Orchestral Instruments in Music Therapy: Developing an Educational Track for Orchestral Musicians in Music Therapy Training

Laura Bunker
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Abstract

This paper proposes a supplemental educational track for the training of music therapy students who play an orchestral instrument. Containing three courses, this proposed protocol for instruction aims to bridge the gap between standard practices of classical music training, and training related specifically to music therapy in a graduate program. Designed with a focus on improving one's functional musicianship on his or her orchestral instrument, courses offer opportunities to foster and practice these skills through class workshops, and community outreach and advocacy.

Starting with a detailed review of literature, this paper delves into the use of orchestral instruments in music therapy over the history of the profession. Historical use, as well as current use is explored, culminating in issues related to the use of orchestral instruments in therapy. Of the issues discussed, the issue related to lack of education and training on the therapeutic use of one's primary instrument is the primary focus, resulting in the proposal of the aforementioned supplemental curriculum for graduate study.
ORTCHESTRAL INSTRUMENTS IN MUSIC THERAPY: DEVELOPING AN EDUCATIONAL TRACK FOR ORCHESTRAL MUSICIANS IN MUSIC THERAPY

MONTCLAIR STATE UNIVERSITY

/ Orchestral Instruments in Music Therapy / Developing an Educational Track for Orchestral Musicians in Music Therapy Training

by

Laura Bunker

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LAURA BUNKER

Montclair State University
Montclair, NJ
2015
# ORCHESTRAL INSTRUMENTS IN MUSIC THERAPY: DEVELOPING AN EDUCATIONAL TRACK FOR ORCHESTRAL MUSICIANS IN MUSIC THERAPY

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Introduction

Music therapy students enter school with unique skill sets and diverse musical backgrounds. While many students have experience playing the required instruments of guitar, voice, piano, or percussion, some students enter the field with an entirely different musical background, such as one from the Western classical music tradition (Voyajolu, 2009). Students who are classically trained orchestral musicians have a unique set of skills to offer in the music therapy field. However, according to a recent review of music therapy courses offered at universities across the United States, there are no undergraduate or graduate level courses offered that directly address the use of orchestral instruments in music therapy (Goodman, 2011). If this is the case, one may wonder where students who play orchestral instruments would find the resources needed in order to translate their classical training into functional music skills for the clinical setting. Research suggests a need for the development of courses to meet the needs of students who come from an orchestral background (Goodman, 2011; Voyajolu, 2009). By reviewing related literature and looking for areas of need related to this topic, the author hopes to identify key components in developing a track related to honing these unique skills, and aims to set forth a protocol for educating students on the use of their primary orchestral instruments in music therapy.

Review of Literature

Orchestral Instruments in the Early Days

The term “orchestral instrument” typically refers to all instruments found in a symphony orchestra. For the purposes of this paper, an orchestral instrument is defined
ORCHESTRAL INSTRUMENTS IN MUSIC THERAPY: DEVELOPING AN EDUCATIONAL TRACK FOR ORCHESTRAL MUSICIANS IN MUSIC THERAPY

as any instrument from the wind, string and brass sections in a symphony orchestra.

Historically, orchestral instruments had a significant presence in the music therapy field (Goodman, 2011; Voyajolu, 2009). Some of the earliest pioneers played orchestral instruments, including Helen Bonny and Mary Priestley, who played the violin, and Juliette Alvin, who played the cello (Goodman, 2011). There is limited research on how these pioneers of music therapy used their instruments in sessions, but from what is available, one can see that their instrumental training had an effect on their role in the development of the field of music therapy (Goodman, 2011; Vaux, 2010).

It is certainly true in the case of Helen Bonny, who developed the Bonny Method of Guided Imagery and Music, based on an epiphany she experienced while playing her violin in her twenties (Bonny, 2002). Bonny recalled playing for a service on a church retreat, during which she felt as if the music and sounds coming from her violin were no longer from her own efforts, but were rather flowing from her in a new and profound way (Bonny, 2002; Vaux, 2010). This experience led to a desire to share the feeling of this profound experience with others, and after receiving her masters degree in music therapy, she developed the Bonny Method of Guided Imagery and Music (Vaux, 2010). This method of music therapy is heavily influenced by the classical music tradition, using specially designed classical music programs to aid in the process of GIM (Bonny, 2002). Colleagues and friends noted that Bonny incorporated violin into her GIM training workshops, and continued playing her violin after retiring from the field, until the very end of her life (Vaux, 2010).

The influence of classical training is also evident in the work of Juliette Alvin, a cellist and pioneer of music therapy in the United Kingdom (Bunt, 2015). Her approach
to music therapy focused on the central role of the music and the musician (Bunt, 2015).
In an interview, Tony Wigram quotes Juliette Alvin as saying “Your main instrument,
your main voice of your music is the instrument you’re most able to use” (Bonde &
Nygaard, 2011, p. 5). This statement applied to her work as a performer and therapist,
using her cello as her “main voice”. Alvin’s work as a music therapist was greatly
influenced by her work as a performing musician (Alvin, 1975; Bunt, 2015). From her
career as a cellist, Alvin made a great impact during World War II, giving concerts to
raise funds for war charities (Bunt, 2015). Her efforts to provide music to people in need,
led to the establishment of the Society for Music Therapy and Remedial Music in 1958,
and the development of the first post-graduate music therapy program at the Guildhall
School of Music in 1967 (Bunt, 2015). The importance of her instrument, the cello, in
establishing her career as a music therapist is evident. It served as an entryway into a
profession where her contributions were significant and many.

Body of Research

Looking back at the work of pioneers who played orchestral instruments, one may
wonder how the use of orchestral instruments in music therapy has evolved since the start
of the profession. Unfortunately, there is little published research related to the use of
orchestral instruments in music therapy. However, the research materials available show
how orchestral instruments may be used in unique and creative ways to meet the needs of
clients with a wide range of diagnoses.

In 1964, the Journal of Music Therapy published a paper on the therapeutic
Among the cases described, the paper discussed the use of an adapted violin and bow
with a child who experienced the loss of her left hand. The violin was set up in reverse, so that the lowest string was in the position of the highest string, allowing the child to use her right hand to play the violin. A prosthetic device was attached to her left arm, which allowed her to hold the bow. Her playing progressed over time, and she learned both individual repertoire and ensemble pieces. Playing the violin appeared to be of great therapeutic value to the child, as it increased her physical ability in her left arm and provided her with opportunities for social development, as she was now able to perform in a school instrumental ensemble with her peers. Adapted orchestral instruments appear in additional texts in the music therapy literature, including in the work of Nordoff and Robbins in which they used a one-stringed cello when working with a group of children with handicaps (Nordoff & Robbins, 1971).

In 1982, the Moss Rehabilitation Center released a *Guide To the Selection Of Musical Instruments With Respect To Physical Ability And Disability*, to provide music educators with insight into which instruments may be most appropriate to meet the needs of students with physical disabilities (Elliot, Macks, Dea & Matsko, 1982). While intended for use by music educators, this book could serve as a valuable resource to music therapists, as it gives an in depth list of items to consider related to playing an instrument. For example, if a therapist would like to use a saxophone with a client, they must consider which muscle groups will be involved and if any impairment in breath support or vision may affect the client's ability to play (Elliot, et al).

In 1991, Hoelzley described his use of wind and brass instruments when working with a girl with Pervasive Developmental Disorder. The child in this case had a fear of new stimuli, including a fear of wind instruments. Despite her fear of these instruments,
she enjoyed the sound these instruments made. Through a slow process of introducing wind instruments over time, Hoelzley was able to erase the child’s fear of wind instruments entirely, which also helped to eliminate her fear of new stimuli in all aspects of her life. In the same year, a case study was published, which focused on the use of violin with a young blind girl who had severe developmental delays (Salas and Gonzalez, 1991). Due to her visual impairment, the girl viewed the sounds of the violin as another person. The violin played a key role in her development during music therapy treatment.

Current Use of Orchestral Instruments in Music Therapy

While research show glimpses of the therapeutic use of orchestral instruments, it is hard to ascertain just how many music therapists use orchestral instruments in their work. In 2009, Voyajolu conducted a survey to find if, and how, music therapists use their primary instruments in music therapy. From her 250 respondents, 35.6% listed an orchestral instrument as their primary instrument (Voyajolu, 2009). Of that 35.6%, less than half reported using their orchestral instrument in their clinical setting (Voyajolu, 2009). The music therapists who did report using their orchestral instrument in sessions, used their instruments in a variety of ways (Goodman, 2011; Voyajolu, 2009). These included using ones primary orchestral instruments to facilitate reminiscence, musical improvisation, music sharing, breath support, and environmental music (Voyajolu, 2009). Table 1.1 provides a complete list of the interventions reported by those surveyed.

<table>
<thead>
<tr>
<th>Instrument Groups</th>
<th>Reported Interventions from Survey (2009)</th>
</tr>
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<tbody>
<tr>
<td>Strings</td>
<td>• Relaxation</td>
</tr>
<tr>
<td></td>
<td>• Improvisation</td>
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<td>• Teaching</td>
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<td></td>
<td>• Song-Writing</td>
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<tr>
<td></td>
<td>• Hospice Interventions</td>
</tr>
<tr>
<td></td>
<td>• Playing with clients</td>
</tr>
<tr>
<td></td>
<td>• Playing for clients</td>
</tr>
</tbody>
</table>
The newly published book, *Flute, Accordion or Clarinet? Using the Characteristics of Our Instruments in Music Therapy* (Oldfield, Tomlinson & Loombe, 2015) provides a deeper look at the creative ways in which music therapists use orchestral instruments in practice. Dividing chapters by instrument type, the editors compiled narratives and case vignettes from music therapists around the world. A majority of the case vignettes focus on using improvised music, however, case material varies vastly in the ways in which therapists use their primary instruments to facilitate these improvised interventions. One music therapist speaks of using his trombone as a sort of ‘pied piper’, leading a parade of children down the halls of a pediatric facility in a joyous march (Aasgaard, Murray & Mottram, 2015). Another therapist mentions using improvised music on her saxophone while teaching *Neuro-Linguistic Programming Techniques* to a group of music therapy students (Annesley, Crociani, Davidson & Vaz, 2015).

| Woodwinds | • Interventions for Socialization/Cognition  
| • Other  
| • Improvisation  
| • Playing for clients/performance  
| • Breathing/speech  
| • Relaxation  
| • Communication  
| • Song – Identification  
| • Reminiscence  
| • Environmental  
| • Emotional/Spiritual well-being  
| • Sensory  
| • Accompaniment/playing with clients  
| • As novelty  
| Brass | • Breath Control  
| • Motor Coordination  
| • Name that Tune  
| • Ensemble Activity |
The music therapists who contributed chapters to this edited book reported using their primary orchestral instruments to facilitate treatment for clients from a wide range of ages with a variety of needs (Oldfield, Tomlinson & Loombe, 2015). One music therapist speaks of using her flute as an extension of her voice when working with a one-year-old infant (Austin et al., 2015). On the other end of the spectrum, a music therapist who plays the double bass talks about his process of introducing the low, rich sounds of his double bass to a group of older adults with dementia (Piccinnini, Pizziolo & Preston, 2015). From a self-inquiry standpoint, a consistent theme runs throughout this book, in that many of the contributors report feeling a sense of comfort and ease using their primary instrument to facilitate music therapy work. The case material in this source is rich and varied, providing valuable insight into the unique experiences music therapists can facilitate using orchestral instruments in therapy. This book offers a thorough account of how music therapists from around the world view their instrument as a tool for therapy, and how these therapists are implementing this tool for the benefit of their clients. For a summary of the instrument descriptions and populations served see Table 1.2 below.

**Table 1.2 — Orchestral Instruments and their Characteristics for Music Therapy** (Oldfield, Tomlinson & Loombe, 2015)

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Sample Instrument Characteristics</th>
<th>Sample Populations from Vignettes</th>
</tr>
</thead>
</table>
| Violin (Bell, Haire, Montague & Warnes, 2015) | • Portable  
• Good for promoting movement and dance  
• Tone quality is similar to human voice  
• Stylistically versatile,  
• Bow as a separate part of the instrument which allows clients to play | 1. Adults w/ Visual Impairments  
2. Child w/ Cerebral Palsy  
3. Adults w/ Learning Disabilities  
4. Adults w/ Mental Illness  
5. Older Adult w/ Dementia  
6. Children w/ Autism Spectrum Disorder |
| Viola (Harrison & Jones, 2015) | • Instrument’s range is similar to the voice | 1. Teenagers w/ Autism Spectrum Disorder  
2. Adult Inpatient Psychiatry |
<table>
<thead>
<tr>
<th>Instrument</th>
<th>Benefits</th>
<th>Client Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cello</strong> (Hughes, Tyhurst, Warner &amp; Watson, 2015)</td>
<td>• Sonorous tone good for eliciting emotions • Human size and shape, • Large range of octaves • Good for creating bass lines accompaniments to clients melodic material • Accessible for clients to play and make a simple sound</td>
<td>1. Adults w/ Learning Disabilities 2. Adult w/ Cerebral Palsy 3. Adult recovering from Psychotic Breakdown 4. Child w/ Autism Spectrum Disorder</td>
</tr>
<tr>
<td><strong>Bass</strong> (Piccinnini, Pizziolo &amp; Preston, 2015)</td>
<td>• Grounding quality due to size and low sounds • Great tool for providing accompaniment in both individual and group sessions due to nature of instrument • Vibrations can be felt, Useful in non-verbal conversation</td>
<td>1. Older Adults w/ Dementia 2. Children w/ Autism Spectrum Disorder 3. Individual w/ Anxiety and Depression</td>
</tr>
<tr>
<td><strong>Harp</strong> (Gottlieb, Lockett &amp; Mentzer, 2015)</td>
<td>• Visually appealing to clients • One can feel the vibrations • It can be used to imitate a client’s responses • Can be used both melodically and harmonically • Many different size and types of harps allow for more flexibility and options when working with clients</td>
<td>1. Hospice/ Palliative Care 2. Adults w/ Anxiety and Depression 3. Adults w/ Learning Disabilities 4. Adult w/ Cancer 5. Child w/ Autism Spectrum Disorder</td>
</tr>
<tr>
<td><strong>Flute</strong> (Anderson, Austin, Corke, Fearn, Mitchell &amp; Tomlinson, 2015) <strong>Flute (cont’d)</strong></td>
<td>• Portable allowing therapists to move around the room and get close to clients • Therapist’s breathing into the flute can be viscerally felt by the client</td>
<td>1. Child w/ Vision Impairment 2. Child w/ Emotional Difficulties 3. Infant w/ Rubenstein Taybi Syndrome 4. Adults w/ Learning Disabilities 5. Children w/ Autism Spectrum Disorder</td>
</tr>
</tbody>
</table>
### ORCHESTRAL INSTRUMENTS IN MUSIC THERAPY: DEVELOPING AN EDUCATIONAL TRACK FOR ORCHESTRAL MUSICIANS IN MUSIC THERAPY

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Characteristics</th>
<th>Conditions</th>
</tr>
</thead>
</table>
| Clarinet (Dunn, Oldfield, Pears-Banton & Salkeld, 2015) | - Allows therapist to be mobile  
- Instrument can be used in a playful manner  
- Can accompany clients breathing, useful in eliciting vocalizations due to human-like quality | 1. Child w/ Terminal Cancer  
2. Adult w/ Bipolar Disorder and Cancer  
3. Adults w/ Anxiety and Depression  
4. Adults w/ Learning Disabilities  
5. Children w/ Autism Spectrum Disorder  
6. Children w/ Emotional Difficulties |
| Oboe (Bettany, Dickinson & Knoll, 2015) | - Quality and range of sounds (flutter tongue) can be useful in matching clients' moods  
- Dominant sound allows for leadership  
- Could be valuable in engaging clients through unique sound and role as the therapist's instruments | 1. Women and Children who have experienced Domestic Abuse  
2. Adult in a Secure Hospital  
3. Adults w/ Psychiatric Diagnoses |
| Bassoon (Birnstingl, Margetts, Burley & Watts, 2015) | - Range of unique sounds can be created to match clients' needs including warm tones and harsh multiphonics  
- Breath sounds can be used to connect to clients' vocalizations  
- Can produce a powerful sound | 1. Hospice  
2. Older Adults w/ Dementia  
3. Adults w/ Learning Disabilities  
4. Children w/ Autism Spectrum Disorder  
5. Child w/ Emotional Difficulties |
| Saxophone (Annesley, Crociani, Davidson & Vaz, 2015) | - Instrument is perceived as "cool"  
- Can produce a variety of sounds that can represent different emotions  
- Good for sensory stimulation due to sound and look  
- Ability to quickly change dynamics to match client's sounds | 1. Child w/ Visual Impairments  
2. Child w/ Attachment Disorder  
3. Child w/ Autism Spectrum Disorder  
4. Child w/ Communication Difficulties  
5. Older Adult w/ Stroke |
| Trumpet & Flugelhorn (Derrington, Gilroy, Hason & Tomaino, 2015) | - Musically versatile, can be used to assist in breathing  
- Clients can get a sense of power from playing | 1. Children w/ Autism Spectrum Disorder  
2. Children w/ Emotional Difficulties  
3. Adults in Neurorehabilitation  
4. Older Adults in Long-Term Care Facilities |
Trumpet & Flugelhorn (cont’d)

- Clients can explore the mechanics of instrument
- Other clients can explore

Trombone & Euphonium
(Aasgaard, Murray & Mottram, 2015)

- Visually engaging
- Clients can feel vibrations through the bell (Trombone)
- Ability to make unique and funny sounds can be beneficial to engage clients in conversation (Trombone)
- Instrument allows for mobility of the therapist

1. Children w/ Cancer
2. Older Adult w/ Dementia
3. Children w/ Learning Difficulties

Issues of Education and Training

While looking into the many ways music therapists use their primary orchestral instruments in practice, it is important to note why music therapists may choose not to use their instrument in therapy. Voyajolu (2009) explored this issue in her survey about the use of primary instruments in music therapy. Factors such as size and cost of the instrument arose, as well as the belief that clients may be unable to play certain orchestral instruments due to the technical difficulty of the instrument (Voyajolu, 2009). The many contributors to the Oldfield, Tomlinson and Loombe (2015) book mention the aforementioned reasons, as well as the issue of maintaining hygienic practices.

In addition to these practical concerns, one of the larger issues Voyajolu (2009) discusses is the issue of training and education music therapy students receive in the US related to the use of their primary orchestral instruments in music therapy. In her book on education and training, Goodman (2011) highlights this issue as well. In fact, her review of undergraduate and graduate curriculum from American Music Therapy Association (AMTA) approved institutions across the United States found no courses related to the topic of orchestral instruments in therapy (Goodman, 2011). As mentioned previously, a
good amount of music therapists identify an orchestral instrument as their primary instrument. So where do music therapists receive training to use these instruments in practice?

**Education and Training in the United States**

Historically, music therapy educators have had differences in opinion related to the number of years of training students should receive on their primary instruments (Goodman, 2011). In the United States, music therapy curriculum is not standardized. In the early years, many music therapists were trained similarly to music educators or through hospital programs (de l’Etoile, 2000). Some of these early programs required coursework in conducting instrumental ensembles and basic training on instruments of the string and brass family, in addition to training on one’s primary instrument (de l’Etoile, 2000). Music therapy curriculum has changed over time, to meet competencies set forth by the American Music Therapy Association. While curriculum requirements are not standardized for every music therapy university program across the US, universities design curriculum to help student’s achieve a variety of skills needed for both professional and advanced practice.

Currently, most programs include a requirement for length of private study on one’s instrument. However, the connection between performance skills learned on one’s primary instrument, and therapeutic skills needed for music therapy may not always be clear. For example, if a music therapy student who plays cello is working on refining a Bach suite in her private lessons, it may be hard to immediately determine how this musical work relates to the everyday practical functional music skills needed for music therapy practice. After all, the AMTA professional competencies only require music
therapists to meet high levels of clinical proficiency on guitar, voice, and piano; why bother studying the cello at all?

In her edited book, Oldfield (2015) highlights the recent emphasis placed on using one’s primary instrument in music therapy training programs in the United Kingdom, mentioning a new focus on developing clinical improvisation skills on one’s primary orchestral instrument. However, this connection between training on one’s primary instrument and training for music therapy practice does not appear to be as emphasized in training programs in the U.S. If music therapists are to use their main instruments with clients, they must learn how to use these instruments in a therapeutic setting.

Music therapy training programs in the U.S. offer coursework to increase students’ therapeutic skills, impart knowledge about music therapy theory and history, and improve students’ functional musicianship on the instruments most frequently used in the therapeutic setting (Goodman, 2011). Music therapists frequently use voice, guitar, piano and percussion instruments. However, students may identify an orchestral instrument as their main instrument, or in the words of Juliette Alvin, their main voice of their music. If this is the case, students may not receive proper training on how to use their primary instruments in therapy from their university program. This could lead to the aforementioned feeling of disconnect between skills learned on one’s primary instrument and skills learned for music therapy practice. In a recent book on the topic of education and training, Goodman (2011) reviewed course offerings across the country and found no courses are offered related to the use of orchestral instruments in music therapy at either the undergraduate or graduate level.
In a recent survey looking into primary instrument use by music therapists, 35.6% of the 250 respondents identified an orchestral instrument as their primary instrument (Voyajolu, 2009). Music therapists who play orchestral instruments, have a unique set of skills and a unique voice to offer to clients and the music therapy field as a whole. A method for training music therapy students on how to use orchestral instruments in therapy, may promote the use of orchestral instruments in the field, which could provide a whole new set of experiences and opportunities for clients served by music therapists.

**Developing a Track in Music Therapy**

In the United States, university curriculum is designed to meet competencies set forth by the American Music Therapy Association (De l’Etoile, 2000). The professional level competencies pertaining to competencies needed upon completion of an undergraduate curriculum only provide a brief list of skills required on one’s primary instrument (AMTA, 2013). However, the AMTA has a set of competencies for advanced practice, which go into greater depth in terms of functional music skills on one’s primary instrument (AMTA, 2009). The advanced level competencies specifically related to musical and artistic development encourage a deeper level of practice, and a refinement of skills to be used in the clinical setting (AMTA 2009). Table 1.3 shows the relevant competencies from each level.

### Table 1.3 AMTA Primary Instrument Competencies

<table>
<thead>
<tr>
<th>AMTA Professional Competencies (2013)</th>
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<tr>
<td>3. Major Performance Medium Skills</td>
</tr>
<tr>
<td>3.1 Perform appropriate undergraduate repertoire; demonstrate musicianship, technical proficiency, and interpretive understanding on a principal instrument/voice.</td>
</tr>
<tr>
<td>3.2 Perform in small and large ensembles.</td>
</tr>
</tbody>
</table>
If one were to look at these competencies and apply them to the training of music therapy students on the use of their primary orchestral instrument, they could offer a more inclusive training program, which would provide opportunities for improvement in the overall education and training of these students. This improvement in education and training would enhance students’ abilities to meet the needs of their clients using their unique musical skill set. In turn, this improved ability to meet the varying needs of client could promote growth within the music therapy field as a whole. One way this training could be developed, is through a supplemental educational track, designed specifically to enhance the education of students who play orchestral instruments.

Statement of Purpose

This paper proposes a supplemental track for music therapy education, designed for students who play orchestral instruments as their primary instrument. Developed for
use in a graduate curriculum, this protocol for instruction is intended to bridge the gap between standard practices of Western classical music training, and training related specifically to music therapy. It aims to do so by viewing music therapy material through an orchestral lens, encouraging students to use their pre-established instrumental skills to enhance their therapeutic techniques for use in therapy, education and advocacy. Containing three courses, this track will cover professional competencies set forth by the American Music Therapy American (2013). Included in proposed material will be suggestions for potential workshop material.

**Disclosure of Interest**

The author of this paper has a great interest in expanding the use of orchestral instruments in music therapy due to her own experience as a classically trained musician and her experience using her primary orchestral instrument in music therapy. The author has found through these experiences that using her primary instrument in music therapy allows for a deeper musical connection and unique authentic experiences, which are made capable primarily because of her primary instrument, the one she identifies with as her main musical voice. As the field has grown and evolved, the ability of therapists to meet the needs of their clients must grow and evolve as well. Providing more opportunities and unique training for students, will help to enhance and improve the field of music therapy by giving future clinicians a greater set of tools to work with.
Supplemental Track: Orchestral Instruments in Music Therapy

The proposed supplemental track will include three courses. These courses are 1) Introduction to Orchestral Instruments in Music Therapy, 2) Methods and Techniques for Orchestral Instruments in Music Therapy, and 3) Music Therapy Instrumental Ensemble for Community Outreach and Advocacy. A detailed description of each course will be followed by suggested methods for instruction and a proposed syllabus with a course calendar and suggested assignments.

Course One: Introduction to Orchestral Instruments in Music Therapy

Course Description

The first course in the three-course model serves as an introduction to the use of orchestral instruments in music therapy. The purpose of this course is to provide a review of the historical use of orchestral instruments in music therapy, as well as an introduction to the current resources and literature available on the topic. A proposed syllabus, outlining weekly assignments and discussion topics, is included at the end of this paper. As the first class in the series of three courses, it contains a bulk of the theoretical information and reading material required for the full supplemental track. Through weekly reading assignment and in-class group discussions, this course sets the basic groundwork for the remaining two courses. This course will give students a solid theoretical background from which to start developing their own ideas about using their primary orchestral instruments.

Teaching Methods and Recommendations

Following suggestions for course structure and useful educational elements as outlined by Goodman (2011) in her book on education and training, this introductory
course may benefit from a mixed methods approach to teaching. The proposed syllabus includes weekly home reading assignments divided primarily by type of instrument, and weekly lectures intended to support the assigned reading. According to research on lecture format, lectures should engage students in an active learning process by posing questions and helping students come to a conclusion or answer to the proposed question (Bain, 2004; Goodman, 2011). To teach students the most amount of information, maximizing interest and engagement in the course, instructors should consider incorporating group discussion and multi-media presentations into course lectures (Davis 2009). This allows for all types of learners to engage with the material in a way that works with their style of learning. Following these guidelines of instruction, the author hopes students will leave this course with a solid understanding of the current and historical use of orchestral instruments.

Course One Sample Syllabus

**INTRODUCTION TO ORCHESTRAL INSTRUMENTS IN MUSIC THERAPY**

*Sample Syllabus*

*Intellectual Property of Laura Bunker*

**Course Length:** 15 weeks

**Course Credit:** 3 credits. Meets once weekly, 150 minutes.

**DESCRIPTION**

Lecture based course aimed at providing a comprehensive overview of the use of orchestral instruments in therapy. Lectures will be supported with PowerPoint presentations, media material, guest lectures and group discussions.

**PURPOSE**

The purpose of this course is to provide students with knowledge of the historical use of orchestral instruments in music therapy, as well as to introduce students to current resources and literature available on the topic of using orchestral instruments in therapy.

**REQUIRED TEXTS**

ARTICLES/SELECT CHAPTERS


ASSIGNMENTS
- Weekly Readings
- Midterm Assignment – Describe what makes your instrument therapeutic. Include reasons why it may not be considered therapeutic or may not be good for use in therapy. (2-3 pages long)
- Final Assignment – Choose one of the following choices
  1) Interview a music therapist who uses his/her primary orchestral instrument or orchestral instruments in his/her work. Present your findings to the class. Presentations should be 10 minutes in length (See instructor for interview/presentation consent form)
  2) Write a 5-page literature review containing at least 5 sources on the use of orchestral instruments in music therapy. To be turned in on the last day of class.

CALENDAR
Week 1: Syllabus Review/Course Introduction
  Assignment 1: Read Simoens & Tervaniemi (2013). Write a short paragraph about your relationship to your primary instrument. Include why you want to use your instrument in music therapy. Paragraph due in class next week.

Week 2: Lecture/Discussion on Your Relationship to Primary Instrument

Week 3: Lecture on the Use of Orchestral Instruments in Music Therapy by Pioneers
  Assignment 3: Read Salas & Gonzalez (1996) Case Study (Found in Bruscia book)

Week 4: Overview of Historical Perspectives on Training and Use of Orchestral Instruments in US/UK
  Assignment 4: Read Chapters 7 & 8 in Oldfield, Tomlinson & Loombe (2015). Come prepared to discuss readings in class.

Week 5: Lecture/Discussion on Upper Strings: Violin/Viola
  Assignment 5: Read Chapter 4 & 14 in Oldfield, Tomlinson & Loombe (2015). Come prepared to discuss readings in class.

Week 6: Lecture/Discussion on Lower Strings: Cello/Bass

Week 7: Lecture/Discussion on Harp
  Assignment 7: Work on Midterm!
Week 8: Midterm Due Lecture on Environmental Music Therapy  
**Assignment 8:** Read Chapter 1, 3 & 13 (Clarinet, Flute, Saxophone) in Oldfield, Tomlinson & Loombe (2015).

Week 9: Lecture/Discussion on Woodwinds: Clarinet/Saxophone/Flute  
**Assignment 9:** Read Chapters 6 & 12 in Oldfield, Tomlinson & Loombe (2015) (Bassoon & Oboe)

Week 10: Lecture/Discussion on Woodwinds: Bassoon/Oboe  

Week 11: Lecture/Discussion on Upper Brass: Trumpet/Flugelhorn  
**Assignment 11:** Read Chapter 11 in Oldfield, Tomlinson & Loombe (2015).

Week 12: Lecture/Discussion on Lower Brass: Trombone/Euphonium  
**Assignment 12:** Listen to “Carnival of the Animals” by Saint Saens. Choose one movement and write a short paragraph about your reactions to the music. Assignment to be turned in next week

Week 13: Lecture/Discussion on use of Recorded Classical Music in Music Therapy – In class group activity exploring interventions related to recorded classical music.  
**Assignment 13:** Read Kildea (2007) Article.

Week 14: Lecture/Discussion on Partnerships Between Orchestras and Community Music Therapy  
**Assignment 14:** Work on Final Presentation/Paper.

Week 15: Final Presentations/Papers Due!

AMTA PROFESSIONAL COMPETENCIES (2013)  
A. Music Foundations  
   1) Music Theory and History 1.1  
B. Clinical Foundations  
   7) Therapeutic Applications 7.1  
   8) Therapeutic Principles 8.1-8.3  
   9) Therapeutic Relationship 9.1, 9.4  
C. Music Therapy  
   10) Foundations and Principles 10.1, 10.2, 10.5, 10.6  
   20) Research Methods 20.1-20.4

AMTA ADVANCED COMPETENCIES (2009)  
I. Professional Practice  
   A. Theory 1.1, 1.5, 1.6  
   D. Research 6.1 - 6.3
Course Two: Methods and Techniques for Orchestral Instruments in Music Therapy

Course Description

The second course, Methods and Techniques for Orchestral Instruments in Music Therapy, is where students will begin to bridge the gap between classical music training and music therapy practice. The purpose of this course is to teach and develop clinical skills on students’ primary instruments, which students may not have learned from their primary lessons alone. Techniques learned in classical music training will be synthesized with techniques for music therapy, leaving each student with a new set of skills to use in the clinical setting. The two primary goals of this course are to foster functional music skills for music therapy on one’s primary instrument and to develop therapeutic adaptations of one’s primary instrument for use in therapy.

Teaching Methods

A combination of collaborative and experiential methods seems to be the most appropriate approach for teaching this course. Referring to the proposed syllabus detailed below, course material should be discussed in class and supported through in-class experiential exercises. A potential format for in-class discussion and group assignments is the collaborative method of Think-Pair-Share (Goodman, 2011, Bain, 2004), which involves students individually responding to a posed question, discussing their response with a partner, then sharing their responses with the class. This method could be adapted to fit this course by having students create music therapy interventions on their instruments as the “think stage”, which is first stage of the three stage method. This could be followed by an exchanging of interventions between partners, before
finally presenting the two proposed methods to the class. Another possible approach to instruction is through the experiential learning methods of demonstration and role-play, allowing students to first observe then practice leading music therapy interventions on their primary orchestral instruments.

The course syllabus includes in-class presentations, held in a master-class type format. By presenting their interventions to the class, students have the opportunity to receive valuable feedback, as well as inspire their peers to think of new ways in which to use their instruments. Students should be encouraged to think creatively and address any needs or instrument specific concerns with their primary lesson instructor as well as the course instructor. Through collaboration with peers and a thorough exploration of their primary instrument, students should leave this course with a new set of interventions featuring their primary instrument, and a greater understanding of how to use their instrument in music therapy.

Course Two Syllabus

<table>
<thead>
<tr>
<th>METHODS AND TECHNIQUES FOR ORCHESTRAL INSTRUMENTS IN MUSIC THERAPY</th>
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</thead>
<tbody>
<tr>
<td><em>Sample Syllabus</em></td>
</tr>
<tr>
<td>Intellectual Property of Laura Bunker</td>
</tr>
<tr>
<td><strong>Course Length:</strong> 15 weeks</td>
</tr>
<tr>
<td><strong>Course Credit:</strong> 3 credits. Meets once weekly, 150 minutes.</td>
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**DESCRIPTION**

This course combines lecture format with live demonstrations and intensive group exploration to aid in the development of therapeutic performance skills on one's primary instrument. Students will gain valuable experience developing and leading interventions on their primary orchestral instrument through group assignments, case study journal and individual presentations.

**PURPOSE**

1) Foster functional music skills for music therapy on one's primary instrument
2) Develop therapeutic adaptations of one's primary instrument for use in therapy

**REQUIRED TEXTS**


ORCHESTRAL INSTRUMENTS IN MUSIC THERAPY: DEVELOPING AN EDUCATIONAL TRACK FOR ORCHESTRAL MUSICIANS IN MUSIC THERAPY


RECOMMENDED TEXTS


ASSIGNMENTS
1. Reading Assignments
2. In-class partner and group experiences
3. Case Study Journal – For the length of the semester you will be required to keep a journal of your use of your primary instrument in your current practicum or work setting. In the journal you should include how and when you use your primary instrument at your site. You must use at least two different types of interventions at your current placement. Maintain client confidentiality throughout, using initials or a pseudonym. Write about your plan/goal and objectives for each interventions, how the intervention went in the session, and your objective observations of client responses. You can include personal reactions and subjective observations if you wish in a separate paragraph. Course Instructor will be the only person to view this material.
4. Final Repertoire Presentation – Come prepared with 4 interventions. You will be asked to present 2 to the class.

CALENDAR
Week 1: Course Introduction/Syllabus Review – Group Assignments
   Assignment 1: Find your primary instrument (or similar one) in the Oldfield, Tomlinson & Loombe (2015) book and read the chapter dedicated to your instrument. Come prepared to discuss what you’ve read with the class.

Week 2: Lecture on Song/Piece Sharing and Indications/Contraindications for Instrument Use
   Assignment 2: Bring your instrument to class next week. Come prepared with a short piece/song/excerpt on your primary instrument to share with your group. The piece should have some meaning to you.

Week 3: Demonstration of Relaxation Strategies Using Live Music. In-class Group Activity – Share your meaningful piece with your group. Discuss why you chose that piece.
   Assignment 3: Write a short paragraph describing how you could use your instrument in a relaxation experience. Assignment will be collected at beginning of the next class.

Week 4: Demonstration/Lecture on Movement Methods. Demonstration of upcoming individual presentation assignment.
   Assignment 4: Bring your instrument to class next week. Prepare for individual intervention presentation. Select and describe a client (group), goal and objective(s) and intervention utilizing Movement, Relaxation or Music Sharing. After presenting your intervention for class, peers will have opportunities to provide feedback/ask questions/offer suggestions.

Week 5: Individual Presentations – Movement/Relaxation/Music Sharing – Come prepared to present an intervention in a workshop/masterclass type setting. Choose a population, goal and objective, and intervention (either relaxation, movement, or music sharing) to address goal.
   Assignment 5: Read chapter in Elliot, Macks, Dea, & Matsko (1982) about your instrument. Bring your instrument to class next week.

Week 6: Lecture/Demonstration on Instrument Adaptations – In-class partner activity – Choose a partner who plays a different instrument. Take turns acting as client and therapist. Test out ways you could adapt your instrument for your partner.
   Assignment 6: Write a short response describing how you could adapt your instrument for use
with folks at your current practicum placement. Include any challenges you may face in adapting your instrument and potential benefits of using your instrument with folks at your site.

**Week 7:** Lecture/Demonstration of Individual Improvisation – In-class partner activity – With a partner, takes turns leading an instrumental improvisation, one person utilizing their primary instrument and acting as therapist, the other person acting as client playing a percussion instrument.

**Assignment 7:** Bring your instrument to class next week.

**Week 8:** Lecture on Group Improvisation

**Assignment 8:** Prepare for individual intervention presentation. Select and describe a client (group), goal and objective(s) and intervention utilizing improvisation. Presentation may focus on adapting your instrument for use by others if desired. After presenting your intervention for class, peers will have opportunities to provide feedback/ask questions/offer suggestions.

**Week 9:** Individual Presentations – Instrument Adaptation/Improvisation – Come prepared to present an intervention in a workshop/master class type setting. Choose a population, goal and objective, and intervention (either improvisation or instrument adaptation in improvisation) to address goal.

**Assignment 9:** Bring your instrument to class. Bring in lyrics to a song you currently use at your practicum site and sheet music for a piece you know really well for your primary instrument.

**Week 10:** Songwriting Demonstration – Writing and adapting songs for clients with a variety of needs. In class partner activity - Taking turns playing role of therapist and client, pick one of your two pieces you brought in and start to develop a song using your primary instrument.

**Assignment 10:** Bring your songs and sheet music to class next week. Bring your instrument to class, to play in an ensemble setting!

**Week 11:** Arranging for Individuals/Ensembles of Orchestral Instruments Demonstration and Group Activity Part 1 – Arranging a pre-existing song/piece for groups using your primary instrument as the melodic or grounding figure.

**Assignment 11:** Bring your instruments and songs to class next week.

**Week 12:** Composing for Individuals/Ensembles Demonstration and Group Activity Part 2 – Composing simple pieces for use in individual or group settings.

**Assignment 12:** Bring your instrument to class next week. Prepare for your final repertoire presentation.

**Week 13:** Sample Conducting With Your Instrument Demonstration and Workshop

**Assignment 13:** Prepare for your final repertoire presentation.

**Weeks 14 & 15:** Repertoire Presentations and Case Study Assignments Due– Come prepared to lead 4 interventions with your primary instrument from any of the categories demonstrated. Course instructor will select 2 interventions from your repertoire list for in-class demonstration. Hand in a copy of your case study journal.

**AMTA PROFESSIONAL COMPETENCIES (2013)**

**C. Music Foundations**

2) Music Theory and History 1.1, 1.2, 1.5

3) Composition and Arranging Skills 2.1, 2.2

4) Major Performance Medium Skills 3.1, 3.2

5) Functional Music Skills 4.1, 4.1.1-4.1.6, 4.2, 4.4

**C. Music Therapy**

10) Foundations and Principles 10.1, 10.2, 10.5, 10.6

12) Treatment Planning 12.1-12.3, 12.5-12.7


14) Therapy Evaluation 14.1-14.6
Course Three: Music Therapy Instrumental Ensemble for Community Outreach and Advocacy

Course Description

The final course in this supplemental track focuses on community outreach and advocacy through a music therapy instrumental ensemble. The Music Therapy Instrumental Ensemble is a semester long course, ending with a final public performance. The purpose of this course is to facilitate concerts and aural presentations for the music therapy advocacy and community education. The goals of this final course are to develop musical and aural presentation skills, to learn and create repertoire appropriate for various instrumental ensembles, and to practice advocating for music therapy. As the last course in the supplemental curriculum, it will require the most creative thinking and teamwork among students.

Teaching Methods and Recommendations

This course was designed with the model of the Venezuelan Music Therapy Ensemble in mind (Richardson, 2013). Under this model, music therapists and students work together to promote community change and development. This course differs in that it is a student ensemble, advocating for music therapy in the community. With the goal of advocating for music therapy in the community, student developed aural presentations are equally as important as the musical performance aspect of the course.
ORCHESTRAL INSTRUMENTS IN MUSIC THERAPY: DEVELOPING AN EDUCATIONAL TRACK FOR ORCHESTRAL MUSICIANS IN MUSIC THERAPY

However, as an ensemble based course, it is important to utilize class time efficiently for rehearsals. The course instructor should work with students to select appropriate repertoire for the ensemble. Repertoire needs to be flexible based on the size and instrumentation of the group. As part of the coursework, students will develop presentations on the use of orchestral instruments in music therapy. After presenting their research to their peers, selected segments of these presentation should be included as part of the final performance. Ideally, the final performance and presentation will take place at an event, which will reach a large number of people in the community. Potential venues include regional orchestras, large universities, or local hospitals and treatment centers. This final course allows students to use their orchestral instrument in an ensemble setting to facilitate community education and music therapy advocacy. Combining techniques needed for musical performance and the skills acquired in music therapy training, this final course completes the supplemental curriculum, culminating in a final grand performance and presentation.

Course Three Syllabus Sample

MUSIC THERAPY INSTRUMENTAL ENSEMBLE FOR COMMUNITY OUTREACH AND ADVOCACY
*Sample Syllabus*
*Intellectual Property of Laura Bunker*
Course Length: 15 weeks
Course Credit: 3 credits. Meets once weekly, 150 minutes.

DESCRIPTION
This course puts theory into practice. Students will present a final concert as well as aural presentations to advocate for music therapy and educate the community about music therapy and the opportunities for orchestral musicians in the music therapy field. As the last course in the supplemental curriculum, it will require the most creative thinking and teamwork among students.

PURPOSE
- To develop musical and aural presentation skills
- To learn and create repertoire appropriate for various instrumental ensembles
- To gain advocacy experience

RECOMMENDED ARTICLES (ONLINE)
Discussion

This paper proposes a supplemental curriculum for music therapy students who play orchestral instruments. This supplemental track for education was developed after careful review of texts related to the use of orchestral instruments in therapy, as well as texts related to course instruction and course design. Course format and structure were
carefully developed after weighing a number of factors. Of primary importance, one must consider whether this track is necessary. Is it covering useful material that is not sufficiently addressed in other courses? As noted in the review of literature, research supports the need for more education on the therapeutic use of orchestral instruments (Goodman, 2011; Voyajolu, 2009). Given there is a need for education in this area, it is important to consider how a supplemental track would function within the overall program design of a preexisting curriculum. Should it be implemented at the graduate or undergraduate level? How many courses will suffice to meet the needs of students who would benefit from this coursework? Who will teach this course?

Utilizing the provided course descriptions and suggested syllabi as a guideline, college instructors or administrators could adapt the suggested material to fit into a pre-existing music therapy curriculum. Keeping these guidelines in mind, the ideal instructor for this supplemental track is a music therapist who identifies an orchestral instrument as their main instrument. Though other music therapy instructors could lead this track, students may feel a greater sense of support and understanding from a faculty member who shares a similar background to them. One of the greatest challenges in terms of practical course design and proposed implementation into a pre-existing curriculum arose when considering whether this track should be intended for both graduate and undergraduate level training, or graduate level only.

Explanation for Graduate Level

While the proposed educational track could theoretically be incorporated into an undergraduate level curriculum, the author believes it is best suited for graduate level instruction. Reasons it may be ill suited for undergraduate study include the practical
aspect of fitting additional credits into an already heavy and expansive course load and
the probable need for a high level of proficiency on one’s primary instrument. In terms of
fitting the course into a pre-existing curriculum, there is more flexibility within a
graduate program for including electives or additional courses of study as students are
returning to school to develop advanced skills. While this supplemental track is not a
separate training in a theoretical model, it does serve to meet students with a unique
interest and specific skill set. It may best serve students who have advanced skills on
their primary instruments as they will have a solid technical and musical foundation from
which to develop new skills.

Suggestions for Further Consideration

There is little written about the use of orchestral instruments in music therapy, and
even less written about training of music therapy students on how to use these
instruments. Using this proposed curriculum as guidelines for instruction, it would be
interesting to see if there is a shift in music therapy practice towards more
instrumentalists using their primary instruments in practice. As mentioned earlier, the
professional competencies set forth by the AMTA (2013) only list a small number of
competencies related to major performance medium skills. However, a comprehensive
set of guidelines for developing functional music skills is provided under a separate
category for guitar, voice, piano and percussion. If the professional competencies were to
adapted to include the set of functional music skills under the heading of Major
Performance Medium, all students would be required to gain a higher level of functional
music skills on their primary instrument. This proposed adaptation to the Major
Performance Medium section of the AMTA Professional Competencies (2013) may
change how music therapy students view the importance of studying their primary instrument and applying it to their work as future clinicians.

**Development of a Workshop**

Another option for teaching this material is through a workshop or series of workshops for continuing education or specialization. Material from the three proposed courses could be synthesized into an intensive experiential workshop, which would take place over a shorter period of time. This would allow students of all skill levels as well as seasoned professionals to come together in one place to explore the use of orchestral instruments in music therapy. If approved by the CBMT, this workshop could be included as part of conferences as a method for gaining continuing education credits or an approved specialized training.

In order to best address the most pertinent information, the workshop should touch on key aspects of each of the three courses. In the very least, it should include oral presentations of related literature/research, hands-on experiences to learn or refine interventions using one's primary orchestral instrument, and opportunities for discussion/feedback from peers. As it is impossible to address the entire breadth of material from the supplemental curriculum in the period of a few days, it is up to the instructor to determine the most efficient way to format the workshop. The workshop instructor may wish to narrow the focus for each day, focusing on one or two interventions per day in order to provide sufficient time to address each intervention. Sample guidelines and a schedule for a three-day workshop are included below.
Sample Intensive Workshop: Is My Instrument Therapeutic?

This hands-on workshop serves as an introduction to using one’s orchestral instrument in therapy. Including a review of literature, mock demonstrations and role-play experiences, attendees will learn a variety of practical skills for using their primary instrument in their current setting. While less detailed than the supplemental curriculum, this workshop serves as an opportunity for participants of all skill levels to come together to explore new techniques and expand their repertoire for their primary instrument. Each day will follow the same format, starting with a review of related literature and relevant case material. This presentation will be followed by partner and group work, during which participants will break off from the main group in order to explore new techniques with a partner or a group of participants. The instructor will flow freely amongst participants during this time, providing feedback or suggestions as requested. Each day will end with a final group discussion of the day’s work and an opportunity to play music together as an ensemble.

Day 1: Introduction and Focus on Instrument Adaptations and Song Sharing

The first day of the proposed three-day workshop will set the precedent for the following two days. Utilizing the aforementioned format, it will start with a presentation of selected case material and literature related to the topics of the day, which will be followed by hands-on experiences and a group discussion. The day will end with a nod to participants’ orchestral roots, with the opportunity to read music together as an ensemble.

The two topics of focus for the first day are adapting one’s instrument for use by clients, and sharing songs or pieces utilizing one’s primary instrument. The first topic
will be explored through partner work, utilizing the think-pair-share approach to learning. The second topic will be explored through group work. In a master class type format, each participant will share one meaningful piece with the group. Participants will have opportunities to provide feedback and engage in a discussion of possible ways in which each participant may use their piece in their current work or practicum setting. After both topics have been explored and discussed, participants will have the opportunity to play music together as an ensemble. This final experience will allow the group to explore playing in an ensemble of music therapy peers. A sample schedule for the first day is provided below.

Table 2.1 – Day 1: Introduction and Focus on Instrument Adaptation and Song Sharing

<table>
<thead>
<tr>
<th>Workshop Schedule:</th>
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<tbody>
<tr>
<td>9:00-10:20 – Instructor Presentation on Selected Case Material and Literature Related to Instrument Adaptation and Song Sharing</td>
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<tr>
<td>(10 minute break)</td>
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<tr>
<td>10:30-11:00 – Demonstration/Description of Plan for learning techniques (think-pair-share/role playing, group discussion, masterclass format)</td>
</tr>
<tr>
<td>11:00-11:40 – Partner Work (Instrument Adaptations) In pairs, take turns playing therapist and client. With your current population in mind, try out different methods of adapting your instrument for use with your client (20 minutes each).</td>
</tr>
<tr>
<td>11:40-12:00 – Share what you learned with the group</td>
</tr>
<tr>
<td>12:00 – 12:30 – Lunch Break/Networking Opportunity!</td>
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<tr>
<td>12:30 – 1:45 – Song Sharing/Group Discussion – Come prepared with a piece to share. Piece can be classical, jazz, something you’ve composed, a popular song played on your instrument, etc. as long as it is meaningful to you. Each person will have the opportunity to share their piece with the</td>
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ORCHESTRAL INSTRUMENTS IN MUSIC THERAPY: DEVELOPING AN EDUCATIONAL TRACK FOR ORCHESTRAL MUSICIANS IN MUSIC THERAPY

Day 2: Individual and Group Improvisation

The second workshop is dedicated to improvisation. The author of this paper believes it is important to dedicate a whole day to the topic of instrumental improvisation as a majority of the case literature related to orchestral instruments in therapy addresses interventions that are improvisatory in nature. Following the same format as the first day, the workshop starts with a review of related case material and resources. This workshop will address individual improvisation through partner work as well as group improvisation in both small and large settings. This day will be largely collaborative and experiential, with a heavy focus on group participation and discussion to help participants find interventions that will be useful in their work as music therapists. The day will end with another opportunity for coming together to read music as an ensemble. A sample schedule is included below.

Table 2.2: Day 2: Individual and Group Improvisation

<table>
<thead>
<tr>
<th>INDIVIDUAL AND GROUP IMPROVISATION</th>
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<tbody>
<tr>
<td><strong>Workshop Day 2</strong></td>
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</table>

**Workshop Schedule:**

9:00-10:20 – Instructor Presentation on Selected Case Material and Texts Related to Improvisation and Orchestral Instruments

(10 minute break)

10:30-11:10 – Partner Work (Improvisation) In pairs, take turns playing therapist and client. With
your current population in mind, try out different methods of improvising with your client (20 minutes each).

11:10 – 11:30 – Share what you learned with the group!

11:30-12:15 – Small Group Work (Improvisation) In small groups of 3 or 4, take turns acting as therapist and facilitate a type of group improvisation. Group experience can include singing or other instruments. (Approx. 15 minutes for each person) Instructor will act as time-keeper or assign a group time-keeper.

12:15 – 12:45 - Lunch Break/Networking Opportunity

12:45 – 1:45 – Large Group Work – Discussing and practicing interventions as an entire class, sharing ideas or concerns about using one’s primary instrument in a large group setting

1:45 – 2:00 – Snack/Coffee Break

2:00 – 3:00 – Let’s play! Ensemble Work.

Day 3: Songwriting, Relaxation and Movement

The final day of the workshop focuses on songwriting, movement and relaxation. Including partner work and large group experiences, this day will focus on developing skills in these three areas as well as addressing any difficulties one may see in using their instrument to lead these types of interventions. The final day also allows time for discussion of concerns related to bringing one’s instrument into certain settings. The workshop ends with another opportunity to play as an ensemble and an opportunity for participants to process and reflect on their experiences in the workshop. A sample schedule is included below.

Table 2.3: Day 3: Songwriting, Relaxation and Movement
Workshop Day 3

Workshop Schedule:

9:00-10:00 – Instructor Presentation on Selected Case Material and Texts related to songwriting, relaxation and movement

(10 minute break)

10:10-10:50 Partner Work (Movement) In pairs, take turns playing therapist and client. With your current population in mind, try out different methods of moving with your instrument and client (20 minutes each).

11:50-11:10 – Share what you learned with the group!

11:10 – 11:50 - Partner Work (Songwriting) In pairs, take turns playing therapist and client. With your current population in mind, try out consider ways in which your instrument may be used in songwriting (20 minutes each).

11:50 – 12:10 – Share what you learned with the group!

12:10 – 12:40 – Lunch Break/Networking Opportunity

12:40-1:20 – Large Group Work (Receptive methods of relaxation or movement) – Discussing and practicing interventions as an entire class, sharing ideas or concerns about using one’s primary instrument in a large group setting

1:45-2:00 – Snack/Coffee Break

2:00 - 3:00 – Let’s play! Ensemble Work and Reflection Time.

Conclusion

This paper proposes an educational track for music therapy students who identify an orchestral instrument as their primary instrument. It was created to meet the needs of students who come from an orchestral background, and hopefully promote growth and development within the field in terms of expanding the use of orchestral instruments by music therapists. While this paper proposes a track for the education and training of
students who come from an orchestral background, there is still a great need for resources and research related to the use of orchestral instruments in music therapy. It seems that as the profession has grown and progressed, it has moved away from its orchestral roots.

As noted earlier in this paper, many pioneers in the field played orchestral instruments and some early training programs were similar to music education programs in that they required students to learn multiple instruments in addition to guitar, voice and piano. In future studies, it would be interesting to explore the reasons why music therapy literature focuses primarily on the use of guitar, voice and piano, and why there hasn’t been more done to explore the use of orchestral instruments in the field. It would also be interesting to explore the difference in client responses to a music therapist using their primary orchestral instrument to lead interventions versus the same music therapist using guitar, voice or piano.

Music therapists who use their primary orchestral instrument in therapy may be able to offer clients a unique experience, which may not be possible though the other instruments more commonly used in music therapy. Through implementation of this proposed supplemental track, music therapy programs could more effectively meet the needs of students who come from an orchestral background. Upon completion, students would leave school with a specialized skill and a unique set of experiences to offer clients and the music therapy field as a whole.
References


