

Clinical Supervision and Mentoring in an American Music Therapy Educational Program

Klinische Supervision und Betreuung an einem amerikanischen musiktherapeutischen Ausbildungsprogramm

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This article provides a generalized overview of clinical music therapy supervision in the United States, with focus placed on the Music Therapy program at Colorado State University (CSU), and examines the differences in undergraduate versus graduate competencies and expectations.

Many universities are expanding their programs to include distance learning Master's degree programs in Music Therapy which are taught online. The rationale and development of the CSU distance learning program will be discussed, with a particular focus on the clinical practicum course. This course is designed to further the working Music Therapist's clinical skills. Students submit written documentation and video examples of their clinical work with their selected populations. The course instructor reviews and provides feedback and suggestions for the students to improve and continue to meet functional goals with their clients. Electronic correspondence with the course instructor regarding the implementation of the feedback is encouraged to optimize the students' clinical skills development. Information regarding the written work that accompanies the video examples, as well as an explanation of the grading rubric with which students structure their clinical demonstrations will be shared.

Recent research and student feedback explore the effectiveness of this model. Online resources for further investigation of electronic supervision and mentoring conclude the article.

Dieser Artikel bietet einen allgemeinen Überblick über die klinische musiktherapeutische Supervision in den Vereinigten Staaten mit Fokus auf das Musiktherapie-Programm der Colorado State University (CSU) und beleuchtet Unterschiede zwischen Kompetenzen und Erwartungen im Bachelor- und Master-Studiengang.

Viele Universitäten sind dabei, ihre Programme um Fernstudiumangebote (Distance Learning) von Master-Studiengängen in Musiktherapie, die online unterrichtet werden, zu erweitern. Die Begründung und Entwicklung des CSU-Distance-Learning-Programms wird erörtert, besonders in Hinblick auf das darin vorgesehene klinische Praktikum. Das Distance-Learning-Masterprogramm wurde eingeführt, um die klinischen Kompetenzen praktizierender Musiktherapeuten zu erweitern. Stu-

dierende reichen darin Beispiele ihrer klinischen Arbeit mit ausgewählten Zielgruppen durch schriftliche Dokumentation und Videoaufzeichnungen ein.

Die Kursleiterin prüft das Material und bietet den Studierenden Feedback und Vorschläge an, um für den Klienten entwickelte funktionelle Ziele zu verbessern und weiterzuführen. Elektronische Korrespondenz mit der Kursleiterin bezüglich der Feedback Implementierung wird gefördert, um eine Optimierung von klinischen Fähigkeiten zu ermöglichen. Informationen in Bezug auf die schriftlichen Arbeiten, die mit Videobeispielen unterlegt werden, sowie die Beurteilungsrubrik werden dargestellt. Aktuelle Forschung als auch Feedback von Studierenden untersuchen die Wirksamkeit dieses Modells. Online-Ressourcen für weitere Untersuchungen der elektronische Supervision und Betreuung schließen den Artikel ab.

The definition of music therapy and the theoretical foundations that guide the professional identity of the music therapist throughout different areas of the world is diverse. Though educational requirements and delivery of music therapy services vary widely across the globe, clinical training “is always an essential part of the education” for music therapists (Wheeler 2015, 9).

According to the World Federation of Music Therapy Guidelines for Music Therapy Education and Training, established in 1999, “Clinical training should be supervised by an experienced music therapist... and shall consist of supervised field experiences in various areas of music therapy” (Wheeler/Grocke 2001, 19, 67). Kavaliova-Moussi (2015) gathered information on various curricula for Music Therapy programs worldwide. She investigated and compared 100 different programs from 37 different countries. Of these one hundred programs, 88 contained requirements in the category of “Clinical practice/Practicum with Supervision”. The programs required various hours of clinical training, with many including a supervised internship experience. Kavaliova-Moussi concluded that expectations for supervision are certainly diverse throughout the music therapy world! Included in her study were the following government supported German programs: University of Applied Sciences in Heidelberg, Westfälische Wilhelms-Universität Munster, University of Augsburg, Universität der Künste Berlin, University of Applied Sciences in Würzburg-Schweinfurt, and Hochschule für Musik und Theater Hamburg, each of which require clinical practica with supervision (Kavaliova-Moussi 2015, 93–95).

Music Therapy Education and Practice in the United States

In the United States, over 70 approved colleges and/or universities offer programs to obtain undergraduate music therapy degrees. Master’s and doctoral degrees in music therapy are also offered at many of these institutions. The American Music Therapy Association (AMTA) has established guidelines that provide

standardization to the curricula and training that one can expect in his/her endeavors to become a board certified music therapist (MT-BC). The approved curriculum is designed to impart entry level competencies in three main areas: “Musical Foundations, Clinical Foundations, and Music Therapy Foundations and Principles as specified in the AMTA Professional Competencies” (AMTA, n.d.¹) Graduate level learning is based on the Educational and Clinical training standards of AMTA. These standards affirm a conviction “that education and clinical training are not separate processes, but reflect a continuum of music therapy education; that education and clinical training must be competency-based at all levels; that education and clinical training must be student-centered; and that education and clinical training must exist in a perspective of continuous change to remain current” (AMTA, n.d.).

In US music therapy there are two identified levels of practice, the Professional Level of Practice and the Advanced Level of Practice. According to AMTA, “a music therapist at the Professional Level of Practice has a Bachelor’s degree or its equivalent in music therapy and a current professional designation or credential in music therapy (i.e., ACMT, CMT, MT-BC, or RMT). At this level, the therapist has the ability to assume a supportive role in treating clients, collaborating within an interdisciplinary team to contribute to the client’s overall treatment plan” (AMTA, n.d.).

Advanced Level of Practice is based on the AMTA *Advanced Competencies*, and is defined as the practice of music therapy wherein the music therapist applies and integrates a comprehensive synthesis of theories, research, treatment knowledge, musicianship, clinical skills, and personal awareness to address client needs. A music therapist at an Advanced Level of Practice has at least a bachelor’s degree or its equivalent in music therapy, a current professional designation or credential in music therapy (i.e., ACMT, CMT, MT-BC, or RMT), professional experience, and further education and/or training (e.g., receiving clinical supervision, a graduate degree, and/or advanced training) (AMTA, n.d.). The Advanced Competencies are therefore at the core of graduate clinical experiences.

Clinical supervision at Colorado State University

On campus at Colorado State University (CSU) students begin their supervised clinical training in their fifth semester of undergraduate coursework. Undergraduate clinics are 100% supervised by a board-certified music therapist. In the beginning level of clinical practicum, students co-treat with the board-certified music therapist or have the opportunity to observe a more experienced student. The students are then gradually given more responsibilities within the clinical session. In the later semesters of clinical practicum the students are provided with the opportunity to

1 no date.

take on more of a leadership role in the session, with the board-certified music therapist providing written and verbal feedback before and after the session. In this way the students build responsibilities while they gain confidence in their clinical skills. Students in the undergraduate level of practicum are working toward the AMTA professional competencies, building a foundation of skills prior to their clinical internship.

Graduate-level practica at Colorado State University operate differently from the supervised undergraduate practica, since the students in the graduate program are already board-certified music therapists. The goal of the advanced practicum is to work toward the AMTA Advanced Competencies (AMTA, n.d.). In this way the advanced practicum is an opportunity to further develop clinical skills at a higher level of understanding. The graduate program at CSU is founded upon a neuroscience and evidence-based approach to music therapy. Therefore, feedback is provided from this standpoint of integrating what is known about music in therapy to augment practice and facilitate treatment outcomes.

Advanced clinical experiences occur in a site of the student's choice or their place of work (with permission of the facility). The students engage in supervision with a more experienced music therapist who holds an advanced degree and has knowledge and experience working toward the AMTA Advanced Competencies. Since the students have the opportunity to choose their site, on-site supervision is not always possible. Supervision via video submission and written/verbal feedback from their supervisor is utilized. The students submit materials, receive feedback, implement feedback, reflect on their progress, and then submit materials again. Therefore, the advanced practicum is a reflective process with external input from a music therapist with advanced training.

Providing effective supervision and mentoring of developing music therapists is an ongoing challenge for all institutions and individuals who strive to cultivate successful professionals in the field of music therapy. Supervision can be especially difficult when students are learning in an online or distance learning program. Since distance learning education has become more prevalent in recent years (LaGasse/Hickle 2015), faculty must consider ways to provide high-quality educational experiences that meet educational standards without face-to-face or real-time supervision.

Online supervision at Colorado State University

When Colorado State University first began an online Masters degree program for board-certified music therapists (or international equivalent), it was essential that the clinical practicum experience be preserved for the online format. Since the faculty had previously engaged in an online correspondence model of supervision, the transition from resident students to online students was not difficult. Rather,

the faculty now explored this course offering in terms of a 100% online offering where students would receive mostly written or video conferencing feedback.

Distance supervision is not a novel concept and has been used in training teachers (Heartshorne/Hearner/Petty 2011), art therapists (Brandoff/Lombardi 2012), and counselors (Conn/Roberts/Powell 2009). Distance supervision provides unique challenges with technology and confidentiality (McAdams/Wyatt 2010); while eliminating geographical concerns for the learner and supervisor (Heartshorne et al. 2011). In a study by Heartshorne et al. (2011), the researchers found that students rated remote and face-to-face observations similarly. Similarly, Conn et al. (2009) found that the location of supervision had no impact on the perception of the quality of supervision. Researchers have even suggested that technology-mediated supervision can increase development of insight, enhancing the supervision experience (Gamon/Sorlie/Bergvik/Hoifodt 1998). The current evidence in distance supervision suggests that it is possible and can yield a high-quality learning experience; however, it is not without challenges. We have attempted to create a 100% online course that provides the working music therapist with ample opportunities for reflection and growth in their practice.

All students enrolled in the CSU Online Program are required to take at least one semester of graduate practicum. Students enrolled in this course are board certified professionals, and their workplaces are used as the practicum sites. If a student does not have current employee status, or has private practice status, a contract with an appropriate employer or private practice is established.

In order for the supervisor to better understand the students' practicum settings, students initially submit a 2–3 page practicum plan that entails a description of the workplace (agency, or institution), a description of client population served, and general treatment and care goals of the work unit. This provides a foundation for mutual understanding of the site dynamics and population served.

Throughout the semester the students submit videos of their clinical work. Each video is approximately 20–30 minutes in length and contains one edited session or excerpts of several therapy sessions, demonstrating the therapeutic interactions/interventions of their music therapy session(s). This system provides a dynamic learning exchange for the graduate students with their supervisor and gives them opportunity for direct clinical feedback of their work.

Each clinical video submission is accompanied by a written document structured within the 6 steps of the Transformational Design Model or TDM (Thaut/Hoemberg 2014). The TDM is a system for music therapists to design goal-oriented, therapeutic music experiences. It assists in designing interventions that are based on functional goals (as opposed to generic, music activity based interventions) and encourages the incorporation of current theory and research to guide the therapeutic processes (Thaut/Hoemberg 2014). The students' paperwork grades are based on the development of their clinical sessions within this framework. Delving into current literature is an important element of this process, as well as

identifying and articulating the ways in which they intend to create an effective intervention that will engage the client(s) in the creative music process.

The supervisor sends feedback via email on each written and video submission. Feedback is expected to be incorporated into the subsequent submissions, and the grading system reflects the students' ability to integrate and implement this feedback. Students are encouraged to dialogue about the feedback, either through email or a real-time conversation via online video conferencing or phone calls. This provides opportunities for engagement in the supervision process, in which students can reflect on the feedback, seek clarifications, and consider how the feedback may impact their practice.

The final assignment of the course is a reflection paper in which they consider what aspects of their own learning contributed to changes in their practice, the challenges encountered within the semester, resources they encountered, and how they intend to apply the semester's feedback in the future. The idea of the paper is to provide the students with an opportunity to reflect on the experience, and encourage them to consider how they can continue to examine their practice and improve their skills in the upcoming years of their careers.

Guidelines for paperwork submissions

(based on the six steps of the TDM – Thaut/Hoemberg 2014)

Step 1: Assessment

Students identify their clinical assessment process, as well as diagnostic characteristics regarding their clients, by writing a brief overview of the strengths and difficulties observed. They may also incorporate information gathered from individualized assessment materials. This may include any standardized assessments taken (i.e. Berg Balance Scale, Boston Aphasia, etc.) or information obtained from patient sources, such as a medical chart, educational plan, or interview with caregivers. A description of how these deficits impact daily life functioning should also be included in this section. It is expected that at least one citation supporting the impact on daily functioning or as a result of diagnosis be included.

Step 2: Goals and Objectives

Students identify specific therapy goal(s) which are observable, measurable, and client specific.

Step 3: Non-Musical Intervention

In this portion of the paper, the non-musical therapeutic exercises that other professionals might utilize to address these goals is described. Descriptions of standard exercises or therapeutic approaches that, for example, a physical therapist, psychologist, or speech therapist might use to address this deficit area should be

described. At least one citation of research to support the use of these approaches and/or exercises to effect change is expected.

Step 4: Translation into a Therapeutic Music Intervention

In this integral portion of the paperwork, students describe the *transformation* of the non-musical intervention into a functional, music-based intervention. It should be designed from a scientifically, therapeutically, and musically logical perspective. Students identify the music therapy technique(s) addressing the goal(s), and describe at least two interventions for the therapy session. An explanation of how musical elements (rhythm, harmony, melody, etc.) will be used, and the role musical structure plays in facilitating the targeted goal area should be included. At least one citation supporting the use of music for this goal area, and at least one citation supporting the use of the specified technique for the goal with the population of the client(s) is required.

Step 5: Reassessment

Formal or clinical reassessment is the next step to describe in the paperwork. In other words, students examine the effectiveness of what they are doing towards goal achievement. Elaboration as to whether or not progress occurred is required at this step.

Step 6: Generalization

Finally, the “translation” of the experience into real life practicality for the client(s) completes the paperwork, including a description of how improvement in the target area will impact the client’s daily life. In other words, students convey “why they are doing, what they are doing” for their client(s).

Guidelines for Clinical video submissions

The clinical video submissions are graded on a 4-point scale of Advanced (4), Proficient (3), Partially Proficient (2), or Unsatisfactory (1) based on the following clinical skills:

- 1) Use of Music as a Therapeutic Medium
- 2) Instrumental Skills
- 3) Vocal Skills
- 4) Non-musical Therapeutic Skills and Interactions

Each category has specific descriptions of what is expected in order to achieve that level. After viewing the video clip (and the accompanying paperwork), the supervisor chooses and highlights the level of proficiency. The supervisor

also provides individualized feedback in each of the categories and additional constructive criticism and comments on specific clinical aspects of the students' submissions.

In order to achieve an "advanced" rating for each of the 4 categories, the following criteria are expected.

1) Use of music as a therapeutic medium

Active client engagement is predominant throughout the session. The therapist selected an appropriate musical source (instrument/voice/electronic media, for example) for the interventions, and the musical structure chosen is successful at facilitating the goals. The therapist effectively coalesces the musical elements towards goal attainment (in other words, they are not just accompanying themselves or the clients, but are utilizing the musical elements to facilitate the goals). The end musical product is aesthetically pleasing.

Here is an example of feedback given to a student who received a 2.5, or partially proficient rating in this category:

You have identified appropriate goals and ways to address them, but I would like to really encourage you to think about how you can USE the music more effectively for these goals. How can you structure the music experience to engage your client? He is working hard with you, and is very attentive. I feel you could broaden the way you are using the music, more than just sitting at the piano doing vocal exercises. When you added the chord structure to his singing (about midway in the clip) it made the whole intervention so much more engaging and affirming, and gave him more musical support towards achieving his goal of improved prosody.

2) Instrumental Skills

Less than two errors while playing chosen instrument, excellent balance between instrument and voice, smooth transitions between chords, consistent use of dynamics, incorporation of harmonic diversity, use of interesting, but still facilitatory patterns when playing during the session.

An example of the feedback given to a student who received a 3, or proficient rating in this category:

When you were using a song for Therapeutic Singing, you were sometimes very soft and would stop your playing. I know you were trying to give her time to initiate on her own, but I think providing a little more solid, stable, rhythmic structure might have helped her anticipate and continue smoothly with the phrases. If you wait for her/she waits for you/you wait for her, etc., it becomes less cohesive – use your wonderful guitar skills to lead her. The song provides a natural structure for her to have smoother, more continuous vocal output. That's part of why you "put it all back together" in the song.

3) *Vocal Skills*

Sings in pitch, begins intervention on correct starting pitch, maintains stable rhythm and tempo throughout an intervention, less than two errors in melody and/or lyrics, incorporates dynamics, sings in appropriate vocal range for self *and* patient, clear articulation, uses adequate volume in balance with instruments and/or patient voices.

An example of the feedback given to a student who received a 4, or advanced rating in this category:

You have a lovely tenor voice. It was delightful to listen to you, and engaging for your client. I initially thought you were pitching songs too high for her, but then it seemed to work fine for her to sing an octave lower. Your cueing of the lyrics became smoother as the session progressed – good for you!

4) *Non-musical Skills and Interactions*

Creates a logistically logical setting to optimize patient success and engagement (and/or compensates accordingly). Demonstrates interpersonal interaction skills (such as appropriate eye contact, responsive body language, active listening, affirmation of clients' expression and work, re-directing of "off task" behavior and/or behavior management overall) consistently throughout the session. Uses appropriate levels of prompting, individualizing and/or grading assistance throughout the session. Clearly makes the "*why we are doing what we are doing*" connection for the client within the session.

An example of the feedback given to a student who received a 3, or proficient rating in this category:

The set up of the therapy space was fine for what you were addressing in this session. However, I would encourage you to not get "stuck" just sitting at the piano. Unless there is some compelling behavioral reason that he needs to remain sedentary, think of ways to illustrate and facilitate prosody through movement with music. Your hand movements were a good idea, but I think you could do more. Next session also I would encourage you to explore ways to tell him (literally) "Why you are doing what you are doing" and/or "What does the music provide to achieve goals". He seems so interested and focused – affirm that for him, and then use your musical creativity to structure compelling interventions to make those goals obtainable.

According to Lawrence C. Ragan (n.d.) in his online resource "10 Principles of Effective Online Teaching: Best Practices in Distance Education," one of the important aspects of online teaching is the communication between the professor and the students. Feeling comfortable interacting electronically and in a timely fashion is what leads to student satisfaction with their course experience. An example of correspondence between professor and student in the CSU distance

learning Master's MT program is included below to illustrate opportunities for interaction.

Within the grading rubric described above, a student was given feedback regarding where he was sitting during the session. The set-up appeared to make it difficult for the patient to turn and look towards the student, and also made it challenging for the student to make any eye contact with the patient. The supervisor suggested the student explore alternative placement to better facilitate visual contact and interaction with the patient.

The student incorporated that feedback into the next submission, but in subsequent email communications stated:

"I'm still deciding how I felt about the new placement. In some ways I think maybe it facilitated more eye contact and more interaction, but I wasn't able to really incorporate touch as much as I would like to. It's such an important aspect of hospice, so it's a matter of finding the right balance of what's most important and what will yield the best therapeutic results. Perhaps finding a way to do both may be the best route..."

The instructor replied:

"Regarding your placement in the session – I think your idea of a combination is the ideal. From what I could see on the video, it is nice for her to be able to look upward and see you, but I agree with the importance of your being able to reach out and touch her. I also wonder if there are other possibilities for touch in your session. I love what you do with your guitar and singing with her, but it's easy to get 'caught' behind an instrument. For example, I was just thinking with those tone bars... maybe putting down the guitar and gently guiding her through the motion of playing (so that she would get the sensory feedback of hearing and feeling the instrument and your gentle, but persistent human contact) and then singing while you help her play. You could explore just vocalizing, or actually do a simplified version of a song, since she has such a treasure trove of music in her brain. Are you following me here? In fact, if I could suggest that you explore this idea for your next submission, I would be delighted to see what you create! You have the musicality to pull this off, I just know it!"

In feedback from other students in the program, frustrations and affirmations have been expressed. The following quotes are taken from the reflection papers written by various students at the end of the practicum experience.

"Though termed a class, MU 686 felt like a distinctly different kind of experience compared to other classes I took in graduate school, both at CSU and my previous program. Bringing a camera into sessions made my grad student persona more visible at work. Other people got involved – my intern helped me with video-recording, teachers asked questions about what I was studying, parents were happy to sign waivers to advance the cause of music therapy. In order to answer questions about what I was recording and why, I needed to be straight in my own mind about my reasons and purpose. It was really satisfying and logical to bridge my student and professional self in this way."

"I feel the growth I have seen can be largely attributed to three things: the process of completing the TDM process and writing this out prior to each session, the feedback

provided in response to each video and paper submission, and to the ability to video and watch myself conducting sessions. One thing I do wish this semester had included is a class discussion board in which I could have connected with my peers, discussed how we are implementing the various NMT [Neurologic Music Therapy] techniques in our respective populations, and discussed how we are implementing the feedback we've been given. It would be helpful to connect with peers and see how they are using the TDM and NMT techniques in their daily work."

"MU 686 offered something no previous class had done – an experienced professor/mentor/colleague who took the time to review many minutes of interventions and interactions and provide thoughtful and sincere feedback. I haven't had nearly such personalized and dedicated supervision since I did my internship."

"Perhaps the most frustrating part of this process is how unresolved things feel, how impersonal, cold, and inhuman it feels, to converse only through e-mails. There is no tone of voice. There is no interaction. There is only the silence and the waiting and the misunderstanding that comes from e-mailing back and forth."

"What I loved most about this course was the 1:1 format. In my undergraduate coursework, supervision almost always happened in large group format, which I find intimidating. The 1:1 format of this course was perfect for evaluating areas of strength and areas of improvement specific to me."

Conclusion

All forms of technology continue to play a more integral part of our daily lives. It is only natural that the 21st century learning environment evolves and changes with these ongoing developments. Colorado State University is only one of hundreds of online opportunities from colleges and universities for a wide variety of higher educational degrees. Distance learning surmounts physical distances, facilitating course work of students from different locations around the world. For the Master's in Music Therapy degree at CSU, online learning can provide "education that moves with you, wherever you are, and wherever you go." (CSU online.colostate website). An online program provides flexibility of timing not only in the actual "classes" but also for obtaining an advanced degree. Although there are complications and differences in online learning, the research supports that online learning can be successful and provides opportunities to individuals who otherwise may not be able to advance their education. As technology becomes more embedded in education, we may continue to see a rise in online learning opportunities for music therapy clinicians.

As one student stated, *"Altogether, I was quite surprised and pleased to learn that a practicum via 'Distance Delivery' not only can function, but that it can be an invaluable experience."*

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