhythmic performance of movement. Recent studies have shown that when applied to gait, balance, and psychological parameters, music and movement interventions can help alleviate these difficulties (Efraimidou et al., 2016; Kim et. al., 2011; Kim, Kwak, Park, & Cho, 2012; Nasuruddin, 2010). In addition, other receptive and active music therapy interventions (e.g., based on interventions of singing, chanting, playing instruments, musical improvisation, and/or musical composition) can improve the memory, attention span, and quality life of individuals with CP (Nasrudin, 2010).

There is a strong connection between individuals with ASD and music as evidenced by exceptional musical interests and abilities exhibited by some children early in development (Geretsegger, Elefant, Kim, & Gold, 2014). Individuals with ASD may have difficulty with nonverbal and verbal communication; music can serve as a form of communication that enables individuals with ASD to discover their inner voice (Silverman, 2008). Music can also help satisfy the unmet needs for emotional experience that individuals with ASD may desire (Tan & Khetrapal, 2016, p. 471). Long-term music therapy shows promising benefits for adults affected

by severe ASD, including the facilitation of social engagement, improvement of behavioral problems, and an enhancement in creativity (Mateos-Moreno & Atencia-Doña, 2013).

The World Health Organization (WHO; 2018) defines PD as a chronic progressive neurodegenerative disorder that is characterized by motor symptomology, i.e., rigid, irregular movements, rest tremor, and postural disturbances (p. 140). Hypokinetic dysarthria often impedes individuals' oral motor skills due to an over exertion of respiration, phonation, and facial movement (Duffy, 2013). Respiratory muscle poses greater difficulty from the natural aging process, leading to a reduced capacity of respiration (Sanches et al., 2014). The results of recent studies focusing on individuals with this condition show beneficial speech related outcomes from therapeutic singing interventions (Stegemöller, Radig, Hibbing, Wingate, & Sapienza, 2016; Tamplin & Baker, 2017). Techniques involved with therapeutic singing include diaphragmatic breathing, humming, smoothly changing pitch, scale exercises, breath support, and consonant articulation. These techniques facilitate a more naturally occurring achievement of goals regarding speech and communication (Tamplin & Baker, 2017).

There is an association between music-based movement therapy and motor dysfunction experienced in patients with Parkinson's disease (Pohl, 2013; Zhang, Liu, Ye, Li, & Chen, 2017 p. 1629). The combination of sensory and motor systems involved with motor-based musical tasks engage action-related processes in the brain that closely relate to those that regulate movement (Pohl, 2013, p. 34). Entrainment as described by Thaut and colleagues in the early 1990s involves the synchrony of the frequency of motion with another system (Thaut, 2013). Rhythmic entrainment exercised within drum circle participation further addresses difficulties with motor skill and cognition (Pantelyat, Syres, Reichwein, & Willis, 2016). The synchronized drumming activates the caudate nucleus, a region of the brain pertaining to the basal ganglia that

plays an essential role in motor and cognitive functioning (Kokal, Engel, Kirschner, & Keysers, 2011).

Due to tic frequency, individuals with TS often have trouble with socialization, which generally leads to a loss of self-esteem and diminished quality of life individuals with PD experience (Evans, Seri, & Cavanna, 2016; Pantelyat, Syres, Reichwein, & Willis, 2016). Active and passive participation within a musical activity has shown to be beneficial to individuals with TS by reducing tic frequency (Bodeck, Lappe, & Evers, 2015). A natural consequence to a reduction in tic frequency is an increase in self-esteem, decrease in depression, and increased ability for socialization among individuals who experience this syndrome.

The use of music therapy can alleviate the symptoms associated with demyelinating illnesses such as multiple sclerosis (Boiko, Ivanchuk, Gunchenko, & Batysheva, 2017; Silhoven et al., 2017). Positive outcomes of music therapy participation include a reduction of pain, severity of depression and anxiety, and an increase and improvement in cognitive functioning and social skills (Boiko et al., 2017). Improvement of physical symptomatology, e.g., poor hand functionality, greatly improves by use of keyboard playing as a modality (Gatti, Tettamanti, Lambiase, Rossi, & Comola, 2015). Problems with gait can be ameliorated via use of the neurologic music therapy (NMT), a model of music therapy that utilizes music in conjunction with various techniques of neurorehabilitation to aid individuals with cognitive, sensory, or motor concerns (Conklyn, et al., 2010); Thaut, & Hoemberg, 2016). Rhythmic auditory stimulation (RAS) utilizes songs and rhythmic patterns with well-defined beats and tempo to facilitate gait rehabilitation (Thaut & Hoemberg, 2016).

The American Association on Intellectual and Developmental Disabilities (AAIDD, 2018) defines intellectual disability (ID) as a notable impairment characterized by one's aptitude

of intellect and modified behaviors within the realm(s) of conceptual, social and practical skills. The condition has an age of onset of less than 18 years (AAIDD, 2018). Active and receptive music therapy interventions can address many needs of adults who have other types of ID (Hooper, Wigram, Carson, & Lindsay, 2008a, 2008b). These interventions address the psychosocial and communicative needs of adults with ID through the development of imitation, articulation, and expressive language skills. Through application of these skills, interactions develop among peers, with and without an intellectual disability, and cooperation and peer acceptance is further developed (Hooper et al., 2008a, 2008b).

Music therapy methods allow people with ID to use instruments and sounds to represent and externalize feelings (Hooper et al., 2008a, 2008b). Music therapy methodologies also provide other emotional and psychological benefits by building self-esteem and promoting a sense of accomplishment for the client (Hooper et al., 2008a, 2008b). Reduction of agitation is also a known benefit (Hooper et al., 2008a, 2008b). Active music therapy may achieve physical goals; promote body and spatial awareness; encourage movement; and develop limb extension and muscular coordination (Hooper et al., 2008a, 2008b). Other cognitive gains may include increasing motivation and concentration; improving perceptual ability; and improving memory retention and other associated skills (Hooper et al., 2008a, 2008b). Please refer to Appendix A for an annotation of these sources.

Developmental learning disorders include those with impairments in reading (e.g., developmental dyslexia), written expression, mathematics (e.g., developmental dyscalculia), other specified impairments of learning, and those that are unspecified (WHO, 2018). To date, there is no current music therapy literature that addresses its use with adults who have trouble with written expression. However, it is plausible that receptive music therapy interventions of

songwriting and lyric analysis may assist individuals with this condition (Van de Cavey & Hartsuiker, 2016). There is no existing music therapy literature that addresses the relationship or use of music therapy techniques with adults who have developmental dyscalculia. Due to the fact that music has a symbiotic relationship to mathematics (Van de Cavey & Hartsuiker, 2016), it seems plausible as well that active music therapy interventions relating to the timing of music (e.g., active music making and conducting) would be of aid to individuals with this condition.

Program Description

As seen in the literature review, music therapy is as an effective alternative treatment for persons that receive services at CPW. There is a growing need for community engagement within settings such as CPW among individuals with disabilities (Gosine, Hawksley, & LeMessurier Quinn, 2017; Noone, 2008). Please refer to Appendix A for annotations of these sources.

Community Music Therapy (CoMT) is a fairly new concept. It was introduced by Bruscia (1998) who ascertained it to be an “ecological” area of practice, and defined it as follows:

Any efforts to form, build, or sustain communities through music therapy...this area of practice expands the notion of “client” to include a community, environment, ecological context, or individual whose health problem is ecological in nature...Helping an individual to become healthier is not viewed as a separate enterprise from improving the health of its members; and helping individual and ecology to relate to one another harmoniously makes both healthier. (p. 229)

The international application of client-therapist engagement (e.g., public performances and creating recordings), as well the emphasis of the role of culture and context within constructivist epistemologies and social theories lead to its impetus (Andsell, 2002; Stige, 2002; Aigen, 2012).

Overall, the CoMT approach acknowledges the value of human connections and encourages music participation through unbiased access to resources. It aims to make a collaborative effort for the health and wellbeing of all individuals involved (Andsel, 2002).

The project proceeds in stages. Please note that dates are variable and subject to change depending on the launch of the program. This group will meet once per week. The specific day and time of the group will be determined with input of CPW as to meet their needs, prior to the commencement of the program. The initial introductory period (14 group music therapy sessions) will commence after grant funding is obtained and necessary musical instruments and audio equipment is acquired (January 8, 2020 – April 8, 2020). The interim stage (10 sessions) will follow (approximately April 15, 2020 - June 24, 2020). This stage introduces community music members during group sessions. The final stage of this project (11 sessions) will culminate with a performance, which will take place in a community setting. (Approximately July 1, 2020 - September 9, 2020). A venue for the performance will be determined prior to the commencement of the program.

<u>Stage</u>	<u>Time Frame</u>	<u>Number of Sessions</u>
Initial Stage	January 8, 2020 – April 8, 2020	14
Interim Stage	April 15, 2020 - June 24, 2020	10
End Stage	July 1, 2020 - September 9, 2020	11

Figure 1. Proposed schedule of stages. This figure displays the time frame and number of sessions for each stage of the proposed project.

Initial Stage: Active Music Making

This initial period, although introductory, is a crucial element in the establishment of trust and therapeutic rapport. This time allows for the better understanding of the needs of the

members who wish to participate. As stated, the setting for music therapy group sessions will take place once a week at The David G. Osterer Center in Rye Brook, New York within the determined day and time. During this period, music therapy methodology will be primarily active music making, including improvisation, instrument playing, and sing-alongs.

To maintain safety standards, each of the hour long sessions require at least one direct support staff present. The music therapist will gather participants and lead them, aided or unaided by the direct support staff, to a space in the existing recreation room that is partitioned by dividers. This room is ideal for music therapy sessions as it holds enough space for wheelchairs and permits the movement of participants to play different instruments. The room is acoustically designed so that all instruments and voices are audible, and contains few distractions. In preparation for sessions, a maximum of ten minutes is required to set up and organize the room. Arrangement will include a table designated for a few basic rhythm instruments (e.g., hand drums, tambourine), one chair per group member (if needed) and staff, keyboard set-up, and music and guitar stands.

Interim Stage: Community Musician Partners

During the interim stage, community musicians will be invited to participate on a volunteer basis for all group music therapy sessions. These musicians will be sought prior to the commencement of the program by means of social media, contact with each of the counties' Council of the Arts, and public and newspaper advertisements. The location, meeting times, and set-up of the group will remain the same.

Similar to the introductory stage of the product, the beginning of the interim stage will center on facilitating comfort and trust between community members and group members. The music therapist's role is to facilitate these connections while being sensitive to the needs of the

clients. Sessions will begin with a drum circle initiation to warm up and build group connection and cohesion. Singing together and playing instruments together will create unity. Improvising together facilitates creativity and connectivity (Bruscia, 1987). Members receiving services from CPW will play musical instruments, vocalize, and partake in discussions with community members.

This program provides opportunity for participants to assume a variety of roles that can be adapted to capitalize on strengths and minimize challenges. These roles occur both within the music-making experiences and in the logistics of the experiences, such as setting up and using sound equipment. Both the participants from CPW and the community musicians will serve in a variety of roles throughout the project.

Community members will assist participants with these tasks and aid with teaching. Their involvement provides a reminder of “common humanity” among all members of the group (Aigen, 2012, p. 148). At the end of each session, there will be a period of reflection; members will be able to explore thoughts and share what they wish to achieve for the next session. This will allow them to be expressive regarding their experiences and empower them to have a voice in how the group progresses. Overall, comfort in music making, a sense of creativity, trust, and sociocultural exploration characterizes this interim stage.

Final Phase: Community Performance

At the end of the interim phase, a plan will be generated in regards to the performance with all participants. The nature of one’s self is performative (Andsell, 2010). As rationalized by Aigen (2012), “the public display of knowledge, skill, and self-hood embodied in performance is an essential human need...that promotes the inner development of the client’s self” (p. 145). With my guidance, group members will collaborate and decide on the specifics for the

performance, including such components as the playlist and instrumentation of songs. These details will be determined prior to the commencement of the group.

This final stage consists of practice geared towards the performance, e.g., fine tuning songs, as well as practicing in the desired concert setting with additional audio equipment. The location of group sessions will change to the location of the concert venue four weeks prior to the performance; however, to maintain continuity, practices will maintain the same meeting day and time. Promotion methods of social media and advertisement in the community will make the public aware of the concert's occurrence. Group members will work together to design ads for the public. The concert will be the culmination of the project.

Financial Justification

This CoMT project offers an independent service that will be delivered upon self/staff referral. Meeting specific needs of the individuals involved in this project is of utmost importance. As seen in the published literature, active and receptive music therapy interventions can help to alleviate the related symptoms associated with the conditions experienced by the individuals who receive services from CPW. Although CoMT does not focus on assessment, it is goal-oriented and seeks to indirectly aid in the improvement of participants' symptoms. These outcomes are secondary to the societal changes that can occur.

Because the needs of this program do not require full-time employment, I am proposing that the music therapist be hired contractually, for 1 hour per week for 35 weeks. The average group session rate per hour for an entry-level contractual music therapy position for a state within the mid-Atlantic region is \$78.72 (AMTA, 2019). This rate is per contact hour with clients, and includes time spent on planning, preparation, and other administrative duties.

Because this is a contractual position, there is no tax or benefits burden on the facility. Thus, the total proposed fee paid to the music therapist will amount to \$2,755.20.

<u>Instrument and Adaptive Equipment*</u>	Unit Price	Qty	Gross
American Drum PK/Adaptive Mallet Cuff and Mallet Pack, Set of 4	47.00	5	235.00
AULOS A204AF	19.45	10	194.50
American Drum PK4 Adaptive Mallet Pack, Set of 4	32.00	5	160.00
A Days Work WCTM007RE Adaptive Instrument Mount, A Day's Work	155.00	2	310.00
Yamaha Piaggero NP128 Ultra Portable Digital Pano; 61 Key	179.99	2	359.98
Pearl Export 5-PC. Drum Set W/830-Series Hardware and Zildjian Cymbal Pack	899.00	1	899.00
African Rhythms Kit 4 Tongue Drums W/ Mallets , set of 4 African Rhythms	688.00	1	688.20
West Music Peanut Butter Jam Classroom Drumming Set B West Music	1550.69	1	1550.69
Malmark 9160CL Classroom Set Choir Chimes	795.00	1	795.00
Sonor LTR 15 Triangle, 6"	30.00	1	30.00
<u>Sound and Recording Equipment*</u>			
Yamusha DBR Performing Portable PA System	1449.95	1	1449.95
Shure SM585 Vocal Microphone with Switch	104.00	5	520.00
On-Stage MY-100 Microphone Clip	7.98	3	39.75
On-Stage M57701B Boom Microphone Stand	24.98	3	74.85
Vendor: West Music			

	<u>Subtotal</u>	<u>Shipping</u>	<u>Grand Total</u>
	7,126.93	278.02	7,389.05
<u>MT-BC Labor ** (\$ /hr)</u> (Board Certified Music Therapist)	\$/Day	#MTs	Cost/Week
	\$78.72	1	\$78.72
Source: American Music Therapy Association (AMTA), 2018	Salary		
** Assumes by contract	2,755.20		

Figure 2. Proposed budget of project. This figure displays an all-inclusive budget that will cover the costs of this project.

Grants available through various organizations may be accessed to accommodate the material needs of this project such as adaptive instrumentation, sound equipment, and other administrative costs. I will work through CPW's existing organization to apply for these grants. The following foundations/organizations are being considered for grant support for this project: Academy of Country Music Charitable Foundation - ACM Lifting Lives (Academy of Country Music [ACM], n.d.); Singing for Change (Singing for Change [SFC], n.d.); Costco Charitable Contributions (Costco Wholesale Corporation [Costco Wholesale], n.d.); and The Mockingbird Foundation (The Mockingbird Foundation, Inc. [Mockingbird]). Depending on the organization, grants generally range in size from \$100-\$10,000. Given the timeline for submission of the application components of these foundations, the project should receive funding by December 2019 through early January 2020.

Larger Agency Context

A community music therapy (CoMT) project is a collaborative endeavor that typically exists for a limited period, rather than on an ongoing basis (Andsell, 2002). Through its use of

community music therapy, this project is able to address all objectives of the CPW mission (“independence, productivity, and full citizenship”) via community music therapy (“Mission”, 2018).

PREPARE

Community music therapy endeavors utilize the acronym PREPARE, (participatory, resource-oriented, ecological, performative, activist, reflective, and ethics-driven) (Steele, 2016; Stige & Aarø, 2011) The participatory aspect of a community music therapy project concerns the creation of outlets for participation during sessions, i.e., opportunities for shared verbal expression (Stige & Aarø, 2011). This element also promotes collaboration among the music therapist and group participants, however, the group members are able to take charge and directly inform decision-making processes (Steel, 2016; Stige et al., 2010). Resource orientation serves the purpose of creating change by satisfying problems in daily life through various materials, facets of social community, and strengths of participants (Steele, 2016; Stige & Aarø, 2011). Each participant is seen as having something to offer (Rolvsjord, 2010). These offerings are focused on, thereby allowing for the enablement of their full potential (Rolvsjord, 2010, pp. 44-45). The ecological aspect of the project describes its potential to generate socio-cultural change, or ability to bridge groups of people (Bunt & Stige, 2014, p. 48). The term performative is used in reference to performances that occur within and outside of sessions (Steel, 2016). The activist component denotes a contribution to a wider social change agenda (Steele, 2016; Stige & Aarø, 2011, p. 23; Vaillancourt, 2012). The penultimate quality of reflectivity addresses the ongoing active avoidance via self-reflection that is needed to prevent the unequal distribution of power within a group that is possible by facilitators (Steele, 2016; Stige & Aarø, 2011). The last

element of the acronym directly relates to an ethics-driven practice of social justice aims that base within concepts of human rights (Steele, 2016; Stige & Aarø, 2011, p. 24).

Program Integration into CPW

Due to its nature, I suggest integrating this project into CPW as a community recreational service. Areas of skills pertaining to the psychosocial, physical, emotional, spiritual, vocational, and environmental dimensions of wellness will be bi-products of participant involvement in this project. Therefore, this project will enhance your other community recreational services. Integration of composers and musicians within the surrounding community will further fulfill the requirements of a community music therapy (CoMT) project. I propose that this can be accomplished by networking, and whatever additional promotional help that your facility is able to offer (e.g., advertisement on facility website, newsletters, introduction to social media, etc.)

Outcomes and Assessment

As elucidated within the previous section, the intention of the program is to embrace the criteria found in the acronym PREPARE, (Participatory, Reflexive, Ethics-driven, Performative, Activist, Resource-oriented, and Ecological) (Steele, 2016; Stige & Aarø, 2011) through the group music therapy sessions. Overall objectives are primarily musical, in addition to meeting the specific therapeutic needs of the individuals within the group and the group itself. Other goals for this group will center on community engagement, including increasing the opportunity for group members to promote their strengths within the core group and the broader communities.

Due to the nature of the scope of this project and the philosophies of CoMT there is no need for assessment. Rather, assessment will be about the program and its effectiveness in

meeting its goals. It is beneficial to have group members complete a self-assessment at the beginning stage of the project (see appendix B). For my own records and for stakeholders to view, I will record observational progress notes at the end of each session, reflecting on group progress. With written consent received prior to the start of the project from group members, community members, and from the concert venue, I also wish to videotape the final performance (see appendix C). This recording will serve as an important tool of evaluation for stakeholders and for the group members. The availability of the videotape will allow stakeholders and group members to be able to visualize and assess the group. Overall achievement of group outcomes will also be assessed via questionnaire responses given at the performance and conclusion of the project. These questionnaires will pertain to group members, community group members, faculty involved with the maintenance of the project within the David Osterer Center (i.e., habilitation counselors and assistants, human resources, and recreational staff), and concert viewers (see appendices D, E, F, and G). The questionnaires distributed to audience members will serve the purpose of evaluating the intentional sociocultural change of the program. They will contribute to the ongoing success of the program, should it be instated.

Conclusion

The power of music allows people to transcend their disabilities. I have seen this in my work with individuals who have various disabilities; I have also experienced this first hand, as I am a person with a disability. The goal of this proposal is to create a CoMT for individuals who seek services from CPW. Currently, CPW does not have funding for music therapy. This CoMT project will bridge the individual with the greater community, thereby supporting individualism and creating sociocultural change.

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Appendix A

Annotated Bibliography

Andsell, G. (2002). Community music therapy & the winds of change. *Voices: A World for Music Therapy*, 2(2). Retrieved from <https://voices.no/index.php/voices/article/view/1590/1349>

This article introduces CoMT within British context and tradition as a paradigm shift from the consensus model of music therapy practice. In an effort to provide evidence for this new way of thinking, the author analyzes the historical beginnings of music therapy and community music in Britain. The author provides working definitions and vignettes of cultural applications of CoMT. Following, he contrasts the models in regards to key elements, including identity and roles as a music therapist; settings and ethical boundaries; goals and means for achieving them; and rationale.

Hooper, J., Wigram T., Carson, D., & Lindsay, B. (2008a) A review of the music and intellectual disability literature (1943–2006) part one: Descriptive and philosophical writing. *Music Therapy Perspectives*, 26, 65–79.

In this review of literature the authors examine 606 descriptive and philosophical pieces of literature spanning from 1943-2006. They discuss the outcome of surveys in client responses, including issues occurring with methodology, and provisions of music therapy. They also highlight reports of work settings and music therapy programs. Case studies within the literature review illuminate the benefits of improvisation, Music Activity Therapy, and receptive music interventions. The authors argue the necessity of descriptive and philosophical writing within its ability to inform and advance clinical

practice, as well as demonstrate the efficacy of the usage of music therapy among individuals with ID.

Hooper, J., Wigram, T., Carson, D., & Lindsay, B. (2008b) A review of the music and intellectual disability literature (1943–2006) part two: Experimental writing. *Music Therapy Perspectives*, 26, 80–96. doi: 10.1093/mtp/26.2.80

In this literature review, the authors highlight 81 investigations considering musical aptitude. They examine 71 pieces of scholarly works that describe how people with ID respond, in particular, to active music therapy techniques. Lastly, the authors examine 112 pieces of material that evaluate the responses of individuals with ID to receptive music therapy techniques. Focus is placed on the following intellectual disabilities: Down syndrome, musical savants, autistic spectrum disorder and Williams syndrome. The authors argue to consider experimental writing alongside descriptive writing due to its ability to capture a certain authenticity of clinical experiences, as well as underlying cause and effect relationships.

Gosine, J., Hawksley, D., & LeMessurier Quinn, S. (2017). Community Building Through Inclusive Music-Making. *Voices: A World Forum for Music Therapy*, 17(1).
<https://doi.org/10.15845/voices.v17i1.893>

This article depicts a music therapy project that takes place over a six-month span at Easter Seals Newfoundland and Labrador, a Canadian non-profit organization. Participants are verbal and nonverbal and primarily have a diagnosis of cerebral palsy. Over a six-month period, the participants attend four workshops led by established musicians within the community, in addition to standard weekly music therapy sessions. Workshops focus on inclusive singing and dancing, songwriting, percussive technique,

and active music making and social interaction. The authors formulate their project based on human rights by providing access to cultural activities and participation in music making. A sense of belonging is cultivated for the participants within their smaller and larger communities. The self-esteem, confidence and communicative the ability of participants also increase.

Noone, Jason. (2008). View of developing a music therapy programme within a person centered planning framework. *Voices: A World Forum for Music Therapy*, 8(3). Retrieved from: <https://voices.no/index.php/voices/article/view/1772/1532>

In this report, the author presents his music therapy program that exists as a day program for adults with disabilities in Western Ireland. The author has chosen to apply person-centered planning (PCP) as the basis for his program. This model focuses treatment decisions based on the interests, goals and abilities of the client. In addition to his description of the development of his program, Noone also provides insight into the source of his personal orientation—a combination of humanistic music therapy, community music therapy and music therapy for empowerment.

Appendix B

Group Member Self-Assessment

“Music is Limitless”: Community Music Therapy Self-Assessment Form

Name: _____

Date: _____

1) What are your strengths and weaknesses? Please list up to two of each.

Strengths:

1. _____

2. _____

Weaknesses:

1. _____

2. _____

2) What do you wish to accomplish over the course of this project? Please list at least three goals.

Goal #1: _____

Goal #2: _____

Goal#3: _____

3) What is your musical background?

4. Please list up to five of your favorite songs.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Appendix C

Group Member, Community Group Member, Facility, and Faculty Video Consent Forms

Group Member Video Consent Form

I, _____ give Sheri Aronowitz permission to make a video reproduction of my participation within the final performance of her “music is limitless” community music therapy group.

I understand that this recording will be used as a way of evaluating my progress within the group, as well as the group’s outcome. It will be seen by individuals that are not directly involved with the program for the purpose of evaluating the program.

Name: _____ Date: _____

Signature: _____

Facility Video Consent Form

I, _____ give Sheri Aronowitz permission to make a video reproduction of (insert name of concert venue) involvement within her “music is limitless” community music therapy group.

I understand that this recording will be used as a way of evaluating her group’s progress and outcome. Its intended viewers will be stakeholders, Ms. Aronowitz, and group members.

Name: _____ Date: _____

Signature: _____

Community Group Member Consent Form

I, _____ give Sheri Aronowitz permission to make a video reproduction of my involvement within the final performance of her “music is limitless” community music therapy group.

I understand that this recording will be used as a way of evaluating other group members’ progress, as well as overall group outcome. Its intended viewers will be stakeholders, Ms. Aronowitz, and group members.

Name: _____ Date: _____

Signature: _____

Appendix D

Cerebral Palsy of Westchester Faculty Satisfaction Survey Questionnaire

Name: _____

Date: _____

I. Directions: Please indicate your level of agreement or disagreement with each of these statements regarding “Music is Limitless” community music therapy project.

1. The project was well organized

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. During the course of this project, every group member had an equal opportunity to participate

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. Community musicians were an asset to the program

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. This project helped meet the therapeutic needs of the individuals attending CPW

Strongly Agree Agree Neutral Disagree Strongly Disagree

5. This project helped to advance participants’ independence, productivity, and full citizenship within their larger community

Strongly Agree Agree Neutral Disagree Strongly Disagree

6. This project was an asset to CPW

Strongly Agree Agree Neutral Disagree Strongly Disagree

7. This project has helped positively influence your views on working with persons with disabilities

Strongly Agree Agree Neutral Disagree Strongly Disagree

8. The performance (if attended) exceeded my expectations

Strongly Agree Agree Neutral Disagree Strongly Disagree

II. Questions

1. What is your job title?

2. In regards to the individuals receiving services from CPW, how would you rate this project?

Highly Beneficial

Beneficial

Neutral

Unbeneficial

Highly Unsatisfactory

3. What could I do to better this project in the future?

Thank You for Sharing Your Thoughts!

Appendix E

Cerebral Palsy of Westchester Group Member Satisfaction Survey Questionnaire

Name: _____

Date: _____

I. Directions: Please indicate your level of agreement or disagreement with each of these statements regarding “Music is Limitless” community music therapy project.

1. The project helped me reach my goals

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. I enjoyed participating in this project

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. I enjoyed working with community musician

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. I would participate in this project again

Strongly Agree Agree Neutral Disagree Strongly Disagree

5. This project has made me feel independent, productive, and as a member of my community

Strongly Agree Agree Neutral Disagree Strongly Disagree

II. Questions

1. What was your favorite part about this project?

2. How would you rate this project?

- Highly Beneficial**
- Beneficial**
- Neutral**
- Unbeneficial**
- Highly Unsatisfactory**

3. What changes can be made to make this project more beneficial to you in the future?

Thank You for Sharing Your Thoughts!

Appendix F

Community Musician Member Satisfaction Survey Questionnaire

Name: _____

Date: _____

I. Directions: Please indicate your level of agreement or disagreement with each of these statements regarding “Music is Limitless” community music therapy project.

1. The project was well organized

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. Being able to make music with CPW members was a rewarding experience for you

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. I see persons with disabilities in a different light.

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. This project helped to advance participants’ independence, productivity, and full citizenship within their larger community

Strongly Agree Agree Neutral Disagree Strongly Disagree

5. Over the course of this project, I saw group members as bandmates rather than persons with disabilities

Strongly Agree Agree Neutral Disagree Strongly Disagree

II. Questions

1. What is your occupation?

2. How many years have you been a musician?

3. How would you rate your experience?

- Highly Beneficial**
- Beneficial**
- Neutral**
- Unbeneficial**
- Highly Unsatisfactory**

III. Please feel free to write any comments regarding this project.

Thank you for sharing your thoughts!

Appendix G

Community Audience Member Satisfaction Survey Questionnaire

Name: _____

Date: _____

I. Directions: Please indicate your level of agreement or disagreement with each of these statements regarding “Music is Limitless” community music therapy project.

1. This project has helped positively influence your views on persons with disabilities

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. I saw CPW members as members of a band rather than persons with disabilities

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. I was impressed by the quality of the performance

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. I enjoyed the concert

Strongly Agree Agree Neutral Disagree Strongly Disagree

II. Questions

1. What community do you reside in?

2. How would you rate the quality of the performance?

- Excellent**
- Very Good**
- Neutral**
- Satisfactory**

III. Please feel free to write any comments regarding the concert.

Thank you for sharing your thoughts!

Sheri Aronowitz

1636 Mamaroneck Avenue, Mamaroneck, NY 10543 | (914)-258 5758 |
s.aron7744@gmail.com

REFERENCES UPON REQUEST

Education

- August, 2008 – December, 2012 **B.S., Contemporary Music Studies, Concentration in Music Therapy, SUNY New Paltz**
- August, 2013 – May, 2019 **M.S., Music Therapy (thesis pending), SUNY New Paltz**
Completed course work requirements May, 2016
Certification exam scheduled June, 2019

Experience

MUSIC THERAPY EXPERIENCE

- September, 2012 – December, 2012 **Practicum Student, Elant at Newburgh, Newburgh, NY**
- Composed and conducted group and individualized music therapy assessments
 - Devised individual and group music therapy session plans
 - Documented weekly individualized and group chart notes (with use of DARP format)
 - Co-lead and lead two weekly 45-minute music therapy group sessions; lead two weekly individualized 30-minute music therapy sessions in an adult rehabilitation/nursing home setting with patients, ages 55+
- September, 2013 – December, 2013 **Fieldwork Student, Benedictine Hospital, Adolescent Partial Hospitalization Program, Kingston, NY**
- Composed and conducted individualized music therapy assessments
 - Devised individualized and group music therapy session plans (using DBT foundation)
 - Documented individualized and group chart notes (with use of DARP format)
 - Observed and co-lead weekly music therapy group sessions
 - Observed group art therapy sessions and assessment
 - Lead individualized and group music therapy sessions
 - Attended interdisciplinary staff meetings

**October, 2013 –
December, 2013**

Fieldwork Student, *Benedictine Hospital, Adult Oncology unit, Kingston, NY*

- Composed and conducted individualized music therapy medical assessments
- Devised individualized bed-side music therapy session plans
- Documented individualized chart notes (with use of DARP format)
- Observed and co-lead individualized bed-side music therapy sessions lead by clinical supervisor
- Lead individualized bed-side music therapy sessions with patients, ages 50+

**February, 2014 – March,
2014
September, 2015 –
August, 2016**

Music Therapy Intern, *Ulster Neighborhood Center, Milton, NY*

- Composed and conducted individualized music therapy assessments and treatment plans
- Devised individualized and group music therapy session plans
- Documented individualized and group chart notes
- Lead individualized and group music therapy sessions in a state run (OPWDD) day habilitation setting, with adults with multiple disabilities, ages 35+
- Co-lead OT sessions
- Attended and participated in client ISP meetings

**September, 2014 –
December, 2014**

Music Therapy Intern, *Ferncliff Manor, Yonkers, NY*

- Collaborated in session planning for group music therapy sessions
- Documented group chart notes (as directed by the facility)
- Observed, participated in, and co-led group music therapy sessions led by clinical supervisors utilizing Nordoff-Robbins approach with children and adults, ages 15-25

WORK EXPERIENCE

June, 2014 – Present

Product Demonstrator – Sales Advisor, *Club Demonstration Services (CDS), Portchester N.Y.*

March, 2017 – Present

Brand Concierge, *Boar's Head Brand Purveyor: Bobby D's Provisions, Mount Vernon, NY*

June, 2018 – Present

Brand Ambassador, *Melle's Best, New York, NY* Product Demonstrator,

**September, 2018 –
Present**

BeKnown Sales and Consulting, Basking Ridge, NJ

**EXTRA CURRICULAR
ACTIVITIES**

	Mentee in “Her Honor Mentoring” sponsored by Judge Judy Sheindlin
2007-2008	Girl Scout Gold Award recipient
June, 2008	Volunteered tutoring for international student in course “Music in Counselling
December, 2013	Attended Mid-Atlantic Region Music Therapy Conference
April 3 – 6, 2013	Participated as a walker and fundraised for NAMI Walk Westchester
May 17, 2014	Attended Mid-Atlantic Region MAR Music Therapy Conference
March 19 – 21, 2015	Volunteered piano tutoring for older man (93 years old)
February, 2015 – March, 2015	Administrator and founder of Facebook Group “Stop the social stigma and bias of having mental illness”
January 4, 2013 – Present	Pro-bono Work assisting older woman with ADLS (currently 75 years old)
May, 2013 – Present	Volunteering under Dr. Concetta Tomaino at the Institute for Music and Neurologic Function in Mount Vernon, NY
February, 2019– Present	

- Counseling individuals with developmental disabilities (*1 year*)
- Using Smart Technologies (i-phone/Android) (*9 Years*)
- Freelance Photography
- Customer Service (*10+ years*)
- Music (proficient in reading, improvisation, playing piano and guitar as chordal accompaniment to voice, formally trained on saxophone / clarinet and basic percussion) (*10+ years*)
- Music Therapy (*2 Years*)
- Intermediate comprehension, reading/writing and fluency in the Spanish and French languages
- Caregiver (*5 years*)
- Brand Promotion / Representation (*4+ years*)
- Outgoing
- Organization Skills (*4 years*)

SKILLS