

2011 AMTA CONFERENCE PRELIMINARY PROGRAM ADDENDUM

Table of Contents

Title	Page #
Continuing Music Therapy Education (CMTE) Information	3
CMTE Courses	5
CMTE A: Get Hip, Get Happy, Get Uke: Ukulele Primer for Music Therapists	5
CMTE B: Intermediate/Advanced Ukulele for Music Therapists: Get Hipper, Get Really Happy, Get More Uke	7
CMTE C: Music Therapy for Speech Rehabilitation: Assessment and Treatment	8
CMTE D: Examining the Evidence-Base for Music Therapy with Children: Implications for Clinical Practice	10
CMTE E: Hip-Hop Culture and Music Therapy	12
CMTE F: The Ethics Board Presents: Music Therapy Ethics – Raising Consciousness	15
CMTE G: Clinical Improvisation – Essential Skills for Creating Sound Connections	17
CMTE H: Preventive Music Therapy for Children Living in Poverty	19
CMTE I: One in Harmony: Clinical and Educational Strategies in Multicultural Music Therapy	21
CMTE J: Navigating Social Skills Training: Designing a Musical Roadmap for Individuals with Developmental Differences	23
CMTE K: Developing the Art of Self-Reflection: Exploring the Relationship Between Therapists and Clients	25
CMTE L: Videoconferencing: A Tool for Education Sessions, Conferences, and Guest Lecturing	27
CMTE M: The Pulse of Wellbeing – Drumming for Therapy, Wellness, and Self-care	29
CMTE N: Cultivating a Renewed Sense of Self Through Music and Art	31
CMTE O: Intermediate Sensory Processing Techniques: the Why, the What, the How, the Who	33
CMTE P: Clinical Musical Improvisation Skills for Guitar	35
CMTE Q: Hospice Music Therapy: Support for Lay Caregivers and Keys to Business Success	37
CMTE R: Music for Learning: Serving Young Children with Autism Spectrum Disorders	39

CMTE S: Music at the Heart of the Matter: Vocal Improvisation in Song Circle	41
CMTE T: Keeping Time with Groove: Clinical Applications of Groove in Music Therapy	43
CMTE U: Supervising the Music Therapy Intern (Free to Qualified AMTA Members)	45
CMTE V: Writing Humanistic Music Therapy Goals In An Evidenced-Based World	47
CMTE W: Dynamic Documentation: Current Trends and Tips for Documenting in this Changing Economy	49
CMTE X: NICU Music Therapy: The Development of Rhythm, Breath & Lullaby as Clinical Practice	51
CMTE Y: Assisting with Medical Procedures: Techniques and Tips for Success	53
CMTE Z: New Ideas On Drumming With Older Adults In All Levels Of Care	55
CMTE AA: Understanding and Coping with Countertransference in End of Life Music Therapy	57
CMTE BB: Foundations of an Orff Music Therapy Practice: Entrée, Side Dish or Dessert?	60
CMTE CC: Do It Yourself: Simple Audio Recording and Production using Garage Band	63
TRAINING	65
NICU TRAINING	65
INSTITUTES	68
Institute: Developmental Approaches to Early Childhood Music Therapy	68
Institute: Making Music Accessible: Innovative Applications of Technology in Music Therapy	71
Institute: Rebuilding the Injured Brain Through Music: The Case for Expanded Music Therapy Treatment in Traumatic Brain Injury Rehabilitation	76
Program and Marketing Strategies: Supporting Individuals in the Caregiver Role (Free to AMTA Members Registered for the Conference)	79
Information Subject to Change	

Continuing Music Therapy Education (CMTE) Information

Conference Attendance – 5 CMTEs — Participants can earn 5 CMTE credits for attending this Conference with a maximum of 15 CMTE credits per five year cycle.

CBMT Approved Workshops — Twenty-nine intensive workshops, four Pre-Conference Institutes and one Training are being offered this year. Registrants will receive a certificate indicating completion of each learning experience.

Umbrella Groupings — Umbrella groupings are “a group of related workshops, courses, and programs, each fewer than five contact hours, which can be incorporated under a theme or unifying topic relating to the CBMT Scope of Practice and results in a total of at least five contact hours in duration” (CBMT Recertification Manual). Eligibility for this type of educational activity requires documentation.

Short Event Activities — Any session at this conference which is fewer than 5 contact hours of learning activity may qualify. In this category, up to 15 CMTE credits per 5-year recertification cycle will be allowed by CBMT. It is up to the individuals to monitor their limit. These are not pre-approved activities and AMTA is not responsible for participants' choice of short event activities.

Documentation for Umbrella Groupings and Short Event Activities

1. Activity Title
2. Sponsor (AMTA in this instance)
3. Name of Instructor(s)
4. A written summary of the learning experience and its application to music therapy practice and the Examination Content Outline (approximately 250 words)
5. A copy of the conference brochure for the activity
6. Proof of attendance
7. Number of contact hours in each session.
8. Umbrella groupings must list the unifying topic, session titles, date(s) and instructor(s) for each session.

If you have any questions regarding the AMTA continuing education activities at this conference, please contact the AMTA Continuing Education Committee Co-Chairs, Lisa Swanson or Vicki Vega. If you have questions regarding the recertification process or accumulation of CMTE credits, please contact the Certification Board for Music Therapists at 1-800-765-CBMT. CBMT is ultimately the authority on CMTE requirements for recertification. You are responsible for gathering documentation of your continuing education credits, so remember to pick up your CMTE certificate after each CMTE and your conference attendance certificate at the close of the conference.

Reference herein to any specific commercial firm, commercial product, process, or service by trade name, trademark, service mark, manufacturer, or otherwise does not constitute or imply endorsement, recommendation, or favoring by AMTA. Institutes and CMTE courses are approved by the Certification Board for Music Therapists for the specified number of Continuing Music Therapy Education (CMTE) credits. Credits awarded by CBMT are accepted by the National Board for Certified Counselors (NBCC). AMTA (#P-051) maintains responsibility for program quality and adherence to CBMT policies and criteria. NICU Training is maintained by Florida State University (#P-068) and follows the same CBMT

policies and criteria. Complete session information, learning objectives, pre-requisites, qualifications and credentials of instructors, cancellation and refund policies, may be found in the Official Addendum, online at www.musictherapy.org.

AMTA 2011 Conference Refund Policy

Activities are planned in advance based on the number of registrants. Full refunds cannot be made. Refunds for cancellations of any conference activities (including Trainings, Institutes and CMTE courses) are available by written request only and must be mailed to the AMTA national office. 75% of fees will be refunded if the request is postmarked no later than 10/21/11, 50% if the request is postmarked 10/22/11-11/4/11. NO REFUNDS will be made after 11/4/11, so please plan ahead. Refunds are processed 45 days after the conclusion of the conference.

HOW TO REGISTER FOR COURSES

AMTA announces an on-line payment option for conference registration. Please go to www.musictherapy.org and click the Events, then AMTA Annual Conference tabs to ensure your placement in CMTEs, Institutes and Trainings. If you are not able to take advantage of our on-line payment option, please mail your registration form and payment to:

AMTA;

8455 Colesville Rd., Ste. 1000

Silver Spring, MD 20910

Fax 301-589-5175

If you are already registered and would like to add additional courses, you may do so on the AMTA website. Log in, then go to My Account, My Events and click Add Sessions. Or you may print another registration form with additional training information only and mail or fax it to the address above. Please include a note saying that you are already registered for the conference and are adding additional courses.

Full payment is required at the time of registration and must accompany your registration form. Credit card payments may be faxed to 301-589-5175 (security of this is at your discretion); all other forms of payment must be mailed. Please do not both fax and mail (or fax more than once) your registration as this will result in double charges to your credit card. All payments must be made in U.S. dollars, and checks must be drawn on a U.S. bank. For the convenience of our international guests, an on-line currency converter can be found at www.xe.com.

Please note:

You must be registered for the conference to take any of the 29 CMTE courses. Conference registration is required for the Free Institute, but not required for any of the other three Institutes or the NICU training. If you choose to register for institutes or trainings but not the conference, you must register by postal mail or FAX – 301-589-5175.

All information subject to change

CMTE Courses:

A. Get Hip, Get Happy, Get Uke: Ukulele Primer for Music Therapists

Thursday, November 17, 2011

7:30 AM – 12:30 PM

5 CMTE Credits

Cost - AMTA members, \$100; Non-members, \$120

Presenter(s): Cathy Fink

Grammy Award winners, Music Educators, Keynote & workshop leaders- National Association for the Education of Young Children, Webmaster- ukulelesocialnetwork.ning.com

Description:

This little four-string instrument offers lovely possibilities for music therapists. It is easy to carry, easy to play and even easy to share with clients where appropriate. Perfect for song accompaniment, physical therapy, strumming and fingerpicking. Ukulele = joy. Come learn to play and explore it's music therapy applications. Music therapists will find the Ukulele offers new sounds that may enhance their practice. This credit bearing, intensive course will get you started.

Learner objectives:

- Participants will learn to tune, hold & strum a ukulele
- Participants will learn to play chords in several keys
- Participants will learn to accompany sung repertoire
- Participants will learn other tips and tricks of using the ukulele in music therapy applications
- Participants will play, jam, sing, and have fun WHILE learning!
- Participants will share ideas on using the ukulele with clients even while we are learning!

Bios of all presenters:

GRAMMY WINNERS, Cathy Fink & Marcy Marxer are consummate entertainers, master musicians and trail blazers in multiple genres of folk, country, swing and family music. They are also two fun loving gals of the ukulele.

Veteran instructors and performers, they are amongst the most prolific and popular instructors with Homespun Tapes. In 1993, Marcy released a 2 DVD set, UKULELE FOR KIDS. Now, Marcy's youtube lessons on ukulele have made fans around the world of all ages. She has just released a CD/Songbook, UKULELE FUN FOR EVERYONE.

www.cathymarcy.com

Format: Music Making & Learning

The format of the workshop will be experiential. There will be enough ukuleles for everyone to hold one while learning. Chord charts and simple written materials will be distributed. Participants are welcome to record the workshop. Ukuleles will be available for purchase after the workshop.

Prerequisites: None

B. Intermediate/Advanced Beginner Ukulele for Music Therapists: Get Hipper, Get Really Happy, Get More Uke

Thursday, November 17, 2011

7:30 AM – 12:30 PM

5 CMTE Credits

Cost - AMTA members, \$100; Non-members, \$120

Presenter(s): Marcy Marxer

Description:

This course is designed for those who have taken "Get Hip, Get Happy, Get Uke: Ukulele Primer for Music Therapists" at the 2010 conference or Ability to play and change chords in a few keys*, specifically C-F-G; G-C-D; F-Bflat-C

*Note- guitar players should feel comfortable with this. The ukulele is tuned like the highest 4 strings of a guitar capoed on the 5th fret.

Learner objectives:

*Learning bar chords and 4-string chords

*Learning more right hand strums (including fingerstyle)

*A jazz song

*A blues song

*A Hawaiian song

*Introduction to lead playing (melody lead)

*Strategies for using ukulele in music therapy

Bio of Presenter:

GRAMMY WINNERS, Cathy Fink & Marcy Marxer are consummate entertainers, master musicians and trail blazers in multiple genres of folk, country, swing and family music. They are also two fun loving gals of the ukulele.

Veteran instructors and performers, they are amongst the most prolific and popular instructors with Homespun Tapes. In 1993, Marcy released a 2 DVD set, UKULELE FOR KIDS. Now, Marcy's youtube lessons on ukulele have made fans around the world of all ages. She has just released a CD/Songbook, UKULELE FUN FOR EVERYONE.

www.cathymarcy.com Format: **Workshop**

Prerequisites: **2010 Course or see description above**

C. Music Therapy for Speech Rehabilitation: Assessment and Treatment

Thursday, November 17, 2011

7:30 AM – 12:30 PM

5 CMTE Credits

Cost - AMTA members, \$100; Non-members, \$120

Presenter(s): Jenni Rook, MA, MT-BC

Description:

This course will provide an overview of speech disorders secondary to brain injury or stroke and how to identify presenting symptoms related to aphasia, dysarthria and apraxia. Information will be presented on neurologic music therapy research and treatment approaches which can be used to address these symptoms. Hands-on demonstration of assessment and treatment techniques will be provided, and through an interactive format, participants will have an opportunity to practice learned techniques. Therapists will also practice writing clinical objectives after learning how to link assessment data to treatment approaches. A decision-making model will be presented which will allow therapists to develop and adapt assessment approaches for different populations. An emphasis will be placed on teaching therapists to understand the etiology of speech disorders from a neurologic perspective as well as how music can be used to facilitate neurological responses. Therapists will learn how to discuss this information with members of a client's treatment team and family, and will also learn how to involve the client and family in the treatment planning process. Video will be used to provide examples of music therapy sessions, however most of the course material will be delivered through lecture and experiential music-making. Participants will receive materials including lists of functional phrases, example workbook exercises for clients and written steps for assessment interventions.

Learner objectives:

- 1. Therapists will learn how to engage the client in music experiences in order to obtain assessment data (CBMT Scope of Practice IA12)**
 - 2. Therapists will learn how to identify symptoms related to aphasia, apraxia and dysarthria**
 - 3. Therapists will be able to identify music therapy best practices when addressing symptoms of speech disorders according to the most current research findings in our field**
 - 4. Therapists will gain confidence in discussing treatment approaches with clients and the effects of music therapy on neurological functioning**
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Bios of all presenters: Jenni Rook is the Acting Clinical Director at the Institute for Therapy through the Arts in Evanston, Illinois. Jenni has five years of experience working at the Rehabilitation Institute of Chicago.

Format: Workshop

1.5 hours: Didactic overview of speech disorders, associated symptoms and music therapy research findings. Discussion of common music therapy treatment approaches.

1 hour: Introduction to assessment approaches through didactic and experiential lecture

2 hours: Linking assessment findings to treatment approaches and discussing effects of music therapy on neurological functioning. Experiential demonstration and hands-on music-making between group members. Goal-writing in experiential format, and practice discussing effects of treatment interventions.

.5 hours: Discussion, question and answer format

Prerequisites: None

D. Examining the Evidence-Base for Music Therapy with Children: Implications for Clinical Practice

Thursday, November 17, 2011

7:30 AM – 12:30 PM

5 CMTE Credits

Cost - AMTA members, \$100; Non-members, \$120

Presenter(s):

Blythe LaGasse, PhD, MT-BC; Robin Edwards, PhD, MT-BC; David Edwards, MD

Description:

There is a considerable amount of emphasis on evidence-based practice in music therapy. This presentation will give clinicians an overview of evidence-based practice, finding the literature they need, and evaluating the research. Participants will then evaluate research published 2008 – present on child DD populations and discuss what impact different studies (or lines of research) may have in clinical practice. Research will be presented from different methodologies of music therapy practice – this will be inclusive to all forums of research (i.e., quantitative and qualitative). Participants will learn through didactic experience, complete work in small groups (evaluating research) and will participate in group discussions. The assessment will include questions about what is evidence based practice, the role of evidence-based practice in the clinic, how to find research, and identification of current research in EBP. The intent of this CMTE is to go beyond the general lecture on evidence-based practice to helping clinicians make clinical ties to the current research literature. The clinicians will also be exposed to tools necessary to continue locating and evaluating research post-conference.

Learner Objectives Related to the CBMT Scope of Practice:

Upon completing this CMTE, participants will be able to:

1. Find current research on child populations using free databases
2. Review current research literature and determine the importance of the research for clinical practice (CBMT I.B.1., I.C.2.a and IV.A.2)
3. Identify current music therapy and related non-music therapy research with child populations (CBMT I.C.2.a and IV.A.2)
4. Critically evaluate their practice in music therapy in light of current evidence (CBMT III.B.1)

Bios of Presenters:

Blythe LaGasse is Assistant Professor of Music Therapy at Colorado State University. Dr. LaGasse teaches resident and online graduate courses, undergraduate courses, and is Director of Music Therapy Clinical Practicum.

Robin Edwards completed her doctorate at the University of Kansas where she developed the Research Template for the Practice of Evidence-Based Music Therapy. She presents on EBP,

public school MT, and speech/language related issues.

Activity Schedule:

15 minutes – Introductions and starting exercise

50 Minutes – Part I. What is evidence-based practice? A behavioral/social science view (didactic)

10 minutes- Break

50 Minutes – Part II. Finding and Critical Evaluation of Different Research Types (didactic then group work)

10 Minutes – Break

65 Minutes – Part III. A look at research in child dd populations and relating to the clinic (didactic, then group discussion)

10 Minutes – Break

65 Minutes – Part IV. A look at research in autism spectrum disorders and relating to the clinic (didactic, then group discussion).

10 Minutes – Closing Statements/Questions

15 Minutes – Post Test

Format: Workshop

Prerequisites: None

E. Hip-Hop Culture and Music Therapy

Thursday, November 17, 2011

7:30 AM – 12:30 PM

5 CMTE Credits

Cost - AMTA members, \$100; Non-members, \$120

Presenter(s):

Michael Viega, MMT, MT-BC

Description:

Hip-Hop presents unique challenges for many music therapy clinicians. Conflicts may arise with various facilities, co-workers, and parents, who may, at minimum, voice concerns about the evocative sexual and violent lyrical imagery and the pulsating, war-like rhythms of rap music. Often this unease is heightened when working with children, adolescents and adults with emotional and behavioral disorders, psychiatric needs, learning disabilities, and those who are “at-risk” due to socio-economic surroundings. “Is the music directly affecting the clients’ behaviors?” “Are the clients responding to rap lyrics literally?” These appeared to be some of the questions that underline worries about using Hip-Hop as a part of music therapy treatment. People may also misunderstand the musical genre and culture of Hip-Hop because of negative images in popular media. These misinterpretations of the music and messages in Hip-Hop might lead to unwarranted fears and censorship of music that I considered vital to working and building a positive working relationship with my clients.

Though there are ethical concerns and contraindications towards using the often-suggestive music of Hip-Hop in certain settings (which I will address in the CMTE), utilizing a Hip-Hop cultural perspective as a music therapist may allow us to harness the positive and powerful therapeutic qualities of the expressive art forms within Hip-Hop culture for the benefit of our clients. Ultimately, this CMTE looks to help music therapy clinicians gain a better understanding of Hip-Hop culture by, learning about the development and culture of Hip-Hop, learning about the therapeutic themes that emerge from the various art forms within the culture, and promoting effective and safe use of Hip-Hop in music therapy practice.

Learner objectives:

- 1) Participants will understand the cultural and musical development of hip-hop culture and its relevance to music therapy practice.
- 2) Participants will gain an understanding of the salient therapeutic aims that emerge from a hip-hop cultural perspective.
- 3) Participants will develop an ability to implement music therapy interventions using a hip-hop cultural perspective.
- 4) *CBMT Scope of Practice, Section 1, C9*: “Consider client’s age, culture, music background, and preferences when designing music therapy experiences.”
- 5) *CBMT Scope of Practice, Section 2, A5v*: “utilize a varied music repertoire (e.g., blues, classical, folk, jazz, pop) from a variety of cultures and sub-cultures.”

Bios of all presenters

Michael Viega is the Special Projects Coordinator and adjunct faculty member at Molloy College in Rockville Centre, NY. Michael is currently a PhD student at Temple University, Philadelphia, PA. His primary clinical and research focus has been working with children and adolescents in various settings, with a focus on therapeutic songwriting techniques and clinical uses of popular music genres. He is an advanced trainee in The Bonny Method of Guided Imagery and Music. Michael's favorite Beatle is John.

Format: Experiential

Part One: Defining Hip-Hop Culture: A Historical Perspective of The DJ, The MC, and Style (1 hour)

Understanding the geopolitical and socio-cultural environments from which any musical culture emerges, allows one to gain a deeper appreciation of how the music itself reflects the past, present, and future lived experiences of the people within that culture. It is my opinion that this understanding is central to learning about the role Hip-Hop culture plays in the lives of our clients who are a part of this community. The first part of this CMTE will be focused on providing definitions of the various artistic elements that make up the culture of Hip-Hop.

Group Experiential #1: 45 minutes

The purpose of this group experiential is to create a playful and creative space using the four elements of Hip-Hop. Participants will flow from each group having hands-on experience in each art form. The group will be broken into three sections, music, graffiti, and dance. Each participant will be encouraged to start by focusing on his or her own group but also expand his or her awareness to the other groups, letting the energy from other groups to inform the collective experience. The goal is to have each group feel connected to a unified whole, developing a sense of community amongst the CMTE participants.

Part Two: Therapeutic Implication of Hip-Hop Culture and Music Therapy (1 hour)

This didactic section will review the music therapy literature and discuss the theoretical and clinical implications of Hip-Hop culture for working with clients. Developing a treatment plan (assessment, goals, objectives, evaluation) utilizing a Hip-Hop cultural perspective will be discussed. Ethical issues will also be discussed in terms of levels of practice when using Hip-Hop in music therapy. Case examples will be provided to highlight discussion throughout.

Part Three: Music Therapy Interventions From a Hip-Hop Cultural Perspective

(1 ½ hours, including wrap-up discussion and post-test)

This section of the CMTE comprises of all experiential music experiences utilizing Hip-Hop. These include,

Group Experiential # 2: “Beastie” Warm-Up

Purpose: To provide a loose, creative experience that is a fun and non-intimidating way to begin trying vocal freestyle and get the group reacting spontaneously.

Group Experiential # 3: Song Discussion

Purpose: To listen and discuss the clinical themes of a Hip-Hop song.

Group Experiential # 4: Music and Drawing

Purpose: To draw or write freely while listening to an instrumental Hip-Hop song and allow any images, lyrics, or both to freely come out onto paper.

Group Experiential # 5: Songwriting

Purpose: To blend the modalities of music, rapping (spoken word), art, into a group songwriting experience using the group's own understandings and perspectives garnered during the course of the CMTE.

Prerequisites: None

F. The Ethics Board Presents: Music Therapy Ethics – Raising Consciousness

Thursday, November 17, 2011

7:30 AM – 12:30 PM

5 CMTE Credits

Cost - AMTA members, \$100; Non-members, \$120

Presenter(s): Debbie Bates, MMT, LCAT, MT-BC; Betsey King, PhD, MT-BC; Gretchen Patti, MT-BC; Carol Shultis, MEd, LPC, MT-BC; Elizabeth York, PhD, MT-BC

Description:

Music therapists routinely address problems related to confidentiality and managing the therapeutic relationship, but ethics in music therapy covers so much more. Music therapy ethics impact every aspect of our profession from a music therapy educator's interactions with a student to how a music therapist in private practice announces services. How does a music therapist navigate the boundaries that are often blurred when working in a small town? Is bartering for services ever acceptable? Can a dual relationship be beneficial to a client? As the practice of music therapy evolves and grows, questions about ethical music therapy practice in multicultural settings emerge. Ethics education opportunities are limited and few in our profession have the chance to continue to learn and explore ethical concerns once in the work world. How can we address this need?

Using didactic material, experience exercises, and group discussion, participants will continue learning about ethics in music therapy and have the chance to explore ethical concerns that arise from their own workplace situations. Current trends in music therapy ethics will be discussed. Topics may include multiculturalism, social networking, collegial relationships, and proactively addressing ethical dilemmas that may arise. Participants are invited to bring ethical dilemmas they have encountered to consult with their professional colleagues.

Learner objectives:

Participants will be able to:

1. Define the origins of ethical codes in professional practice and the importance of these codes in service professions (CBMT Scope of Practice: V.A.2)
2. Apply Dileo's 12-step problem solving approach to ethical dilemmas (CBMT Scope of Practice: V.B.5)
3. Consult with colleagues to provide possible solutions to ethical concerns (CBMT Scope of Practice: V.A.4)

Bios of all presenters:

Debbie Bates, MMT, LCAT, MT-BC is a music therapist for The Music Settlement, where her primary clinical work is in the area of medical music therapy. She is also a PhD student at Temple University.

Betsey King, PhD, MT-BC is Assistant Professor and Undergraduate Music Therapy Program Coordinator at Nazareth College in Rochester, NY. She is currently conducting clinical research in the effects of music therapy interventions on adult-onset speech and language deficits.

Gretchen Patti, MS, LCAT, MT-BC - Director of Therapeutic Services at Bethany Children's Home, Womelsdorf, PA; served the MAR/AMTA as President, Government Relations Chair, Assembly Delegate and member of the Ethics Committee.

Carol Shultis, MEd, LPC, MT-BC: After 24 years of clinical work and supervising interns, Carol now teaches part-time at Seton Hill University while working on her PhD in music therapy at Temple University.

Elizabeth York, PhD, MT-BC, is Chair of Music Education and Music Therapy at Converse College, Spartanburg, SC. Her clinical and research interests include women survivors of domestic violence and adults with psychiatric diagnoses.

Activity schedule

Part 1 - 90 minutes – introductory information – where are we now? (Polling of participants and discussion; presentation of information, values clarification exercise and related discussion.)

Part II – 90 minutes – Didactic presentation of information regarding Codes of Ethics, core ethical principles, characteristics of the virtuous music therapist and the 12 step ethical decision making process.

Part III- 90 minutes – Small group work to practice utilizing the 12 step ethical decision making process to address sample dilemma (and/or situations presented by the group) This section will also include time to address specific concerns raised by participants and a question/answer time.

Format: Lecture, interactive discussion

Prerequisites: None

G. Clinical Improvisation – Essential Skills for Creating Sound Connections

Thursday, November 17, 2011

7:30 AM – 12:30 PM

5 CMTE Credits

Cost - AMTA members, \$100; Non-members, \$120

Presenter(s): Kalani Das, MT-BC

Description:

This CMTE combines improvisation (one of the four methods of music therapy and one of the most common) with accessible instrumentation (drums, percussion, voice, and instruments with fixed tuning). While many therapists provide these instruments to their clients because of “accessibility,” there is vast potential for therapists to utilize the musical potential to move beyond the basics and create meaningful interactions.

By looking at musical improvisation through the lens of established clinical improvisation techniques (Bruscia, 1987), music therapists can not only gain more utility from musical experiences in terms of therapeutic value, they can take pride in the rich and vast history of improvisational models that are unique to the profession.

This session includes lecture/power point; clinician demonstration, and participant experience. There is a progression from specific techniques to leadership competencies and general group management and assessment tool implementation. Small group break-outs provide participants with quality learning experiences, while group discussion solidifies salient points. A variety of instruments will be provided and participants are encouraged to use vocal and complementary instrumentation.

Assessment and evaluation is accomplished through pre- and post-testing via written forms. Power-Point and audio files will be made available to attendees at no cost..

Learner Objectives:

1. Participants will demonstrate a variety of clinical improvisation techniques to establish and evaluate musical and interpersonal relationships between group members.
II.A.1.q (Use music to communicate with client)
 2. Participants will demonstrate leadership competencies such as starting, stopping, organizing, and changing musical elements using instrumental and verbal cues.
II.A.1.f (Provide visual, auditory, or tactile cues)
 3. Participants will initiate and develop musical ideas individually, with partners, and in groups, using established improvisational techniques on a variety of drums, hand percussion, and voice.
II.A.1.h (Improvise instrumentally and vocally)
 4. Participants will identify salient features of clinical improvisation music therapy and compare/contrast these to common recreational forms of drumming.
-

Bios of all presenters:

Kalani is a professional percussionist, composer, producer, orff-certified music educator, developmental community music trainer, and MT-BC. He travels internationally presenting workshops and residencies and is an active performing artist and speaker.

Format: 1. Review of Clinical Improvisation in literature and practice (15 minutes: Lecture:)
2. Review of instrumentation (drums, bells, strings, wind, etc.) (15 minutes: Lecture:)
3. Clinical Techniques: Grounding, Elicitation, Structuring, etc. (2 hours: didactic & experiential)
4. Instrumentation and Play Rules for Group Improvisation (30 minutes: didactic & experiential)
5. Group Leadership Techniques and Strategies (1 hour: didactic & experiential)
30 minutes (breaks and evaluation)

Prerequisites: None

H. Preventive Music Therapy for Children Living in Poverty

Thursday, November 17, 2011

7:30 AM – 12:30 PM

5 CMTE Credits

Cost - AMTA members, \$100; Non-members, \$120

Presenter(s): Deanna Hanson-Abromeit, PhD, MT-BC; Beth Merz, MA, MT-BC;
CharCarol Fisher, MA, MT-BC

Description: At-risk children are at greater risk for developing maladaptive behaviors, such as aggression, violence, pregnancy, drug abuse, depression & other mental health issues during adolescence and adulthood. In addition, life-long health problems, and poor language and communication challenges in middle adulthood have been documented. At-risk can be defined as an imbalance between typical developmental expectations and the increasing adverse effects on later development based on population-specific factors. These factors can come from a variety of sources, such as societal, environmental, and domestic experiences. Poverty is a societal risk factor that frequently creates additional risk factors beyond being able to afford the basic needs of daily life. Children living in poverty may experience limited sensory stimulation, strained relationships and frequent exposure to trauma. These experiences change brain structure, limit emotional regulation and leave communication abilities under developed. Due to the long-term negative effects for at-risk children, the relevance of preventing maladaptive behaviors is gaining attention, thus encouraging efficacious interventions. Preventive interventions promote the likelihood of the successful acquisition of developmental competence through intentional intervention across the life span. Intervention strategies and settings may differ based on the specific set of risk factors that define population specific characteristics and the potential for later negative impact on development. For the purpose of this CMTE, the focus will be on the detrimental effects of generational poverty and the potential of music therapy as a preventive intervention strategy. An evidence-based theoretical framework for music therapy preventive interventions for at-risk children and adolescents, particularly in the communication and social/emotional domains will be presented. Based on a model music therapy program, case examples will illustrate the role of music therapy within an inner city comprehensive family service center. In addition, presenters will address how to manage the diverse challenges of working with this population within a preventive mindset.

Learner Objectives:

- i. Participants will identify the characteristics of at-risk children living in poverty (e.g. risk and protective factors and outcomes without intervention). (IV.A.2: Professional Development and Responsibilities. Professional Development. Review current research and literature in music therapy and related disciplines.)
- ii. Participants will become familiar with a theoretical basis of preventive interventions in music therapy. (I.C.4: Assessment and Treatment Planning. Treatment Planning. Evaluate how music therapy fits within the overall therapeutic program.)
- iii. Participants will identify goals and objectives sequencing in a preventive context. (I.C.15: Assessment and Treatment Planning. Treatment Planning. Design programs to reinforce goals and objective for implementation outside the music therapy setting.)

- iv. Participants will engage in music therapy experiences that are prevention oriented, culturally appropriate for children in the inner city, and address group and individual contexts. (II.A.2.h, p, ag: Treatment Implementation and Termination. Implementation. executive functions (e.g. decision making, problem solving); language, speech, and communication skills; social skills and interactions)

Presenter Bios:

Deanna Hanson-Abromeit, teaches at the University of Missouri-Kansas City. She regularly collaborates with Operation Breakthrough to provide services to infant classrooms and practicum placements for early preventive intervention.

Beth Merz is the music therapist at Operation Breakthrough, a family service center devoted to helping children living in poverty. She frequently provides clinical training in at-risk preventive music therapy.

CharCarol Fisher is a music therapist with Truman Medical Center. In addition, she provides contractual services to two facilities serving at-risk families, the Gillis Center and Operation Breakthrough.

Activity Schedule:

I) Overview of Theoretical Model (1.5 hour didactic)

- a) Define at-risk
- b) Define generational poverty
 - c) Identify additional risk and protective factors
 - d) Identify detrimental outcomes without intervention

1. Impact of poverty on language/communication skills and social/emotional development

II) Emerging preventive music therapy model (3.5 hours; didactic, case examples, hands on)

- a) Role of treatment process in preventive interventions (including assessment, setting goals, and writing sequential objectives)
- b) Clinical examples of intervention strategies targeting early intervention and adolescents, including clinical challenges and program recommendations.

Format: Lecture

Prerequisites: None

I. One in Harmony: Clinical and Educational Strategies in Multicultural Music Therapy

Thursday, November 17, 2011

7:30 AM – 12:30 PM

5 CMTE Credits

Cost - AMTA members, \$100; Non-members, \$120

Presenter(s): Andi McGraw Hunt, PhD, MT-BC; Seung-A Kim, PhD, AMT, LCAT, MT-BC

ChihChen Sophia Lee, PhD, MT-BC; Adenike Webb, MMT, MT-BC

Description: Continual change in the racial and ethnic profile of Americans is projected. For example, non-Hispanic whites no longer maintain their majority status since the number of Hispanics will rise from 42 million to 128 million, and Asians from 14 million to 41 million (Population Reference Bureau, 2008). As the U.S. will become increasingly diverse, music therapists will most likely work with more diverse populations as well. As a result, many questions have been raised: Having been trained as music therapists here in the U.S., how well informed are we about working with clients who come from diverse cultures? Insufficient understanding of a client's culture can lead to misunderstanding his/her needs or even an inaccurate assessment. Thus, multicultural training for music therapists has become a timely subject. Further, it is critically important for therapists to be informed about multicultural considerations in their work and be able to utilize cross-cultural skills.

Four experienced music therapy educators and researchers of various cultural backgrounds will present updated information based on research about multicultural music therapy education, training, and supervision. They will also share their own experiences in relation to the topic. More specifically, current multicultural education in music therapy and other disciplines will be reviewed as well as an emphasis on how to assess one's own multicultural competencies. In addition, through experiential exercises, the participants will learn the therapeutic use of indigenous music, such as kirtan (Indian devotional singing) and Middle Eastern Sufi. The presentation will provide information about the universal and culturally specific meaning of music, health, illness, therapy, and traditional ways of healing. Finally, it will draw from the actual use of indigenous music in music therapy. Further, the implications for supervisor training, the music therapy profession, and further research will be discussed.

Learner objectives related to the CBMT Scope of Practice:

- Understand the differences between individualism and collectivism: II.A.6.a.c., III.A.3.d.e.
- Engage in acculturation exercises using ethnic music: II.A.6.c., E.4.a
- Learn ethnic music: I.B.7b., II.A.6.a.c., V.B.2
- Develop adequate cultural skills: II.A.6.a.c, II.B.1.2.,E.4.a., III.A.1.d.6),III.A.1.f.1), III.A. 3.g.
- Obtain multicultural information when working with clients from diverse cultures: II.D.2.a.b.c., III.A.4.a.5.a
- Obtain multicultural information when working with students from diverse cultures: V.B.4.5.8.

- Promote research questions on this topic: IV.B.4.a.b.

Bios

Andrea McGraw Hunt, PhD, MT-BC, is the Assistant Director for the Arts and Quality of Life Research Center at Temple University. Her research interests include GIM, neurology, multicultural issues, and mental health.

Seung-A Kim is an Assistant Professor at Molloy College. She has worked with a variety of ethnic groups as a clinical and academic supervisor. Her specialties include cross-cultural supervision, and Analytical Music Therapy.

ChihChen Sophia Lee, PhD, MT-BC, is the Director of Music Therapy at Southwestern Oklahoma State University. She has worked in hospice care, early intervention, and with rural at-risk youth. She is originally from Taiwan.

Adenike Webb, MMT, MT-BC, is originally from Trinidad and Tobago and completed graduate studies at Temple University. She currently works children and adolescents at an in-patient behavioral health facility in Philadelphia.

Format:

lecture, discussion, and experiential group exercises

Prerequisites: NONE

J. Navigating Social Skills Training: Designing a Musical Roadmap for Individuals with Developmental Differences

Presenter(s):

Wade M. Richards, LCAT, MT-BC; Megan Resig, MS, MT-BC; Kimberly Thompson, MT-BC

Thursday, November 17, 2011

7:30 AM – 12:30 PM

5 CMTE Credits

Cost - AMTA members, \$100; Non-members, \$120

Description:

Social skill development for children, adolescents, and adults can be an awesome task when a disability impacts socialization. As one of our domain areas for comprehensive assessment, music therapists continually evaluate the impact of social deficits on our clients. It is important for the therapist to understand social development, formalized social skill assessments, sub-skills within social skill areas, and social programs and intervention often integrated into school and other programs. This in itself can be an awesome undertaking. However, by understanding and recognizing sub-domain categories and skill strands within each social skill area, music therapists are immediately better prepared to conduct assessments, develop more specific goals and benchmarks, and create specialized songs and music interventions for treatment. This is helpful when many current music therapy assessments tend to identify only initial social skills (ex. eye contact, sharing, initiating play, facial expressions, imitation, etc.) To best understand this process, song and intervention examples for a variety of ages and populations that match more advanced social skill areas will be shared and discussed. A specific process to intervention construction and song writing will be outlined and shared with the participants. Time will be allocated for participants to then try out the process and construct various steps and share these with the group. Feedback and suggestions will assist the participant through this process and demonstrate ways to self-evaluate music therapy treatment and determine process success.

Learner Objectives:

1. Participants will successfully identify clients present level of functioning, strengths, and areas of need across the social domain area. (I.A.3.)
2. Participants will be able to select or create an appropriate assessment tool and understand how to effectively engage the client to obtain assessment data. (I.A.8-12.)
3. Participants will increase knowledge of formal and informal social skill assessment tools. (I.A.8.)
4. Participants will learn to establish appropriate goals and objectives. (I.C.6.)
5. Participants will apply social skill domain areas and specific social skill language to treatment plan writing. (I.C.6.)
6. Participants will learn to create goal-oriented music therapy interventions that are appropriate for the clients treatment needs, age, cultural background, and personal preference. (I.C.6-15)
7. Participants will learn implement and adapt music therapy experiences that target specific social skills and sub-skills. (II.A.2.)

Bios:

Wade Richards- Program Director of the Trinity Assistance Corporation Blue Ridge Music Therapy Center in Rochester, N.Y. Owner of “Time for Music” private practice and business. Published author and composer.

Megan Resiq- Co-founder and director of "Mundana Music Therapy Services", a private practice based out of Portland, Oregon. She also works as music therapist with the Children's Cancer Association, a national non-profit organization dedicated to serving seriously ill children and their families.

Kimberly Thompson- Co-founder and director of “Mundana Music Therapy Services”, a private practice based out of Portland, Oregon. Kim has worked in a variety of settings including school-based programs, transitional programs, and community-based music therapy programs.

Format: The entire workshop will be divided into various segments: the training and discussion of the subdomain skills strand areas for social skills, the sharing of original music therapy intervention designs and song construction, and the interactive time for participants to work through the tips and navigation strategies presented and receive feedback on their process and design. The time remaining will be devoted to the course test and completion of evaluations.

Prerequisites: None

K. Developing the Art of Self-Reflection: Exploring the Relationship Between Therapists and Clients

Thursday, November 17, 2011

7:30 AM – 12:30 PM

5 CMTE Credits

Cost - AMTA members, \$100; Non-members, \$120

Presenter(s): Roia Rafieyan, MA. MT-BC

Description:

The relationship between therapists and their clients is an intimate one. When we add music, the level of intimacy increases. As with any relationship, as the level of intimacy increases, the levels of resistance, uncertainty, and investment also increase- on both the therapist's part as well as that of the client. On the one hand we may put up unconscious barriers, preventing a deeper connection with our clients. On the other, we may become so merged as to be in danger of violating important therapeutic boundaries. As such, the music therapy relationship can become difficult to negotiate.

In this interactive workshop we will begin by defining countertransference. Using case examples, we will work toward an understanding of: What is it? Where does it come from? How does it affect therapy? How do we begin to identify and use countertransference in our work with clients?

Participants will then be invited to share some of the difficult aspects from their own work with particular clients that challenge them in some way. Through dialogue, journaling and music-making we will process and explore some of the following questions: What are some of the ways we use to avoid looking more deeply at some of the clinical challenges we face as professional music therapists? What are some of the beliefs and ideas we, consciously or unconsciously, hold about ourselves, about music therapy, about our clients? And how do these ideas and beliefs affect our work and our clients? Why are certain topics so difficult to bring up in sessions- even if we know our clients need us to do so? What is it about the topics? What is it about our beliefs, ideas that makes it scary? What kinds of messages are being communicated by us to our clients when we don't address difficult issues?

Through these workshop experiences, participants will work toward developing the skill of self-reflection, using a variety of techniques to process thoughts and reactions that emerge in relationship to their clients.

Learner objectives:

1. Provide a working definition of countertransference and identify two sources from which countertransference may arise in one's work. (Section IIA, 1, d, f, g)
2. List and describe three methods/tools/resources music therapists can use to reflect on difficult/awkward sessions. (Section IIA, 1, d, f, g; IIA, 3 b, c, 4, c, d, e, 5, e, g, h, j, m, y, z; IIB, 1, 2, 3; IIIB)

3. Identify two ways in which a music therapist might express resistance when working with a client or group. (Same as #1 with a large portion of #2. Also IVA, 1 and 5)

Bio:

Roia Rafieyan, MA, MT-BC, has spent the last 24 years becoming a music therapist at Hunterdon Developmental Center New Jersey. In addition to blogging, she also provides professional clinical supervision.

Activity Schedule:

30 minutes → Welcome, introduction of presenter and participants; getting a sense of participants' level of experience/what they already know/what they are interested in learning today; giving participants an idea of what to expect; musical warm-up

30 minutes → Unmasking the myth of the “perfect music therapist”; looking at and questioning the “unwritten rules” of music therapy; how do we deal with mistakes? Where do mistakes come from? Defining transference, countertransference (CT) (partly didactic but discussion encouraged).

30 minutes → Exploring our identity as music therapists- exploring our beliefs about music therapy, about the role of our clients, the role of the music therapist, the role of the music (through dialogue, journaling)- focus is learning how to explore our own beliefs and honor our own struggles to develop a sense of identity as clinicians with the understanding that this is what we also support our clients to do.

30 minutes → Case study and examples of CT as it is expressed through songs, musical interactions and journal entries

20 minutes → Break #1

90 minutes → Discovering ways to process sessions (process papers, observation form, processing with music, role-playing sessions, etc.) using case examples from participants clinical work.

20 minutes → Break #2

35 minutes → Looking at parallel process between experiences in CMTE and clients' experiences in music therapy (dialogue/musical experience), Questions/Comments/Feedback

15 minutes → Completing post-test

Format: Lecture, experiential, discussion

Prerequisites: None

L. Videoconferencing: A Tool for Education Sessions, Conferences, and Guest Lecturing.

Thursday, November 17, 2011

1:30 PM - 6:30 PM

5 CMTE Credits

Cost - AMTA members, \$100; Non-members, \$120

Presenter(s): Amy Clements-Cortés, PhD, MusM, MTA

John Lawrence MMT, MTA

Description: This CMTE is designed to give participants “hands-on” working experience concerning a powerful videoconferencing tool called *Elluminate* that has a number of potential uses for providing education sessions, continuing education and conference venues. Participants will utilize prepared presentation materials to practice the skills required to present, record, and publish this presentation in a number of formats including on-screen, iPod, and audio-only (mp3). They will also learn about various avenues that can be used to distribute these formatted digital artifacts including Creative Commons licenses, Slideshare.net, YouTube, iTunes U and Moodle. Following this CMTE, participants will be able to utilize their new skills in their educational, professional and/or personal Music Therapy practice.

The CMTE will utilize a combination of lecture and “hands-on” instruction to disseminate the knowledge. Participants will be taught by two experienced instructors who will provide multiple opportunities for discussion and interaction amongst participants. Participants will be assessed on their understanding of the skills necessary to complete a final product.

Due to the technological nature of this CMTE, participants will be required to bring a personal laptop computer/netbook with full Windows/MacOSx operability. It will also require that users connect to the Internet, either via a WiFi or “cabled” connection. This CMTE aligns with the scope of the recent request made by the AMTA organizing committee regarding CMTE courses that describe the use of technology in music therapy (published via MUSTHP-L).

Learner objectives related to the CBMT Scope of Practice -

1. Learn to use the Elluminate software to create and publish a Music Therapy webinar.
2. Understand, more completely, the potential of utilizing technology in educational settings
3. Learn how to contribute to the development of music therapy resources for continuing education/professional development.
4. Develop and enhance technology skills (CBMT Scope of Practice: IV/A/7).
5. Engage in collaborative work with colleagues (CBMT Scope of Practice: **IV/A/3**).
6. Conduct information-sharing sessions, such as inservice workshops, for professionals and/or the community
(CBMT Scope of Practice: IV/B/4).

Bios of all presenters:

Dr. Amy Clements-Cortés is assistant professor of music therapy at the University of Windsor and a Senior Music Therapist at Baycrest Centre, Toronto, Canada.

John Lawrence is a music therapist and educator. He recently chaired the 1st Online Conference for Music Therapy (OCMT2011) and incorporates technology into his classroom teaching methods.

Format: 1.5 hours – Introduction of the course materials, technology and description of CMTE learning objectives (lecture style presentation)

0.5 hours – Familiarization session with Elluminate software (lecture/hands-on computer training)

1.0 hours – Development of new material (hands-on, collaborative exercise)

15 minutes –/Break

0.5 hour – Familiarization session with Elluminate Publish software (lecture/hands-on computer training)

1 hour – Finalization/Publication of a new resource for MT education (hands-on, collaborative exercise)

15 minutes – Conclusion, Discussion, Questions

Prerequisites: None

M. The Pulse of Wellbeing – Drumming for Therapy, Wellness, and Self-care

Thursday, November 17, 2011

1:30 PM - 6:30 PM

5 CMTE Credits

Cost - AMTA members, \$100; Non-members, \$120

Presenter(s): Christine Stevens, MA, MSW, MT-BC

Description:

Research spanning the past twenty years has demonstrated the effective use of percussion and group drumming interventions in the field of music therapy. With a growing interest in expanding music therapy services from clinically based to wellness and general populations, including employees and medical support groups, group drumming has proven to be a useful application of music therapy.

Demonstrating these principles in action requires a well-honed and directed strategy. Facilitation, which means, “to make easy” is an art that is easily developed by music therapists, to allow clients, participants, and colleague to easily experience the health benefits of group drumming. We can then expand this into adding songs, melodies, and intentions to create a full palette of possibility for the application of group drumming to specific program needs.

Learner objectives:

1. Participants will demonstrate knowledge of the three medical outcomes to the major research studies on drumming.
2. Participants will demonstrate knowledge of the seven proven health strategies woven into group drumming.
3. Participants will state at least one clinical application of group drumming and one self-care example of drumming.

Bios of all Presenters:

Christine Stevens, MSW, MA, MT-BC, founder of UpBeat Drum Circles and REMO HealthRHYTHMS trainer, is the author of *The Healing Drum Kit* and *The Art and Heart of Drum Circles*.

“ACTIVITY” SCHEDULE:

1. Opening welcome experience using drums and percussion to demonstrate ice-breakers and introduction games useful in clinical settings.
2. The Biology of the Beat – information on the scientific research in mind-body medicine that demonstrates the efficacy and evidence-base of this application.
3. Drum technique – learning three rhythms from The Healing Drum Kit, including, laughing, transformation, and ayube, the group will explore basic drum and percussion ensemble playing and the how tos of world drumming.
4. Group drumming protocol – demonstration of a series of steps that are useful and adaptable to different program needs.
5. Self-care – the workshop ends with a focus on maintaining self-care through drumming and individualized RDAs – recommended drumming allowances. Particularly in the stressful

work-place environments of health care industry, it is important that music therapists apply the work of music therapy to their every-day lives and stress-management.

Format: experiential, lecture,

Prerequisites: none

N. Cultivating a Renewed Sense of Self Through Music & Art

Thursday, November 17, 2011

1:30 PM - 6:30 PM

5 CMTE Credits

Cost - AMTA members, \$100; Non-members, \$120

Presenter(s): Mareta A. Spencer, MT-BC; Sheila Lorenzo de la Pena, ATR-BC

Description:

In a time when the economy is on the rocks, jobs and positions are being eliminated, music therapists need to find a renewed sense of self through the modality that is at their core, music. Music is structured, infallible, and regimented. However, this structure and consistency also leads the performer to not be happy with “good enough.” Always striving for the perfect tone, vibrato, and even music therapy session increases the sense of burnout and fatigue. Added onto that the demands of the clients, facilities, and even home life, a recipe for burnout is slowly coming together. Compassion Fatigue, Burnout, Secondary Traumatic Stress are all catch-phrases used to gain our attention to the ever alarming rate of professional burnout. No therapist, in any creative arts field, is immune to the burnout bug. It’s time, now, to begin the preventive measures to combat the growing epidemic of compassion fatigue.

As therapists the need for self care and burn out prevention is vital and ethically necessary. During this experiential presentation participants will have the opportunity to work individually and in groups to experience self care through combining various art therapy and music therapy techniques.

Participants will have the opportunity to gain a personal understanding of ethical obligations, factors of self care and burnout, and creative arts processes. In order to circumvent burn-out a periodic regeneration of the self seems crucial. For many therapists feelings of “near-despair” (Ulman, 1992) felt during their career leaves them searching for revitalization. Skovholt (2001) in his book describes the antidote as a “renewal” of the professional self. Thus the combining of the arts rejuvenates the creativity and accelerates that “renewal” of the professional self. The process of mandala creation, art, and songwriting or improvisation allows one to speak and process when words alone do not suffice.

Learner Objectives:

- 1- Participants will define ethical principles for self care. *Sect IV A5*
- 2- Participants will identify factors of professional well being
- 3 – Participants will be able to at least 3 factors that lead to burn-out.
- 4-Participants will identify one to two areas of personal and/or professional self to focus on for the duration of the CMTE.
- 5- Participants will be able to identify 3 ways how effective self care will affect their professional and personal lives.

Presenter Bios:

Mareta A. Spencer, MT-BC has worked in Forensic Mental Health for 6 years. She is currently working towards her Masters degree in Special Education Studies from The Florida State University.

Sheila Lorenzo de la Pena, ATR-BC graduated from FSU in 2007 with MS in Art Therapy. She currently works in Forensic Mental Health and DBT. She will begin her PhD in Fall 2011.

Format:

. 50hrs introduction to presenters and topic

.50 hrs Discussion of Ethics in Self Care

2 hrs hands on activities

1 hr discussion on symptoms of burn out and factors to self care

.50 hrs individual hands on work for future *burn out prevention* goals

.50 Question and Answer/Processing

Prerequisites: None

O. Intermediate Sensory Processing Techniques: the Why, the What, the How, the Who.

Thursday, November 17, 2011

1:30 PM - 6:30 PM

5 CMTE Credits

Cost - AMTA members, \$100; Non-members, \$120

Presenter(s): Jennifer Delisi, MA, MT-BC; Melissa Wenzell, MT-BC

Description:

Sensory processing issues are the hot topic for those treating individuals on the Spectrum. In addition, it is becoming clear that sensory processing issues affect all individuals. These needs are effectively addressed during music therapy sessions when the music therapist is appropriately trained. When sensory needs have been met, independence increases in a plethora of environments. This session has been presented previously as a two-hour session, and as a CMTE at a regional conference.

We begin the session by covering the neurology of sensory processing and dysfunction. The scope of practice for music therapists and other health care professionals providing various sensory protocols will be addressed. Attendees will explore how sensory needs present during music therapy sessions and how to assess levels of need.

The next section of the workshop covers appropriate instruments to use, incorporating non-musical equipment into music therapy techniques, and modifying appropriate music to address the specific needs of the client. We will discuss more specifically the diagnoses and ages of the individuals that we serve in our individual practices (those with dementia, traumatic brain injuries, developmental disabilities, autism spectrum disorder, learning/processing challenges, mental health, sensory impairments, or physical impairments and other neurologic diagnoses). The attendees will see that this basic need we all possess can be addressed during music therapy sessions in an enjoyable manner for both clients and therapists.

The session will conclude with resources that support the music therapist in meeting the sensory needs of clients. Vendors, other health care professionals, research, trainings, and tools will be discussed. By completing this CMTE, attendees will have a better understanding of their own sensory processing needs, and have a better understanding of how to modify their existing treatment techniques to address the needs of those they serve.

Learner objectives:

1. Attendees will be able to identify areas of the brain involved in sensory information processing and dysfunction. [II.A 3 (f)]

2. Attendees will be able to name and understand the scope of sensory treatments used by other professionals. (I.C2c; IC3)
3. Attendees will be able to identify assessment tools and techniques to recognize sensory needs which can be administered by a music therapist. (I.A8)
4. Attendees will be able to identify NMT protocols which address sensory needs. (I.C 10)
5. Attendees will be able to discriminate between sensory seeking behaviors and behaviors indicating over-stimulation. [I.A3, I.A4 (a, b, h)]
6. Attendees will be able to identify and use musical instruments within the therapeutic setting that provide best sensory input. [I.C 10, I.C 11; II.A 2 (af)]
7. Attendees will be able to identify ways to manipulate music to provide different types of sensory input. [I.C 10; I.C 11; II.A 2 (af)]
8. Attendees will be able to identify ways to modify a therapeutic environment considering the sensory needs of the client. (I.A 11; I.C 8) - “Create an assessment environment or space conducive to the assessment protocol and/or client’s needs.” (from CBMT Scope of Practice, I. A 11)

Attendees will be given information about where to purchase instruments and equipment to help address sensory needs during music therapy sessions. (I.C 11)

Presenter bio:

Jennie Delisi is a Neurologic Music Therapist, and the Therapeutic Services Coordinator at Lifeworks Services in Eagan, MN. She works with individuals with disabilities in a center-based setting.

Melissa Wenzell is a Neurologic Music Therapist and the Director of Music Therapy at MacPhail Center for Music. She works with individuals with disabilities in a community music school setting.

Format:

1:30-2:15: Introductions, Housekeeping, Neurology of sensory processing and dysfunction

2:15-3: Scope of practice of various professionals and diagnoses with sensory components

3-3:15: Break

3:15-4: Assessment - how sensory needs present during a music therapy session

4-5: Instruments to use, non-musical equipment, modifying songs

5-5:30: Break

5:30-6:30: Resources, vendors, trainings, research, books, MT techniques

In each section, we combine lecture, hands-on learning, and case examples. We will embed sensory breaks and multi-sensory learning styles into the session. Sensory equipment of various types will be demonstrated throughout the entire session, and participants will be able to use different types of equipment during the CMTE.

Prerequisites: None

P. Clinical Musical Improvisation Skills for Guitar

Thursday, November 17, 2011

1:30 PM - 6:30 PM

5 CMTE Credits

Cost - AMTA members, \$100; Non-members, \$120

Presenter(s): Paul Nolan, MCAT, LPC, MT-BC

Description:

Many, if not most, music therapists use guitar more often than any other instrument in clinical settings because of its portability and adaptability. Due partly to limited emphasis in the educational setting skills are limited to first position triads with repetitive strumming. The instrument may present challenges in that many music therapists have not had the opportunity to develop a wide range of musical approaches on the instrument. Therefore skills may be limited to first position triads with repetitive strumming.

The CMTE course will follow the above listed objectives as an outline. We will work from overheads and handouts of chord sheets and chord progressions. We will then find how to create simple melodic lines from playing notes that are within the held chord position and adding passing and neighboring tones. This will enable the participant to experience using the guitar as a melodic instrument within a chordal foundation. Music therapists will then have expanded musical “language” in which to interact with clients in improvisations and/or accompanying roles.

We will then practice these skills in dyadic improvisation experiences with guitar and xylophone to begin using the harmonic and melodic ideas in an interactive manner. Then we will add playing in specific styles within small group playing (3 or 4 players at a time) with the guitar serving as the ground for a stylistic foundation while using it to interact melodically and rhythmically with each group player using the clinical improvisation methods listed in Objective #4 above. This will allow the attendee to practice course content and receive feedback in a “lab” setting.

Learner Objectives:

- 1) learn new chord voicings and inversions on various positions on guitar neck
- 2) learn to use major and minor 6ths, 7ths, dominant 7th, 9ths and 13ths instead of the major triad
- 3) develop motifs using passing and neighboring tones within and between chord positions
- 4) identify how specific musical elements can be used to apply specific clinical musical improvisation techniques of echoing, reflection, incorporating, grounding, and other clinical techniques (CBMT Scope of Practice II, A, 1. h) improvise instrumentally and vocally; and q) use music to communicate with client)
- 5) create chord progressions

Bios of all presenter:

Paul is a clinician and Director of the Music Therapy Masters program at Drexel University. He has served AMTA in numerous capacities, published many articles and book chapters, and presented clinical improvisation approaches using guitar at many conferences.

Format:

- 1) Orient participants to topics to be covered, break times schedule, tuning, arranging the room.
- 2) Describe how to identify the three basic first position chord shapes and find inversions up the neck for several major and minor triads, begin adding 6th to chords.
- 3) Practice from one inversion to another for chords, add passing chords to create simple chord melody motifs, create vamps using at least 2 chords then move vamp up neck to another inversion. Apply this to chords including major 6th and major 7th.
- 4) Introduce neighboring and passing tones to first position chord shapes, create three note motifs using chord and non chord tones within strumming of one chord then use motifs to connect between two chords including 6ths, 7ths, 9ths and suspensions.
- 5) Practice connecting up the neck inversions using passing chords to add a melodic component to the enriched chord sequence. Create chord progressions including stylistic elements such as specific chord voicings, strum or fingerpick style. Add melodic motifs to chord progression. Begin dyad playing having other player on drum or xylophone or voice. Use clinical improvisation methods of imitation, reflecting, continuing, ... on guitar to respond to the rhythmic and/or melodic expressions of the dyad partner. Switch roles and repeat.

Complete evals and go over suggestions for future development of melodic, harmonic and rhythmic improvisation skills for guitar.

Prerequisites: Must be able to play first positions chords fluidly on guitar.

Q. Hospice Music Therapy: Support for Lay Caregivers and Keys to Business Success

Thursday, November 17, 2011

1:30 PM - 6:30 PM

5 CMTE Credits

Cost - AMTA members, \$100; Non-members, \$120

Presenter(s): Russell Hilliard, PhD, LCSW, LCAT, MT-BC; Noah Potvin, MMT, MT-BC; Terry Glusko, MT-BC

Description:

This presentation focuses on two aspects of hospice and palliative care music therapy: support for lay caregivers prior to death and throughout the bereavement process as well as business aspects of hospice music therapy and how to protect MT jobs in times of economic hardship. Much of the clinical work of the music therapist in the end of life care setting emphasizes the support provided to family members and other lay caregivers, and this session provides a variety of needs met by music therapy with this population. Funding music therapy positions in hospice care as well as key components of business proposals will be introduced. Current trends in reducing reimbursement for end of life care by CMS will be discussed and a variety of suggestions will be offered to protect music therapy programs in hospices of sizes and business structures.

Learner Objectives:

By the end of this session, participants will be able to:

1. Assess 3 needs of lay caregivers in a hospice setting. (CBMT Scope 1A,B)
2. Site 3 treatment interventions to support lay caregivers prior to the death (CBMT Scope 1C)
3. Assess 3 needs of lay caregivers in bereavement care. (CBMT Scope 1 A,B)
4. Site 3 treatment interventions to support lay caregivers in bereavement settings. (CBMT Scope 1C)
5. State at least 1 significant change in the Federal Government's scrutiny of hospice claims. (CBMT Scope 4A, B)
6. Site at least 1 way music therapists can help secure MT programs during times of increased scrutiny. (CBMT Scope 4 A, B)

Presenter Bios:

Russell Hilliard, PhD, LCSW, LCAT, MT-BC is the National Director of Supportive Care, Research, and Ethics of Seasons Hospice & Palliative Care based out of Chicago, IL and the Founder of the Center for Music Therapy in End of Life Care. His research, advocacy, and consultation have resulted in the development of first-time music therapy programs in hospices throughout the nation, thereby creating many new music therapy positions. He is the author of the text, *Hospice and Palliative Care Music Therapy: A Guide to Program Development and Clinical Care*, and his research has been published in a wide variety of scholarly journals. He also wrote a chapter titled, *Music and Grief Work with Children and Adolescents*, in a book titled *Creative Interventions with*

Traumatized Children, edited by Cathy A. Malchiodi. Dr. Hilliard has provided keynote addresses for healthcare conferences and is a frequent presenter at professional conferences world wide.

Terry Glusko, MS, GC-C, HPMT, MT-BC achieved his Master's degree in music therapy from the State University of New York at New Paltz. He has worked exclusively with individuals and families living with advanced illness, and bereaved survivors of all ages, for more than eight years. Terry currently holds the position as Director of Supportive Services for MJHS, which is the largest provider of specialized hospice and palliative care in New York City. In this capacity, Terry provides executive leadership to all hospice psychosocial disciplines and departments, including six full-time creative arts therapists and a rotating team of interns.

Noah Potvin, MMT, MT-BC, a graduate of undergraduate and graduate studies at Temple University, currently works at Seasons Hospice Delaware. Noah is currently serving on the CBMT Exam Committee and as a MAR assembly delegate alternate, and was the 2008-2009 MAR Passages Conference Co-Coordinator. Noah has presented nationally and regionally, and maintains clinical and research interests in constructivist existential meaning-making during end-of-life processes.

Format:

Program Schedule:

1. MT for Support of Long-Time Caregivers of Hospice Patients- 75 minutes (Noah Potvin)
2. Implications for those Caregivers in Bereavement- 75 minutes (Terry Glusko)
3. Business Aspects of Hospice Music Therapy – 50 minutes (Russell)
4. Keys to Success in the Face of Economic Changes – 50 minutes (Russell)

Prerequisites: None

R. Music for Learning: Serving Young Children with Autism Spectrum Disorders

Thursday, November 17, 2011

1:30 PM - 6:30 PM

5 CMTE Credits

Cost - AMTA members, \$100; Non-members, \$120

Presenter(s): Petra Kern, PhD, MT-DMtG, MT-BC; MTA; Marcia Humpal, M.Ed., MT-BC

Description:

The number of young children diagnosed with autism spectrum disorders (ASD) is increasing. To offer appropriate services, it is crucial for music therapists to stay informed about the latest research and practices for this population. This course will be interactive and provide participants the opportunity to learn about the core characteristic of ASD, early warning signs, current prevalence rates, research and theories about the causes, screening and diagnostic evaluation, evidence-based focused interventions and strategies as well as parental perspectives and web-based resources. Content will be present by using multimedia, discussions, examples, and demonstrations.

Learner objectives related to the CBMT Scope of Practice:

Identify current core characteristics, prevalence rate, and theories about the causes of Autism Spectrum Disorders (ASD). I.A.4. a),b); I.C.2. a), b), c); IV.A.2.

Understand the differences between screening and diagnostic instruments and recognize “red-flags.” 1.A.8.;1.B. 3.; III.B.1.; IV.A.2.

Define evidence-based practice, describe the difference between quality indicators and levels of evidence-based practice, and give an example how the 5-step decision-making model can be applied to music therapy practice with young children with ASD.

I.C.2. a), b), c), 4., 6.; IV.A.2.; IV.B

Discuss current research supporting the effectiveness of music therapy treatment for young children with ASD. I.B.1.; 1.C.2.a); IV. A

Identify primary domains for music therapy assessment of children with ASD and the benefits of a comprehensive assessment tool for goal writing and to measure client progress over time. I. A. 3; I.; B.; II.A.2.; III.B.

Understand what should be considered when designing interventions for young children with ASD according to the National Research Council and learn about identified evidence-based focused intervention practices, and comprehensive treatment models of children with ASD.

I.C.2. a), b), c), 4.

Learn about music therapy interventions for children with ASD based on related theoretical frameworks (i.e., ABA, Social Stories, Creative Music Therapy, DIR®/Floortime™ Model), speech-language development, and sensory processing.

I. C.2.,4; IV.A.2.

Understand general strategies and techniques for working with children with ASD and within inclusive settings. I.C; II. A.; II C.; III B.; IV.A.2., 3.,4.

Learn about parent training and gain insights from music therapists who are parents of children with ASD. I.C.3.; IV.A.2; IV.B.5.

Find resources about ASD (i.e., professional development, organization, and network sites; latest Briefs and Fact Sheets; podcasts, blogs, and apps). IV. A. 2., 3., 4., 7.

Bios:

Dr. Petra Kern is a music therapist, researcher, and educator interested in autism spectrum disorders, online dissemination of knowledge, and cutting-edge teaching. She is the owner of *Music Therapy Consulting* and editor of *imagine*.

Marcia Humpal, M.Ed., MT-BC is past vice-president of AMTA, co-founder of AMTA's Early Childhood Network, and co-editor and author of *Effective Clinical Practice in Music Therapy: Early Childhood and School Age Educational Settings*. An editorial advisor to *imagine*, she maintains a private practice in the Cleveland, Ohio area.

Format: Experiential, Lecture

Prerequisites: None

S. Music at the Heart of the Matter: Vocal Improvisation in Song Circle

Thursday, November 17, 2011

1:30 PM - 6:30 PM

5 CMTE Credits

Cost - AMTA members, \$100; Non-members, \$120

Presenter(s): Virginia E. Schenck, MT-BC

Description:

In this participatory session of group singing, the use of vocal improvisation and sound exploration will be used. Attendees will have the opportunity to engage in steps towards creative improvisation, and learn the key elements for creating CircleSongs, the improvisatory polyphonic choral compositional style developed by master improviser, Bobby McFerrin. Building blocks of vocal improvisation games will be used as learned from both McFerrin and Voicestra member, Rhiannon. Emphasis will be on stretching the borders of group singing, growing in spontaneous creativity, and exploring the applicability to music therapy.

The ingredients of CircleSongs, including the primary elements (medium, pitch/non-pitch, text/no text) time organization (tempo-grooves.style, non-tempo, and combinations), harmonic organization, form, and the evolution of these will be outlined.

Participants will have the opportunity to explore vocal improvisation and create their own CircleSong.

This modality has the inherent quality of yielding therapeutic results.

Possibilities include:

- development of intrapersonal aspect of self
- increased self-esteem
- increased self-expression
- increased group cohesion
- increased body awareness
- exploration of group dynamics
- increased interpersonal skills
- development of leisure time activity
- increased listening skills, to self and others

- enhanced creative expression
- increased communication skills

Participants will have the opportunity to discuss the applicability to their clients.

Learner objectives:

1. Apply the elements of music (e.g. tempo, pitch, timbre, melody, harmony, rhythm, meter, dynamics)
2. Improvise vocally
3. Group cohesion and/or a feeling of group membership

Bios of all presenters:

Virginia Schenck is a music therapist employing vocal improvisation to achieve her overarching goal of facilitating individual development, accessing essential components of the self, and stimulating intellectual and emotional growth.

Format:

3 hours vocal improvisation games, techniques, and building blocks

1 ½ hours CircleSongs- learning elements of and experiencing how to create them

½ hour application to music therapy needs

Prerequisites: None

T. Keeping Time with Groove: Clinical Applications of Groove in Music Therapy

Thursday, November 17, 2011

1:30 PM - 6:30 PM

5 CMTE Credits

Cost - AMTA members, \$100; Non-members, \$120

Presenter(s): Nir Sadovnik, LCAT, MT-BC

Description:

We will begin by exploring through lecture and group discussion the concept of groove from a theoretical perspective. The etymology of the term, the evolution of its vernacular use, and various views from the literature will be presented. Although it may be initially considered a subjective term, a closer examination reveals that it is frequently used to articulate a specific type of musical experience. Often it is associated with a driving, danceable, and complex rhythmic pattern. Groove oriented music will be defined as music that gains its aesthetic quality mainly from the cyclical, organic, and tension-laden relationship between its rhythmic accents and the implied metric pulse. The benefits and challenges of applying groove oriented music in music therapy will be presented and discussed as a group. Ideas about when and how to incorporate groove in one's clinical practice will be exemplified through audio samples and case vignettes. A special focus will be given to cultural, aesthetic, and technological considerations regarding the use of groove.

The second part of the program will be dedicated to acquiring specific technical skills needed to facilitate improvisations based on four common grooves; Funk, Reggae, Salsa and Hip Hop. We will learn through active involvement, playing simple bass lines, melodic and rhythmic patterns, montunos and drum beats as a group. We will be focusing on achieving the rhythmic flavor associated with these various grooves. Sheet music will be provided. Structuring simple Hip Hop grooves on Garageband software will be demonstrated as well. Participants will explore their personal grooves in our final "educational jam session," as each member will get a chance to lead the group in their own spontaneous groovy concoctions.

Learner objectives:

1. Will learn to apply a variety of musical elements to achieve therapeutic goals
2. Will improve functional skills on a variety of rhythm section instruments
3. Will learn skills to provide music therapy experiences that address the client's aesthetic sensitivity/cultural needs
- 4 Will increase and enrich musical repertoire
- 5 Will gain theoretical knowledge of a commonly used musical term and be able to discuss its clinical applications

Bios of all presenters: Nir Sadovnik is a full time music therapist on an inpatient adult psychiatric unit. Nir's musical background is in composition/jazz piano. He is a faculty member in the graduate music therapy program at New York University, where he teaches piano improvisation, 'Key Concepts in Music Therapy,' and supervises students in the program

Format:

Section I – Lecture/discussion

45 minutes – *Defining Groove*: Introductions, lecture and theoretical discussion

1 hour – *Clinical applications of groove*: Presentation of case vignettes and audio samples

15 minute break

Section II – Instruction through hands-on music making

25 minutes – *Salsa*

25 minutes – *Funk*

10 Minute Break

25 minutes- *Reggae*

25 minutes – *Rap/hip hop beats* – live demonstration of Garageband use in groove creation

10 minute Break

30 Minutes – *Educational Jam Session* – Gaining awareness through the expression of internal rhythms

30 Minutes – *Discussion and post-test*

Prerequisites: None required

U. Supervising the Music Therapy Intern

Thursday, November 17, 2011

1:30 PM - 6:30 PM

5 CMTE Credits

Cost: CMTE U is offered at no cost to qualified AMTA members (see prerequisites below) - You must be registered for the conference to take a CMTE course

Presenter(s): Mary Jane Landaker, MT-BC; Eve Montague, MT-BC; Teri McManus, MT-BC; Lauren DiMaio, MT-BC; Gina Hacker, MT-BC; Kay Luedtke-Smith, MT-BC; Christine Neugebauer, MT-BC; Mary Alvarado, MT-BC

Description: This course is offered annually by the AMTA Association Internship Approval Committee. The format is periodically changed to provide techniques and topics related to supervising music therapy interns. This supervision CMTE has been designed to prepare prospective internship directors/supervisors for their role in the training and supervision of music therapy interns as well as provide "refresher" supervisor training to music therapists who currently supervise music therapy interns. The course provides the supervision training requirement for potential national roster internship directors according to the standards stated in the AMTA National Roster Internship Guidelines. All relevant internship training documents will be reviewed as they pertain to the supervision process. These documents include: Standards for Education and Clinical Training; National Roster Internship Guidelines; National Roster Internship Application form; and AMTA Professional Competencies, which provides the foundation for intern training, supervision, and evaluation. Stages of internship will be thoroughly reviewed with attention made to the role of the supervisor during each stage. A comprehensive overview of various supervisory topics will be presented, including: supervision models, motivational techniques, problem solving, conflict resolution, performance planning, multicultural considerations, performance management, intern evaluation, and administrative tasks. Establishing partnership with academic faculty for training students will be discussed with emphasis on early collaboration. The session will also include time for attendees to discuss specific challenges encountered in supervising interns in order to promote group discussion on effective supervision approaches. Handouts and resources will be provided to all participants.

Learner objectives:

- Learner will identify challenges of training interns by identifying 2 stages of internship and listing a training consideration for each stage (CBMT Scope of Practice IV.B.8)
- Learner will write specific, measurable goals for intern training (CBMT Scope of Practice I.C.6 – where the client is the intern)
- Learner will demonstrate awareness of ways music can be used in the supervision process through explaining personal purpose/reason for using music (CBMT Scope of Practice IV.A.5; IV.A.6; IV.B.11)

Learner will indicate two supervision models for use with interns by stating reasons why models could be applied to the supervision of music therapy interns (CBMT Scope of Practice IV.B.8)

Bios of presenters: **Mary Jane Landaker** is the chair of the Association Internship Approval Committee (AIAC). **Eve Montague** is the New England Representative to the AIAC. **Teri McManus** is the Mid-Atlantic Representative to the AIAC. **Lauren DiMaio** is the Southeastern Representative to

the AIAC. **Gina Hacker** is the Midwestern Representative to the AIAC. **Kay Luedtke-Smith** is the Great Lakes Representative to the AIAC. **Christine Neugebauer** is the Southwestern Representative to the AIAC. **Mary Alvarado** is the Western Representative to the AIAC.

Format: 1:30-2:50 What is Supervision? and Ethical Issues in Supervision/Experiential Break

3:05-4:20

Establishing and Maintaining the Supervision

Dialogue

Racial and Cultural Identity Development

5 Practices of Exemplary Leadership

Creating TEAM

Stages of Internship – Slides 54-59

Break

4:35-6:30

Situations

Administrative and Managerial Tasks of Supervision – Slides 62-68

Internship Agreements – Slides 69-72

||

AMTA Competencies – Slides 73-80

Music In Supervision – Slides 81-84

Situations

Post-test and CMTE Evaluations

Prerequisites: Attendees MUST preregister – please do not allow onsite registrations as materials have to be compiled and shipped prior to conference start. Attendees must be professional members of AMTA

V. Writing Humanistic Music Therapy Goals In An Evidenced-Based World

Thursday, November 17, 2011

1:30 PM - 6:30 PM

5 CMTE Credits

Cost - AMTA members, \$100; Non-members, \$120

Presenter(s): Suzanne Sorel, DA, LCAT, MT-BC

Description: Writing goals can seem like a chore that does not always relate directly to the special relationships we are building with our clients through music. We try our best to create clear and understandable outcome-based plans. Despite our effort, this task may sometimes feel like it is not related to the clinical work, especially when working in music psychotherapy and/or improvisational approaches. Many professionals with whom we work need to see data that demonstrates observable and measurable changes. These data may validate the quality of our work and, in some cases, justify our employment. So how can we make this experience a more meaningful one? How can our goals meet the standards of our employer, educate others about the uniqueness and value of music therapy, and support and guide our process?

The goal of this CMTE is to help music therapists, educators, and students to write goal plans that address these areas. Specifically, we will answer the following questions: How do we determine what areas we want to address with our goals? What is a humanistic long-term goal? What comprises a short-term objective? How do we derive “measurable numbers?” How can we craft a methodology that is open-ended, but clearly and specifically addresses the goal area? How do we account for a goal that is not met? How do we determine and describe levels of prompting? How does goal writing inform my music therapy practice? Why will writing a better goal plan make me a better music therapist? The presenter will “workshop” ideas with participants and share stories related to her own practice and teaching. Specific attention will be paid to the incorporation of the unique modality of music into our goal plans. In addition, video vignettes from music therapy practice will be shared and evaluated by the participants. Participants will be encouraged to bring in stories from their clinical work, and depending upon the turnout, small groups may be formed to help participants develop their plans. Live playing and singing experiences will provide opportunities for assessment experience utilizing several tools to be introduced that incorporate a humanistic philosophy.

This material has been presented in a workshop format at the Cleveland conference and the New England regional. At both these occasions, participants requested more time in delving into this content as I was only able to work with one individual’s goal plan as an example. This is the reason I have decided to propose presenting this material as a CMTE.

Learner Objectives:

1. Participants will reflect upon their clients/consumers’ lives in order to identify potential goal areas to be addressed in music therapy
2. Participants will discuss possibilities for long term goals, short-term objectives, and methodologies that address behavioral as well as humanistic & transpersonal goals.

3. Participants will use sample assessment tools to evaluate live and video examples of music experiences and music therapy sessions.
4. Participants will learn about behavioral, humanistic, and transpersonal philosophy and treatment methods.

CBMT Scope of Practice: Presentation will focus on assessment and goal planning. See below:

A. Assessment: Items 1, 4, 8

C. Treatment Planning: Item 6

Bio: Dr. Suzanne Sorel is Director of Graduate Music Therapy at Molloy College where she has been teaching since 1991. She also is Director of Ed & Training at the Rebecca Center for Music Therapy where she supervises staff, meets with families, and conducts assessment sessions. She practiced for 13 years at the Nordoff-Robbins Center for Music Therapy at New York University achieving Level III Certification. She wrote the proposal for the new NR training at Molloy College, where she and her team are currently training the first group of certification candidates. She has worked with a variety of populations including children and adults with autism, developmental disabilities, physical disabilities, speech and language delays, and psychiatric disorders.

Format:

1st hour- Introduction to humanistic goal planning- philosophy & behavioral goal writing primer (didactic)

2nd hour- Case example from participant (goal planning is explicated)

3rd hour- Video Vignette shown & discussion regarding observations and possible goal plan (didactic and discussion)

4th hour- Playing & singing experiences utilizing assessment tools- (hands-on)

5th hour- Individual goal plan work with the participants (in large or small groups)

Prerequisites: None

W. Dynamic Documentation: Current Trends and Tips for Documenting in this Changing Economy

Thursday, November 17, 2011

1:30 PM - 6:30 PM

5 CMTE Credits

Cost - AMTA members, \$100; Non-members, \$120

Presenter(s): Sean Aultman MM, MT-BC; Melissa Clanton Hasel MM, MT-BC; Susan Droessler, MT-BC; Jennifer Haskins, MT-BC; Jessica Jaworski, MT-BC

Description:

In this interactive workshop, professionals will discuss the link between advocacy and documentation. Participants will explore ways to utilize documentation skills to help music therapists as clinicians to advocate for their respective agencies and clients. As medical reimbursement continues to be under heightened scrutiny, the advanced skills of a music therapist in the areas of: assessment, evaluation and descriptive documentation will add value and rationale to existing agency documentation practices. Though music therapy services are not always reimbursed, they are almost always funded on profit margins the agency retains from reimbursed services. As music therapists, we can protect funding through excellent medical/psychosocial documentation. It is incumbent on each clinician to be aware of reimbursement practices of each setting in which we work. Continuing to be on the “cutting edge” of excellent documentation practices will continue to demonstrate and quantify the benefits that music therapy brings to each health care setting. Developing electronic forms will be discussed with tips shared from our experience in developing a music therapy form within 2 computerized documentation systems. Participants will gain tools to not only preserve music therapy jobs but to increase revenue for the agencies in which they are employed..

Learner Objectives:

7. Ongoing Documentation and Evaluation of Treatment

A. Documentation

1. Develop and use data-gathering techniques and forms
2. Record client responses, progress, and outcomes
3. Employ language appropriate to population and facility.
4. Document music therapy termination and follow-up plans.
5. Provide periodic treatment summaries.
6. Adhere to internal and external legal, regulatory, and reimbursement requirements.
7. Provide written documentation that demonstrates evidence- based outcomes related to addressed goals/interventions.

Activity Schedule:

More Than Research- It's Patient Advocacy! .75 hour

Current Trends in Reimbursement in this Economic Climate .75 hour

Developing a System for Your Agency 1 hour

Interweaving the MT perspective to support a team approach in documentation 1.25 hour

Staying educated on current documentation practices and methods .5 hour

Bios:

Sean Aultman MM, MT-BC received his Bachelor's in Music Therapy from the University of Alabama and his Master's from FSU. He currently provides MT services for Big Bend Hospice.

Melissa Clanton Hasel MM, MT-BC, a graduate of Florida State university, has worked with Big Bend Hospice 4 years in extended care facilities, also supervising interns and practicum students.

Susan Droessler, MT-BC, a graduate of University of Miami (FL), has provided services at Big Bend Hospice for three years. In addition to her clinical duties, she serves as Clinical Intern Supervisor.

Jennifer Haskins, MT-BC, a graduate of Florida State University, department manager and internship director at Big Bend Hospice; she has created notes and assessments in two computer documentation systems.

Jessica Jaworski MT-BC, A graduate of the Florida State University, currently works on an Interdisciplinary team for Big Bend Hospice as a full-time music therapist.

Format:

Prerequisites: None

X. NICU Music Therapy: The Development of Rhythm, Breath & Lullaby in Clinical Practice

Thursday, November 17, 2011

1:30 PM - 6:30 PM

5 CMTE Credits

Cost - AMTA members, \$100; Non-members, \$120

Presenter(s):

Angela Ferraiuolo MA, MT-BC; Joanne Loewy DA, LCAT, MT-BC; Fred Schwartz, MD

Description:

This CMTE course is timely. For the past several years the presenters have been developing an international training for music therapists in the NICU which addresses areas that the current practices in converging disciplines and areas that current NICU trainings do not focus upon. The development of the RBL training is occurring in 9 countries and is supported by medical teams in 13 NICU's across the world, with extensions underway for several more. Participants will receive case examples through video, live music examples created in an experiential format and theoretical information which supports referral, assessment and treatment strategies in present best practices music therapy care.

Learner Objectives:

1. Attendees will demonstrate understanding of the findings related to the evidence supporting live music as a best practice intervention in the NICU.
2. Principles developed from music psychotherapy and trauma will be explained by attendees as applied to working with personal caregivers as a precursor to treating the infants.
3. Methods of decibel measurement and staff perceptions on noise and its effects on the environment of the NICU will be explicated in terms of how music therapy can decrease sound and create a safer more aesthetically pleasing environment.

Presenter Bios:

Joanne Loewy DA, LCAT, MT-BC is the Director of the Louis Armstrong Center for Music and Medicine, which among many populations is serving NICU infants and parents. She oversees the Department of Music Therapy which she started at Beth Israel in 1994. Dr. Loewy is the Editor in Chief of the international, peer reviewed journal '*Music and Medicine*' and has edited several books including *Music Therapy in Pediatric Pain*, *Music Therapy in the NICU*.

Angela Ferraiuolo-Thompson, MA, MT-BC is the NICU Music Therapist at BIMC and at St Luke's Roosevelt Hospital. She is a graduate of Montclair State University where she received the David Ott Scholarship award for outstanding music therapist. She holds a BA in vocal performance from West Virginia University. Angela was team member of the Heather on Earth multi-site NICU research

study at Beth Israel since in its inception. Additionally, Angela piloted and instituted a music therapy program for homeless infants in Jersey City where she continues to practice today.

Format:

- 1 hour theory
- 1 hour didactic music and presentations of part
- 1 hour video
- 1 hour case experiential challenges
- 1 hour EMT-live music

Prerequisites: None

Y. Assisting with Medical Procedures: Techniques and Tips for Success

Sunday, November 20, 2011

1:30 PM - 6:30 PM

5 CMTE Credits

Cost - AMTA members, \$100; Non-members, \$120

Presenter(s): Lillieth Grand, MS, MT-BC; Piper Laird-Riehle, MM, MT-BC; Annette Whitehead-Pleaux, MA, MT-BC

Description:

How to assist with medical procedures is typically not covered in the education of music therapists unless they do an internship in a hospital setting where this practice is utilized. With more healthcare settings recognizing the validity of and need for music therapy services, subsequently creating positions, music therapists can benefit from this training. Medical procedures conducive to music therapy include, but are not limited to: PICC Line placement, IV placement or removal, external shunt removal, chest tube removal, wound care, botox injections, baclofen pump refill, EKG, EEG, burn debridement, medical imaging, G-J Tube replacement, etc. This course will be a combination of lecture and workshop. The lecture portion will focus on reviewing research and teaching basic principles of assisting with medical procedures. This will also include demonstration and case examples for both pediatric and adult patients. Some of the material covered will be: preparation, assessment, treatment planning, instrumentation, body positioning, and implementing music therapy prior to, during, and post-procedure. During the workshop portion, participants will have the opportunity to practice what they have learned. Confronting the challenges of playing an accompaniment instrument in gloves, or singing while wearing a mask should prove to be engaging. Furthermore, with their many years of experience in procedural support, the presenters will provide a slew of successful tips and techniques. Questions and active participation are encouraged.

Learner objectives related to the CBMT Scope of Practice:

1. Participants will increase their knowledge regarding audioanalgesia, point of focus, and comfort measures during procedures. (IV.A.2)
2. Participants will increase their knowledge regarding current trends in medical music therapy regarding procedural support.
3. Participants will expand their music skills to include the ability to play and sing while wearing medical garb (i.e. gown, gloves, mask, etc.). (IV.A.6)
4. Participants will feel empowered and enhance clinical skills required to conduct music therapy during medical procedures.

Bios of all presenters:

Lillieth Grand, with 18 years experience, is Music Therapy Program Coordinator at Primary Children's Medical Center as music therapist, researcher, internship director, administrator, and supervisor of all things music.

With 14 years experience, currently at Banner Good Samaritan Medical Center, **Piper Laird-Riehle** is adult and pediatric music therapist and internship supervisor. She also maintains a private practice.

Having worked in music therapy almost 20-years, **Annette Whitehead-Pleaux** is currently with pediatric burn survivors at Shriners Hospitals for Children-Boston, providing music therapy during invasive and painful medical procedures.

Format:

45 min. ~ Review research on pain, audioanalgesia, point of focus, and comfort measures during medical procedures.

5 min. ~ stretch break

1.75 hr. ~ presenters share tips including demonstration and case examples

1 hr. ~ hands-on practice in small groups

5 min. ~ stretch break

30 min. ~ questions, wrap-up, and post-test

NOTE: times are approximate as participants will be encouraged to ask questions throughout the class

Prerequisites: None

Z. New Ideas On Drumming With Older Adults In All Levels Of Care

Sunday, November 20, 2011

1:30 PM - 6:30 PM

5 CMTE Credits

Cost - AMTA members, \$100; Non-members, \$120

Presenter(s): Kat Fulton, MM, MT-BC

Description:

Over the past 20 years, drumming has spread like wildfire with rhythm-based trainings sprouting up in every corner of the United States. These trainings connect rhythm to health, recreation, rehabilitation, neurology, and even meditation. Countless numbers of educational books, CDs, and DVDs are available, but only very few specifically connect older adults in all levels of care to drumming.

With a large percentage of music therapists working with older adults in addition to the older adult population increase, more educational opportunities for drumming with older adults in all levels of care are in demand.

The presenter will share her experience in applying information gathered from a multitude of rhythm-based trainings to her work with older adults in all levels of care. This course combines something OLD with something NEW (e.g. familiar music with drumming). Although drumming has been around for tens of thousand of years, it is most likely new to a group of older adults in American culture.

Participants will experience music-making, role-playing, facilitation opportunities with a live group, lecture presentation, multimedia and video footage of sessions, and (depending on the size of the group) small group discussion. Topics will include assessment and documentation methods and resources, practical session applications, rhythm-based interventions to address specific group needs.

Presenter will demonstrate each technique specifically for four levels of care: skilled nursing, assisted living, memory care, and independent living. The presenter will provide adaptive ideas and tools available to use with each level of care.

Learner objectives:

The participant will be able to

1. Facilitate in front of the group 3 new rhythm experiences for greetings, transitions, and primary songs. (CBMT Scope I.C.14. Structure and organize music therapy experiences within each session to create therapeutic contour (e.g., transitions, pacing, sequencing, energy level, intensity)
2. Verbally describe and apply simple drum circle facilitation techniques for the older adult population. Facilitation techniques used include client-preferred music. CBMT Scope I.C.9. Consider client's age, culture, music background, and preferences when designing music therapy experiences.) Describe 4 adaptations of older adult drumming techniques according to client needs. (CBMT Scope I.C.11. Select and adapt musical instruments and equipment consistent with treatment needs.)

Bios of all presenter:

Kat Fulton is a music therapist and director of Sound Health Music in San Diego. She regularly writes about music therapy, wellness, and drumming at RhythmForGood.com.

Format: Introduction and Rhythm-based Greeting Songs

15-minute Introduction with group drumming experiential

15-minute Lecture presentation on rationale and research for drumming with older adults in all levels of care

15-minute Rhythm-based greeting song demonstration and experiential

5-minute Quiet individual brainstorm for rhythm-based greeting songs

30-minute Small group breakout to practice rhythm-based greeting songs

15-minute Large group facilitation practice for rhythm-based greeting songs

10-minute Large group processing and discussion

5-minute break

Rhythm-based Transition and Primary Songs

15-minute Video footage of drumming with older adults

15-minute Demonstration and experiential of rhythm-based transition songs and primary songs

5-minute Quiet individual brainstorm for rhythm-based transition and primary songs

30-minute Small group breakout to practice rhythm-based transition and primary songs

15-minute Large group facilitation practice for rhythm-based transition and primary songs

10-minute Large group processing and discussion

5-minute break

Adaptive Ideas for Drumming with Older Adults

15-minute Video of adaptive ideas

15-minute Demonstration and experiential of adaptive ideas for 4 levels of care

5-minute Quiet individual brainstorm for adaptive ideas for 4 levels of care

30-minute Small group breakout to practice and discuss adaptive ideas for 4 levels of care

15-minute Large group facilitation practice for adaptive ideas in drumming with older adults

15-minute large group processing and discussion

Prerequisites: None

AA. Understanding and Coping with Countertransference in End of Life Music Therapy

Sunday, November 20, 2011

1:30 PM - 6:30 PM

5 CMTE Credits

Cost - AMTA members, \$100; Non-members, \$120

Presenter(s): Lauren DiMaio MMT, MT-BC; Yumiko Sato, MA, MT-BC

Description:

“It is essential for the psychotherapist to have a fair knowledge of himself, for anyone who does not understand himself cannot understand others and can never be psychotherapeutically effective unless he has first treated himself with same medicine.” Carl Jung. End of life music therapists have unique relationships with musical encounters, death, grief, clients, environmental encounters and various aspects of ourselves.

This CMTE begins with a musical ritual that allows the participants the opportunity to honor their clients or someone personal that has died. This will precede a lecture that reviews Rando’s and Worden’s various stages of grief: Avoidance (Numbness), Confrontation (Searching/Yearning, Disorganization/Despair) and Accommodation (Reorganization/Recovery). We will recognize the difference between grief associated with our own loved one vs. grief from our clients. Coping strategies for both types of grief will be reviewed.

End of life music therapy is demanding. A music therapist’s self care is instrumental in remaining in this work. We will use the Maslach Burnout Inventory for participants to gain insight concerning their own well being. We will process ways to cope with burnout/stress at work. Case load, relationship with administrators and co-workers are three elements in burnout that are given attention.

Countertransference has numerous definitions. Bruscia (1998), Kats (2006), Marom (2008), and Yalom (2009) have each written extensively on the subject. These definitions will be examined and applied to the end of life setting. This will include a discussion about Bruscia’s 5 constituents, physical self, psychological self, professional self, musical self and cultural self. DiMaio’s Hospice Evaluation of Self will be used to allow insight into biases concerning various end of life situations.

Two music experiences will be facilitated. One to address stress/grief. The other applies the information learned and offers greater insight into countertransference. The session will conclude with a check in and evaluation.

Learner objectives:

I. Assessment and Treatment Planning

B. Interpret Assessment Information and Communicate Results

4. Acknowledge therapist's bias and limitations in interpreting assessment information.

II. Treatment Implementation and Termination:

A. Implementation

1. Develop a therapeutic relationship by:

- f. recognizing and managing aspects of one's own feelings and behaviors that affect the therapeutic process.

- g. recognizing and working with transference and countertransference dynamics.

4. Integrate the following theoretical orientations into music therapy practice:

- d. humanistic/existential

- e. psychodynamic

Bios of all presenters:

Yumiko Sato, MA, MT-BC has been a hospice music therapist for 8 years. She has published articles on music therapy, and she is a frequent presenter at regional and national conferences.

Lauren Patrick DiMaio MMT, MT-BC has been working as a music therapist at CarePartners Hospice for 8 years. She is the bereavement manager and internship director.

Format: Introduction (20 minutes)

Welcome, introductions, reminder of confidentiality and invitation to participate authentically in experiences. Open session with music ritual to honor clients who have died or personal loved ones who have died. Hands on, interactive experience

Dealing with our own grief (20 minutes)

Review Task/ Stages of Grief according to T. Rando and D. Worden. Discuss differences between grief in work vs. grieving at working. Discuss strategies for coping with grief. didactic

Preventing burnout through self-care (45 minutes)

Review Research and Findings on Burnout in Hospice/Music Therapy. Discuss how to recognize burnout and what to do when occurring. Discuss when to seek help and where. Recognize uniqueness needs of music therapy profession. Facilitate Maslach Burnout Inventory for self evaluation and process findings. Provide tools for self-care and set goals for personal relationship with music. didactic and hands-on

BREAK 15 minutes

Countertransference (90 minutes)

Review various definitions of countertransference. Review Bruscia's 5 constituents as well as various "self" according to Bruscia. Case Examples. Facilitate DiMaio's Evaluation of Self in Hospice. Discuss how to use countertransference and transference as a therapeutic tool. didactic and hands-on

BREAK 15 minutes

Deepening self-awareness (80 minutes)

Facilitate Professional Self Awareness Improvisation. Participants engage in a meaningful music relaxation exercise. Next, they are asked to improvise the various aspects of themselves while at work. This experience will reinforce information shared earlier in session and offer opportunity to incorporate into the MT's self awareness immediately. Each participant will be asked to gather instruments that represent various parts of themselves. The participant will then improvise how the various aspects of self interact. Each person may improvise alone or ask the other participants/facilitators to represent various aspects of work as they play. Opportunities for processing will arise musically and verbally. (45 minutes – 1.5 hours depending on # of participants) hands-on

Closing (15 minutes)

Check in with participants. End session with music experience to help participants feel grounded.
Evaluation

Prerequisites: None

BB. Foundations of an Orff Music Therapy Practice: Entrée, Side Dish or Dessert?

Sunday, November 20, 2011

1:30 PM - 6:30 PM

5 CMTE Credits

Cost - AMTA members, \$100; Non-members, \$120

Presenter(s): Linda M. Wright-Bower, MS, MT-BC

Description:

How do you practice music therapy? Not many music therapists have had the opportunity to receive comprehensive training in Orff-Schulwerk. Many have had experience with the Orff instruments but do they really understand how improvisation can be “germinated” during the session? This seasoned professional has practiced music therapy for over thirty years and finds that many of my colleagues are still hesitant about improvisation.

Furthermore, how well do we all really understand how music therapy theory guides practice? This presenter believes that all music therapy students and beginning clinicians need to experience the music before understanding the theoretical implications. Just like music educator present a discovery learning teaching process, the effective music therapist will use this same discovery process during sessions. Insights and personal awareness, for therapist and client, may emerge as a result of this unique music experience.

So far, this session might not sound fun. But the fun has to come first! The essence of therapeutic Orff materials begins with a germ idea to which the therapist adds speech, poetry, rhythm, pentatonic songs, and other creative arts and basic harmony clinical work with young and old. Exploring rhythm, melody and harmony allows the music therapist diverse tools from which other creative arts can be explored, integrated and practiced. The learning will come through the doing. The application will come as interesting visual and metaphorical models are used to guide the understanding of theoretical concepts. By the end of this session participants will have experienced (1) poetry and folktales enhanced with Orff instruments and chants, (2) body percussion, (3) rhythmic activities, (4) pentatonic melodies, (5) basic harmony applied to pentatonic songs, (6) ensemble playing, (7) arranging, conducting and leadership, and (8) creating music from germ ideas, phrases, sounds and themes. Since many Orff workshops are geared toward work with children, this workshop will focus on applications for adults.

The session will conclude with concrete metaphors for integrating Orff concepts into eclectic music therapy scenarios which may or may not include insight-oriented goals. Applications for older populations in both treatment and wellness programs will also be discussed. Each participant will receive a generous handout and extensive list of resources.

Learner objectives:

Listed below are the major objectives which will be address during the workshop. All objectives are related to area two of the CBMT Scope of Practice - Treatment Implementation and Termination.

- Utilize the following music therapy treatment approaches and models to inform clinical practice: (II.3.c.) improvisational and some attention to neurological (II.3.f)
- Integrate the following theoretical orientations into music therapy practice: main emphasis on humanistic and existential (II.4.d) and some attention to behavioral (II.4.a) and cognitive (II.4.b)
- Apply elements of music to achieve therapeutic goals (II.5.a.); arrange or adapt music (II.5.c.); and integrate movement with music (II.5.i.).
- Use creativity and flexibility in meeting client’s changing needs (II.5.g)
- Improvise instrumentally and vocally (II.5.h)
- Utilize a varied music repertoire from a variety of cultures (II.5.v.)
- Employ functional skills with voice (II.5.w.1.) and percussion instruments (II.5.w.4.)
- Provide music therapy experiences to address client’s self-awareness and insight (II.2.ab.); sense of self with others (II.2.ag.); and spirituality (II.2.ah.).

Bios of all presenters:

Linda began teaching music therapy in 1984 at the Cleveland Music Therapy Consortium and from 1987 to the present @ Indiana-Purdue University Fort Wayne. She trained interns during the 1980’s and again after unification. Her clinical work includes developmental disabilities, school settings, children and family mental health, at-risks adolescents, wellness, older adults and rehabilitation. She has received numerous teaching and service awards.

Format: Introduction, workshop objectives and icebreaker(s) Hands on 15 minutes

Orff Play – experiences without instruments Hands on 45 minutes

- Chants
- Poems
- Stories and folktales
- Proverbs
- Body percussion
- Sources

Orff Play – experience with non-pitched percussion Hands on 45 minutes

- Sound compositions and speech play
- Poems and sound effects
- Dramatization of stories
- Transferring body percussion to non-pitched percussion
- Notation
- Sources and resources

• Arranging, conducting and facilitating in small groups Small groups/hands on 15 minutes

Orff Play with Pitched Percussion

Hands on 45 minutes

- Basic intervals and pentatonic songs
- Borduns
- Ostinato (rhythmic and melodic)
- Basic Harmony patterns
- Ensemble work with applications to families and groups with diverse skills
- Transferring body percussion and non-pitched percussion to pitched instruments
- Arranging, conducting and facilitating in small groups Small groups/hands on 15 minutes

Improvisation

Hands on 45 minutes

- Germ ideas
- Sources for germ ideas
- Rhythm, melody and harmony ideas for germ ideas
- Facilitating client ideas, contributions and musical ideas for creative expression
- Orff and insight-oriented applications
- Creative problem solving – small group work with various germ ideas
- Arranging, conducting and facilitating Small groups/hands on 15 minutes

Music Resources

Lecture & Questions

15 minutes

- Published Orff materials
- Music Therapy & Orff materials
- Materials for germ ideas
- Journal articles
- Instrument resources

Theory

Lecture & small group work 30 minutes

- Basic theoretical concepts: musical and philosophical
- Orff as a compliment to behavioral and cognitive approaches
- Orff as a compliment to humanistic, existential and transpersonal models
- Orff as a compliment to Neurological Music Therapy and brain-based approaches
- Other philosophies and orientations
- Visualize your theory – metaphors and maps

Concluding Remarks, Questions and “Take-aways” Discussion 15 minutes

Post-test and evaluation

Prerequisites: None

CC. Do It Yourself: Simple Audio Recording and Production using Garage Band

Sunday, November 20, 2011

1:30 PM - 6:30 PM

5 CMTE Credits

Cost - AMTA members, \$100; Non-members, \$120

Presenter(s): Lisa Kynvi, MA, LMHC, MT-BC

Description:

Some music therapists training now are learning about recording and editing digital sound, some are not. Many of us went to school before easy editing of digital sound was possible, and have a deficit in our knowledge. This session aims to close that gap.

This presentation will walk the learners through the entire process of recording digital audio, editing it, and creating CDs and MP3s from their work using the Macintosh program Garage Band. Participants are encouraged to bring a Mac laptop computer with them, to give them a full hands-on learning experience. We will begin by learning the basics of audio recording, examining some of the devices available, how they work, their pros and cons. Participants will use various devices to record sound that they can then work with during our session.

We will proceed to learn the basics of how to use the Mac program Garage Band to edit recordings we have made, including how to select and delete sections of audio, move it around, layer tracks, adjust the volume, add pre-recorded music tracks, and create a CD. I will play for the group many examples of audio production that I have created for clients, offering examples of what can be done.

We will discuss the ethical aspects of working with recordings of clients, and handling client material responsibly.

Participants will be able to observe the creating process as what I am doing in Garage Band will be projected for them to see, and if they are able to bring a Mac laptop, they will be able to work simultaneously with their own project. I will provide handouts that describe the process step-by-step, and will serve as a bridge from the session to their own work back home

Learner objectives:

1. Learners will understand various ways of recording sound using digital audio recording.
2. Learners will be able to use the Macintosh program Garage Band to:
 - a. Import audio recordings they have made.
 - b. Import others' pre-recorded audio.
 - c. Edit the audio, layer tracks, adjust volume, create a CD.
3. Learners will deepen their ability to use technology, and audio production for clients, to achieve therapeutic goals, to use creativity and flexibility in meeting client's changing needs, and to identify and respond to significant events in the course of their clients' therapy.

Bios of all presenters:

Lisa works full-time at Merrimack Valley Hospice in Massachusetts with hospice patients and their loved ones, pediatric palliative care patients and their families, and with children and adults in bereavement.

Format: 30 min: didactic, information about digital audio recording, formats, file size, volume, where to place microphones, storage of files, examining different recording devices

30 min: experiential: participants using various devices and their laptops to make and listen to their own recordings

10 minute break

15 minutes: listening to examples of raw and then edited audio

60 minutes: didactic, with participants following along using the laptops they brought, sharing where necessary: importing audio to computer, basics of Garage Band, importing audio into Garage Band, choosing tracks, different types of tracks, learning all the controls, different editing tools, splitting & cutting & moving & layering audio

10 minute break

15 minutes: questions so far

60 minutes: Hands-on, working on individual projects, with 1:1 help available, problem solving, sharing their work with each other

30 minutes: didactic re: ethical aspects of working with recordings of clients, and handling client material responsibly. Participants sharing with each other what they have created today, final Q&A, evaluations.

Prerequisites: None

TRAINING

NICU Music Therapy

Wednesday, November 16, 2011

9:00 am – 6:00 pm

Cost: \$175 (including text)

8 CMTE Credits

Format: Lecture and Experiential

Description:

The National Institute for Infant and Child Medical Music Therapy offers specialized training for providing music therapy clinical services in Level III Neonatal Intensive Care Units (NICU) and allows persons completing the requirements to receive a certificate stating same and to use the initials NICU MT as a designation of specialized training. This institute comprises one of the 3 requirements for this specialized training and will consist of 8 CMTE hours of intensive classroom training.

Qualifications

This institute is available to MT interns and Board Certified Music Therapists. The complete specialized training course may not be completed until Board Certification is documented.

Institute Objectives

To understand neurological development in the 3rd trimester including gender differences (V. A. 2.)

- 1) To understand current knowledge about the development of hearing in the premature infant and implications for presentation of auditory stimuli (II.A.3)**
- 2) To understand the developmental timetable by gestational age and the assessment of same (II.A.3)**
- 3) To understand the differentiation of medical vs. developmental treatment and compliance with NICU phases of developmental intervention (II.A.3).**
- 4) To identify and understand the clinical application of research-based music therapy interventions with developmental benefit (III.A. 2).**
- 5) To understand the long-term consequences of premature birth and the clinical application of music therapy developmental activities for the first year of life. (III.A.1.f.2)**
- 6) To be proficient in the provision of evidence-based NICU MT services. (II. A.B.C.D.E, III. A. B., IV. A.B.)**
- 7) To be proficient in the provision of evidence-based MT services to premature infants re-admitted to the hospital as pediatric patients. (III.A.s).**

Presenters:

Jayne Standley, PhD, MT-BC
Andrea Cevasco, PhD, MT-BC
Judy Nguyen Engel, MM, MT-BC
Lori Gooding, PhD, MT-BC
Miriam Hillmer, MMed., MT-BC
Jessy Rushing, MM, MT-BC
Olivia Swedberg Yinger, M.M., MT-BC
Darcy Walworth, PhD, MT-BC
Natalie Wlodarczyk, PhD, MT-BC

Biographical Sketches:

Jayne M. Standley, PhD, MT-BC is a Robert O. Lawton Distinguished Professor and the Ella Scoble Opperman Professor of Music at The Florida State University. She is the Director of the National Institute for Infant and Child Medical Music Therapy and is a researcher in NICU-MT.

Andrea Cevasco, PhD, MT-BC is on the faculty of The University of Alabama and is an Institute Fellow. She conducts NICU clinical services and research in Tuscaloosa, AL.

Judy Nguyen Engel, MM, MT-BC is a former Coordinator of the Medical MT, Arts in Medicine partnership between FSU and Tallahassee Memorial HealthCare. She is an Institute Fellow who conducts clinical MT and research at Yale New Haven Children's Hospital.

Lori Gooding, PhD, MT-BC is Director of Music Therapy at the University of Kentucky and is an Institute Fellow. Lori's specialty is medical counseling. She is currently conducting a NICU-MT program at the U. of Kentucky Medical Center.

Miriam Hillmer, MMed, MT-BC is Coordinator of the Medical MT/Arts in Medicine partnership between FSU and Tallahassee Memorial HealthCare. She is an Institute Fellow.

Jessy Rushing, MM, MT-BC is on the staff of the Medical MT/Arts in Medicine partnership between FSU and Tallahassee Memorial HealthCare. She is an Institute Fellow and her specialty is NICU reimbursement.

Olivia Swedberg Yinger, MMed, MT-BC is a former Coordinator of the Medical MT/Arts in Medicine partnership between FSU and Tallahassee Memorial HealthCare. She is currently a doctoral student at FSU and is an Institute Fellow.

Darcy Walworth, PhD, MT-BC is a former Coordinator of the Medical MT/Arts in Medicine partnership between FSU and Tallahassee Memorial HealthCare and is currently on the faculty of The University of Louisville. She is an Institute Fellow and a researcher in NICU-MT.

Natalie Wlodarczyk, PhD, MT-BC is on the faculty of Drury University. She is an Institute Fellow with a specialty in hospice NICU-MT.

Institute Schedule

9:00-9:50 Fetal Development in the Third Trimester

10:00-10:50 Medical and Developmental Problems of Prematurity

11:00-11:50 Assessment/Interdisciplinary Treatment, Referrals, Reimbursement

12:00-1:00 Lunch

1:00-1:50 Research in Music and Prematurity

2:00-2:50 MT Methods in the NICU I: Music Listening and Multimodal Stimulation

3:00-3:50 MT Methods in the NICU II: Use of Music Reinforcement for Developmental Milestones and for Stress Reduction

4:00-4:50 MT and Parent Interactions

5:00-5:30 MT After Discharge for the Premature Infant

5:30-5:50 Questions and Final Evaluation of Course

INSTITUTES

Institute: Developmental Approaches to Early Childhood Music Therapy

Wednesday, November 17, 2011

3:30 PM – 10:30 PM

6 CMTE Credits

Cost: \$130

Institute Co-Chairs:

Marcia Humpal, M.Ed., MT-BC

Rebecca Wellman, PhD, MT-BC, DT

Additional Speakers:

Elizabeth K. Schwartz, MA, LCAT, MT-BC

Darcy Walworth, PhD, MT-BC

Description:

This institute focuses on children infancy through age 5, investigating their developmental milestones across various domains. We will explore the unique ways young children learn, the importance of play, their musical skill and awareness development, and the necessity of involving families and other support personnel in program considerations. Atypical development, assessment, and intervention also will be discussed.

Speakers will present information on current trends, technology, research and resources that are available, applicable and appropriate for specific age groups. Come prepared to enter the world of the young child and learn to playfully relate to little ones through active music making.

Learner Objectives:

- Participants will identify at least four key developmental milestones and abnormal development “red flags” for children in various stages from infancy through age 5.

(CBMT *Scope of Practice* I.A.3.a-c; I.C.4, 14, 15; II.A.3.b; IV.A.2)

- Participants will identify at least four key musical development milestones and atypical “red flags” for children in various stages from infancy through age 5.

(CBMT *Scope of Practice*, II.A.5.c,f,x)

- Participants will state at least three differences between observed developmental outcomes documented in research and observed developmental outcomes stated by music therapists for infants participating in music therapy interventions.

(CBMT *Scope of Practice*, IV A.2)

- Participants will list sections of developmental progress notes for infants and young children with appropriate language for medical and community facilities.

(CBMT *Scope of Practice*, III A.1.2.3)

- Participants will be able to identify at least three attributes and levels of play in music therapy interventions for children in various stages from infancy through age 5.

(CBMT *Scope of Practice*, IV.A.2)

- Participants will be able to describe at least four ways parents and caregivers can facilitate musical play with their young children between infancy through age 5.

(CBMT *Scope of Practice*, II.A.5.e, k, m and II.B.8)

- Participants will be able to name at least two ways to assess the developmental level of young children between infancy through age 5.

(CBMT *Scope of Practice*, I.A.3, 4, 6, 8, 9, 10)

- Participants will be able to state at least three advantages of early intervention.

(CBMT *Scope of Practice*, IV.A.1, 2, 3)

- Participants will be able to describe at least four developmentally appropriate music activities for young children in various stages from infancy through age 5.

(CBMT *Scope of Practice*, II.1, 3b, 4a, b5)

Bios of Presenters:

Marcia Humpal, M.Ed., MT-BC is past vice-president of AMTA, co-founder of AMTA's Early Childhood Network, and co-editor and author of *Effective Clinical Practice in Music Therapy: Early Childhood and School Age Educational Settings*. An editorial advisor to *imagine*, she maintains a private practice in the Cleveland, Ohio area.

Rebecca Wellman, PhD, DT, MT-BC is a board certified music therapist and Illinois certified developmental specialist. She has a private practice in the Chicago suburbs where she works with very young children with special needs and older adults with memory loss.

Elizabeth K. Schwartz, MT-BC is the senior music therapist at Alternatives for Children in Suffolk County, New York, specializing in Early Intervention and preschool treatment. The author of *Music, Therapy, and Early Childhood: A Developmental Approach*, she also serves on AMTA's Educational and Training Advisory Board.

Darcy Walworth, PhD, MT-BC directs the music therapy program at the University of Louisville. She actively researches the effects of music therapy in early childhood and medical settings with

emphases in Autism treatment, medical procedural support, and developmental outcomes of premature infants.

Format: Lecture; experiential.

Prerequisites: None

Institute: Making Music Accessible: Innovative Applications of Technology in Music Therapy

Wednesday, November 16, 2011

12:30–6:30 pm

6 CMTE Credits

Cost: \$130

Institute Presenters

Suzanne B. Hanser, EdD, MT-BC

Jennifer Delisi, MA, MT-BC

Richard Boulanger, PhD

Donna Chadwick, MS, MT-BC, LMHC

Peggy Coddling, PhD, MT-BC,

Marc Edelstein, MD, PhD

Kimberly Khare, MM, CMT

Lorrie Kubicek, MT-BC

Karen Wacks, MEd, MT-BC, LMHC

Julie Buras Zigo, MEd, MT-BC

DynaVox Mayer-Johnson representative (specific presenter is TBA)

Music Therapy Developers: Matt Centrella, John Clements, Matthew Hines, Takahiko Tsuchiya

Description:

Never before has music been more accessible, and never before have so many individuals been able to create, perform, learn, and interact with music in such dynamic ways. Today we music therapists have the opportunity and obligation to integrate modern technology into the treatment plans of the people we serve when appropriate. More people can be reached in direct and creative ways by using these new technologies. This institute brings together music therapists and technology experts to demonstrate hardware and software applications that are available on the market, as well as devices that are in development, all of which may prove useful in both clinical and research environments.

Learner objectives related to the *CBMT Scope of Practice*:

- a. Participants will develop and enhance their technology skills (CBMT Scope of Practice IV.A. Professional Development 7.)
 - i. Participants will become familiar with adaptive hardware and music software that enables clients to interact, using language and/or music.
 - ii. Participants will increase their ability to identify assessment strategies in order to determine appropriate technological applications for a specific client population.
 - iii. Participants will practice with and experiment with existing technologies and some under development.
 - iv. Participants will increase their ability to identify available resources in their community in order to advocate for their clientele and access materials for learning.

Bios of Presenters:

Suzanne B. Hanser, EdD., MT-BC is Founding Chair of the Music Therapy Department at Berklee College of Music and Past President of both the World Federation of Music Therapy and the National Association for Music Therapy. Dr. Hanser has served as music therapist at the Leonard P. Zakim Center for Integrated Therapies and research associate at the Phyllis F. Cantor Center for Research at Dana-Farber Cancer Institute, and remains a Research Scholar at the Women's Studies Research Center at Brandeis University. Dr. Hanser received a National Research Service Award from the National Institute on Aging and was a Senior Postdoctoral Fellow in Psychiatry at Stanford University School of Medicine. In 2006 she was named by the Boston Globe as one of eleven Bostonians Changing the World, in 2009 she was awarded the Sage Publications Prize for her article, "From ancient to integrative medicine: Models for music therapy," and in 2010, co-authored a book/CD with Dr. Susan Mandel, "Manage Your Stress and Pain through Music."

Jennie Delisi works for Lifeworks Services. She serves on the Minnesota Assistive Technology Advisory Council and the reimbursement committee of MTAM. She co-authored a chapter entitled "Multi-Sensory Environments and Augmentative Communication Tools", and has written for Closing the Gap's magazine.

Richard Boulanger, PhD is an award-winning composer, performer, inventor, teacher and author who has been on the faculty at Berklee for the past 25 years. He is also the proud father of a graduate of the Music Therapy Department who

has, for many years, dreamed of ways to connect technology and therapy that his son Adam showed him were possible through his research while at Berklee and his subsequent work in Music, Mind and Health at MIT. Today, with the help of some amazingly talented and dedicated student developers from the Electronic Production and Design Department, and with the inspiration and guidance of the faculty and students from the Music Therapy Department, and with the spirit, the promise, and the hope of the beautiful and brilliant children at the Kennedy Day School in Brighton, we are building a bridge between our departments and together crossing this bridge into a new era for the college which holds incredible promise for the field and the Future of Music Therapy.

Donna Chadwick, MS, MT-BC, LMHC is a passionate clinician with ever-inventive ideas for improving clients' quality of life. Donna has held national office in the field of music therapy and presented widely. Professor, assessment specialist, counselor, author, Donna has enjoyed a rich professional life of service and innovation. Never without several projects in the works, she looks forward to promoting compassionate and innovative interventions through Music Assurance, in partnership with co-founder Karen Wacks. The Remembering Archive evolved from Music Assurance's Music Life Plan/Music Living Will.

Peggy Coddling PhD, MT-BC, Certification in Visual impairment is Professor of Music Therapy at Berklee College of Music. She received her PhD in Music Education with an emphasis in music therapy and her masters in music therapy from Florida State University in Tallahassee, Florida. At FSU, she worked with the Center for Music Research and Technology. Her dissertation entitled, “the effects of visual versus verbal instruction on beginning guitar students’ tuning accuracy” involved the development of hardware and software using “C” language. Publications include book chapters and articles in refereed journals. Experience in medical and correctional settings informed the Music Induction project shared at the current symposium.

Marc Edelstein, MD, PhD -Dr. Edelstein’s career can best be described as a journey. After almost 30 years of experience in both clinical and administrative health care, he decided to pursue a lifelong dream and passion for music. He began his studies at the Berklee College of Music in the Summer 2008 semester as a piano principal (he also plays bass guitar), and has a dual major in Electronic Production and Design and Music Therapy. Dr. Edelstein, whose clinical training was in General Pediatrics, also earned a PhD in Philosophy/Medical Ethics, and presently teaches Philosophy of Medicine, Medical Ethics, and Medical Professionalism at Tufts Medical School and the Berklee College of Music.

Kimberly Khare, MM, CMT is Assistant Professor of Music Therapy at Berklee College of Music, and Director of Music Therapy for the Community Music Center of Boston, a non-profit music school in Boston’s south End. Kimberly has created a music therapy program, entitled, “Your Song Studio,” a song-writing

project based on supporting HIV Positive Youth in telling their stories.

Lorrie Kubicek, MT-BC is a board certified music therapist at Mass General Hospital for Children/MGH Cancer Center and Floating Hospital at Tufts Medical Center. At MGH she works with adult oncology and pediatric patients in outpatient chemotherapy clinics, radiation oncology and inpatient settings. She has been utilizing clinical music technology in hospital settings since 2004. Ms. Kubicek is a site supervisor of music therapy students for Berklee College of Music and an active member of *My Band*.

Karen Wacks, MEd, MT-BC, LMHC has 30+ years experience working as a music therapist in schools, nursing homes, community settings and hospitals. She is committed to raising consciousness of the power of music to influence health and healing across the globe. Karen holds a Master's Degree in Education from Harvard University and consults with therapeutic community-based programs internationally. In partnership with co-founder, Donna Chadwick, together they have established the company, *Music Assurance*, a multi-service advanced music living will/music life plan, which features the *Remembering Archive*, showcased at today's Future of Music Therapy Symposium.

Julie Buras Zigo, MEd, MT-BC has worked at the Kennedy Day School on-site at Franciscan Hospital for Children in Brighton, Massachusetts. The school serves children and adolescents ages 3-22 with multiple disabilities, including significant cognitive impairments, physical disabilities, medical needs, and behavioral issues. Julie piloted a program of collaborative treatment with Speech Language Pathologists in 1987. Since that time, this work has grown and continues to embrace new technologies for bringing communication opportunities to those who are non-speaking or non-verbal. Prof. Zigo has been a part-time faculty member at Berklee College of Music in Boston since 1997.

DynaVox Mayer-Johnson is a provider of speech generating devices and symbol-adapted special education software used to assist individuals in overcoming their speech, language and learning challenges. These solutions are designed to help individuals in the home, classroom and community.

Format: experiential, lecture, media presentation, and music making.

Prerequisites: a. Participants will have a basic familiarity with iPod or iPad hardware.

b. Participants will have basic knowledge and experience with music software i.e. Garage Band.

c. Participants will be familiar with accessibility switches (bigMack, Ablenet switches), and how to program single message communication switches.

d. Participants will have basic knowledge of communication disorders and physical

challenges in various populations. They will have knowledge of and experience working with individuals of various ages with moderate-severe communication and/or physical impairments.

e. There will be some availability of demonstration software for one of the products being discussed and demonstrated during the institute. Please contact Jennie Delisi at jdelisi@lifeworks.org to let her know if you are bringing a PC laptop to the institute.

Institute: Rebuilding the Injured Brain Through Music: The Case for Expanded Music Therapy Treatment in Traumatic Brain Injury Rehabilitation

Wednesday, November 16, 2011

12:30–6:30 pm

6 CMTE Credits

Cost: \$130

Institute Co-Chairs:

Dr. Concetta M. Tomaino, D.A., MT-BC, LCAT

Sarah B. Johnson, MM, MT-BC

Additional Speakers:

Dr. Wendy Magee, PhD, MT-BC

Sarah L. Thompson, MM, MT-BC

Description:

The potential of music therapy as treatment in recovery of function following Traumatic Brain Injury (TBI) has gained much public attention in the past year. Because music therapy has been shown to be effective in treating cognitive, physical, speech/language, and emotional issues related to brain injury, it should be an important part of any rehabilitation program, yet is not widely available in many hospitals and rehabilitation settings.

This Pre-Conference Institute will bring together experts in the fields of neuroscience, clinical neurologic music therapy (NMT), current research, and reimbursement with TBI, to present best practices in music therapy treatments as well as discuss current issues related to promoting and expanding music therapy options in treatment of TBI.

Learner Objectives:

- Participants will develop a clear understanding of the diagnosis of Traumatic Brain Injury (TBI) including:
 1. the differences in focal vs. diffuse injuries
 2. the typical cognitive, motor and speech/language manifestations of individuals with TBI.
 3. psychological and family dynamic related aspects of recovery
(CBMT Scope of Practice I. A. 1, 3, 4, 13, 15)

- Participants will demonstrate an understanding of current issues in research and systematic reviews in order to guide themselves through the theoretical foundations for music therapy practice in neurological rehabilitation and neuropalliative care.
(CBMT Scope of Practice I.C. 2a, IV. A. 4, 8, 9, B. 5, 17)
- Participants will become familiar with several accessible assessment tools commonly utilized in neurologic rehabilitation programs.
- Participants will demonstrate understanding of the Ranchos Los Amigos Cognitive Levels of Functioning scale and the Poudre Valley Hospital controlled stimulation program and how to collaboratively utilize these guidelines in designing effective therapy interventions.
(CBMT Scope of Practice I.A. 3, 4, 8, 9, C. 3, 10, II. A. 2. c, e, g, h, i, l, m, o, p, r, t, u, v, w, x, z, ae, af, ag, ak, III. B. 7, 8, IV. A. 4)
- Participants will list basic steps for program development (such as procedures for grant writing, program in-service ideas)
- Participants will understand the essential steps for obtaining outpatient reimbursement for services
(CBMT Scope of Practice IV. B. 3, 4, 6, 13, 15, 17)

Bios of Presenters:

Dr. Concetta M. Tomaino, D.A., MT-BC, LCAT : Executive director and co-founder of the Institute for Music and Neurologic Function and Senior Vice President for Music Therapy at Beth Abraham Family of Health Services, where she has worked since 1980. A past president of AAMT, she is internationally known for her research in clinical application of music and neurologic rehabilitation.

Sarah B. Johnson, MM, MT-BC: Neurologic Music Therapist (NMT) for Rehabilitation Services of Poudre Valley Hospital, a clinical supervisor at Colorado State University, and co-coordinator of the community outreach programs for NMT. Sarah assists with NMT Training Institutes, and has presented locally, nationally, and internationally on her clinical work in NMT.

Judith Simpson, MT-BC: Judy is Director of Government Relations for the American Music Therapy Association and has extensive experience in reimbursement issues .

Dr. Wendy Magee, PhD: Since 1988 has worked as a Music Therapist in neuropalliative rehabilitation with adults with acquired brain injury. She is widely published in both research and clinical practice with neurological populations, co-coordinates the global interest group *Music Therapy Neurology Network*, and has recently joined the faculty of Temple University.

Sarah L. Thompson, MM, MT-BC: Private practitioner of Rehabilitative Rhythms, working in rehabilitation and hospice. She has experience in grant writing and program development, recently creating a Neurologic Music Therapy program at Craig Hospital in Denver, Colorado. She is also an authority on outpatient insurance reimbursement and has presented at the regional and national level.

Format:

Session format will be lecture, media presentation, and seminar discussion

Prerequisites:

None

FREE INSTITUTE: Program and Marketing Strategies: Supporting Individuals in the Caregiver Role

Wednesday, November 16, 2011

8:30 –11:30 am

3 CMTE Credits

Cost: **Free to AMTA members registered for the Conference**

Institute Chair: Barbara Reuer, PhD, MT-BC

Presenters: Alicia A. Clair, PhD, MT-BC; Russell Hilliard, PhD, LCSW, MT-BC; Sandra Holten, MT-BC; Carly Kazmerzak, Music Therapy Student

Description:

Self-care is an essential ingredient for family members supporting loved ones through illness or disability. Music therapy can provide a unique avenue to enhance the quality of life, provide respite opportunities and increase family member's resilience. Attend this free mini-institute for a new perspective on how this important area positively impacts families across generations.

The presenters will explore understanding who our nation's caregivers are, their complexities and the potential impact music therapy can have for this population. Speakers will present information on current trends, research, resources and funding ideas that are available, applicable and appropriate for specific population groups. In addition, participants will leave with strategies that can be incorporated into the everyday routine of caregivers, be they individuals, family or professionals.

Learner Objectives:

- Participants will identify at least three client stressors relating to the responsibilities of caregiving.
(CBMT *Scope of Practice*, I.A.4.c,i)
- Participants will be able to identify demographics of caregiving population.
(CBMT *Scope of Practice*, I.A.2,3,a-c, I.C.9)
- Participants will be able to identify at least three appropriate goals and objectives for caregiving population.
(CBMT *Scope of Practice*, I.C.10)

- Participants will be able to describe a minimum of three appropriate music interventions to assist with self-care and quality of life.
(CBMT *Scope of Practice*, II.B.2.b-d, g,h,l. I.C.10)
- Participants will be able to identify at least three recourses available about caregiving population in music therapy and other literature.
(CBMT *Scope of Practice*, I.A.2,C.2.a-c, IV.A.2)
- Participants will be able to identify a minimum of two ways to manage budget and fund music therapy programs for caregivers.
(CBMT *Scope of Practice*, IV.B.13, 14)

Bio of Presenters:

Alicia A. Clair, PhD, MT-BC is a Professor and Division Director of Music Education and Music Therapy at the University of Kansas. Dr. Clair is a clinical researcher with many years of experience. Her primary interests include clinical practice with those who have dementia and their caregivers, and physical rehabilitation in older adults.

Russell Hilliard, PhD, LCSW, MT-BC is the National Director of Supportive Care at Seasons Hospice and Palliative Care and Founder of the National Center for Music Therapy in End of Life Care. His research has been published in a wide variety of scholarly journals including the *Journal of Palliative Care*, *Journal of the Society for Integrative Oncology*, *Evidence-Based Complementary and Alternative Medicine*, *Journal of the Arts in Psychotherapy*, and the *Journal of Music Therapy*, among others. He is a frequent presenter at conferences worldwide and is the author of the text, *Hospice and Palliative Care Music Therapy: A Guide to Program Development and Clinical Care*.

Sandra Holten, MT-BC, has been a part of the interdisciplinary team at Struthers Parkinson's Center since 1996. She served as one of the original faculty of Allied Team Training for Parkinson's, a National Parkinson's Foundation training funded by Health Services and Resources Administration. Sandra contributed a chapter on Music Therapy for People With Parkinson's to the book "Parkinson's Disease" edited by Ebadi and Pfeiffer. A presenter at the state, regional and national level she also chaired the Examination Committee for the Certification Board for Music Therapists.

Carly Kazmerzak is completing her internship at MusicWorx in San Diego, CA where she actively works in medical, rehabilitative, academic, residential, and recreational settings. She will be completing her undergraduate degree at the University of Iowa in December 2012.

Barbara Reuer, PhD, MT-BC is Founder and CEO MusicWorx Inc., a consulting music therapy agency, and Founder and Executive Director of a nonprofit, Resounding Joy Inc., both located in San Diego, CA. She is known for her expertise in music-centered wellness and takes great pride in mentoring over 105 interns to date. Public notice of Dr. Reuer's work extends from recognition in books, articles, print media, radio and television.