

## **RUNNING HEAD: From the Classroom to Clinical Practice**

From the Classroom to Clinical Practice: A Music Therapy Students' Perspective

Robyn Braybrook, Music Therapy Student  
School of Music  
University of Windsor

Ruth Watkiss, Music Therapy Intern  
School of Music  
University of Windsor

Nefeli Kaderli, Music Therapy Student  
School of Music  
University of Windsor

Dr. Petra Kern, MT-BVM, MT-BC  
School of Music  
University of Windsor

### **Abstract**

This paper provides the opportunity to learn about three music therapy students' experiences of applying classroom learning in clinical practice in community-based agencies in Ontario. Varying outcomes and insights as result of placements including an Alzheimer's day program, a continuing care facility, and an intervention centre for children with Autism are discussed.

### **Introduction**

As part of the Music Therapy curriculum at the University of Windsor, students complete four Field Practice Placements at various community-based agencies (e.g., hospital units, continuing care facilities, school classrooms, or adult day programs). The purpose is to give students the opportunity to apply theories and skills learned in class to clinical situations. To support students in their personal and professional development, students are supervised by music therapy faculty and on-site mentors. Each student works alongside other professionals and becomes informed about characteristics of different philosophies, best practice guidelines, current medical and therapeutic strategies, and team approaches used in various community agencies. The Field Practice Placements offer students' insight into working with different populations and age groups and allow students to gain experience in facilitating assessments, treatment planning, individual and group interventions, documentation, and evaluation. Additionally students develop their communication, interpersonal, and problem-solving skills necessary for professional music therapy practice. The following examples provide the opportunity to learn more about the Field Practice experience of three music

therapy students during their third and fourth Field Practice Placements. The first and second author report about their experiences with individuals with Alzheimer's diseases within two different settings, and the third author reflects on her work with an individual with autism in an intervention centre for children with autism.

### **Bringing Faces Alive: Working with the Elderly**

*"To be happy in this world, especially when youth is passed, it is necessary to feel oneself not merely an isolated individual whose day will soon be over, but part of the stream of life, flowing on from the first germ to the remote and unknown future."* Bertrand Russell (n.d.)

Alzheimer's disease is the most common form of dementia; it is progressive and degenerative, and can not be reversed (Theurer, 2003). According to the DSM-IV-TR to be diagnosed with Alzheimer's disease an individual must experience memory impairments and cognitive deficits involving at least one of aphasia, apraxia, agnosia, and disturbances in executive functioning (American Psychiatric Association (APA), 2000). Additionally, individuals must demonstrate a significant decline from previous functioning level that is not caused by other central nervous conditions, systemic conditions, or substance-induced conditions. The course of Alzheimer's disease is often gradual with early deficits in recent memory slowly progressing to aphasia, apraxia, and agnosia after several years. There are often personality changes including irritability and other behavioural symptoms. In the later stages of Alzheimer's disease motor disturbances are common; as a result, the individual eventually becomes mute and bedridden. The average life expectancy after the first findings is 8-10 years (APA, 2000). As there is no known cure to Alzheimer's disease and no treatment that will stop its progression, the use of complementary therapies besides medical interventions, is used to maintain individuals and their family's quality of life.

As discussed in a literature review by Brotons, Koger, and Pickett-Cooper (1997) music therapy can be highly beneficial for individuals with Alzheimer's disease. Music has been utilized effectively to improve reorientation, receptive and expressive language skills, maintenance of memory functions, and positive affects. The American Music Therapy Association (AMTA) (AMTA, n.d.) highlights the following evidence-based effects of music therapy interventions for individuals with Alzheimer's disease:

- Music therapy reduces depression among older adults.
- Music experiences can be structured to enhance social/emotional skills, to assist in recall and language skills and to decrease problem behaviors.
- Music tasks can be used to assess cognitive ability in people with Alzheimer's disease.

- Music is effective in decreasing the frequency of agitated and aggressive behaviors for individuals diagnosed with Alzheimer's disease and related dementias.
- Individuals in the late stages of dementia respond to and interact with music.

Music is used in a variety of settings with people with Alzheimer's disease including long-term care, day centres, clinics, and hospitals, in a wide variety of ways. A Music Therapist has the ability to use music as a form of sensory stimulation, a reminiscing tool, a reality orientation tool, a tool to reduce anxiety or depression, and can provide emotional intimacy with family members and caregivers (AMTA, n.d.)

### **The Agency and the Clients**

The first author provided music therapy service at Malden Park: Continuing Care Facility, a residence for older adults who are no longer able to take care of themselves. Clients with an initial diagnosis of the early stages of Alzheimer's disease or other forms of dementia were randomly selected by the on-site Recreational Therapist and referred to Music Therapy based on their lack of interest in other activities and a passion for music. A small group was formed while four other clients were seen on an individual basis.

The small group consisted of three women all being above the age of eighty years. "Ms. R." is a vibrant French woman who is passionate about her family and especially her grandchildren; "Ms. A." is full of life always willing to sing her favorite song "Let Me Call You Sweetheart"; while "Ms. D." has a quieter quality of friendliness, although one can feel the eagerness radiate from her when inviting her to make music. "Ms. R., A., and D." had been grouped together based on their common overall interests and functioning, although they all demonstrated different traits and strengths. The clients demonstrated very strong social skills, were easily enticed to interact with their peers and shared stories about their lives. However, their fine motor coordination was moderate and gross motor abilities were low, all of them were wheelchair bound. Clients occasionally appeared confused and not completely in control of knowledge regarding their surrounding environment. Their short term memory recall was limited leaving them in states of confusion and frustration. Additionally, clients seemed to have low levels of positive mood. "Ms. A." and "Ms. R." would often cry when sharing stories and had a difficult time keeping their lively attitudes. During one session when asked to create a song for their loved ones who had previously passed on, "Ms. D." surprised the group by mentioning she wouldn't write a love song to her husband. She felt anger and frustration towards him for abandoning her to take care of their children. Two overarching therapeutic goals were found to be meaningful to all clients and appropriate to address during music therapy sessions: (1) to increase reality orientation defined by the correct answers to questions regarding the surrounding environment; and, (2) to increase positive mood defined by a pre-test/post-test measurement independently done by the client. In addition to these three clients seen in a group setting, four other clients and "Ms. R." were seen on an individual basis. During the second month of

sessions, one of these individual clients passed away causing sorrow for not only the Music Therapist but for the remaining clients who had lived along side this woman as well.

### **The Intervention**

Sessions were similarly structured each week, with an underlying theme progressing over nine weeks. During the term, clients worked through the stages they had progressed through during their lives (i.e., childhood, marriage, motherhood); each stage being a session's theme. Song writing was thought to be a potentially useful tool allowing opportunities for music to be used as reinforcement, mediator and structure. Clients were given opportunities to complete song writing activities, sometimes using recognizable "fill in the blank" lyrics while other times using original songs written by the first author. This intervention technique provided opportunities to achieve consistent and correct responses to prompted questions regarding their surrounding environment. Structured reminiscence was another therapeutic technique that was used to aid in reality orientation; recordings from the past were used as a mediator to stimulate memories. This intervention technique has provided clients a chance to discuss memories and talk about changes from the past to the present day. It not only stimulated long-term memory recall but was also meant to bring up commonalities between clients, increasing social interaction and ultimately evoking positive mood.

Assortments of therapeutic techniques were used to improve the clients' emotional state. Movement to music has been used during progressive relaxation exercises and muscle stimulation activities; music choices were based on client's preferences. Instrumental performance using improvisation and imitation was used for emotional expression. Non-musical techniques such as hand-over-hand and modeling, as well as a verbal praise on a continuous reinforcement schedule, were used to support clients in achieving the therapeutic goals.

In addition, to provide an individual designed intervention, the effectiveness of the music therapy services for "Ms. R.", "Ms. A." and "Ms. D." were evaluated by comparing initial assessment data to intervention data. Reality orientation (goal 1) was operationally defined by achieving 75% of correct answers to questions regarding the surrounding environment. Clients were given a correct or incorrect status out of ten prompts to answer questions regarding their physical environment and orientation to time and date. The correct responses were compiled and a mean score was calculated. Increase of positive mood (goal 2) was operationally defined as an increase of two mood levels or maintain the highest level of positive mood as shown in a pre-test/post-test measurement independently done by the client. Data was compiled from the five point Likert Scale and the mean of the three client's responses were calculated.

### **Client's Achievements**

Over the term of nine weeks, seven sessions were conducted with "Ms. R., A. and D.". As depicted in Figure 1, there was an increase in the amount of correct responses to questions regarding reality orientation. Prior to

implementation of the music therapy intervention, clients' demonstrated a mean score of 4.2 correct responses. With the implementation of the music therapy intervention, clients' increased their correct responses to a mean score of 6 correct responses. Both "Ms. R. and A." had a final achievement of 7.5 or higher by the final session whereas "Ms. D." was less successful in reaching the set objective.

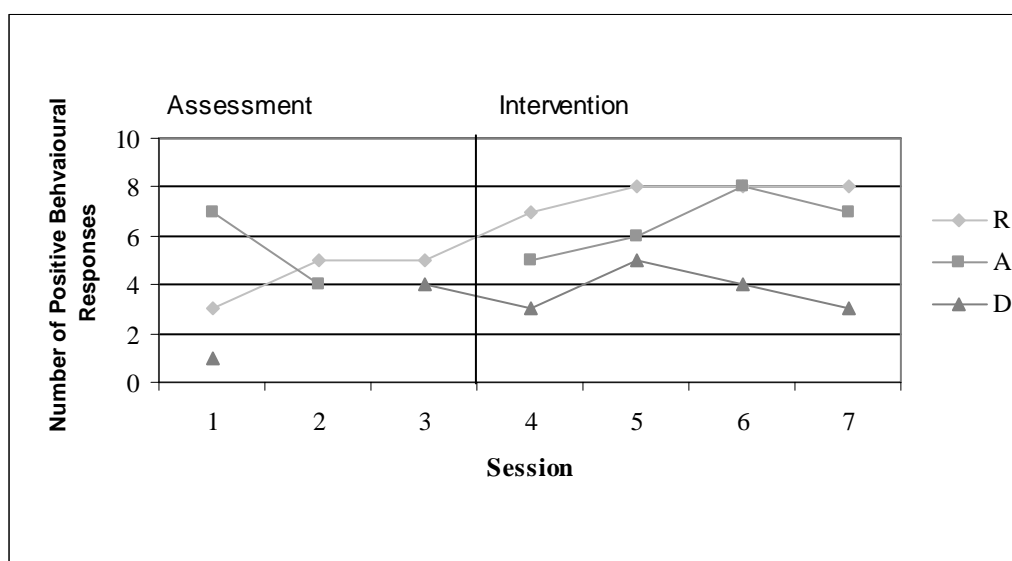


Figure 1. Mean scores of correct responses to questions regarding reality orientation

Figure 2 shows the average of increased positive mood. An increase in positive mood was achieved in five of the seven sessions, although the therapeutic objective was never fully met. During sessions a mean pre-test score of 3.614 was found to increase to a mean post-test score of 4.4. Session five shows a decrease in positive mood ( $M = 0.3$ ), and in session seven the pre-test/post-test measures were the same. In session five a decrease in positive mood is shown; near the end of the session a client was ill and had to be removed from the Music Therapy area and taken back to her room leaving the session with a feeling of confusion and upheaval; the decrease in positive mood may be attributed to this confound.

Figure 2. Mean scores of pre-test/post-test positive mood measurements

As shown by clinical evaluation of the intervention, two out of three clients at Malden Park completely achieved the first therapeutic goal during music therapy sessions. As seen, "Ms. D." did not reach the same amount of improvement as "Ms. R. and A.". This can be attributed to the fact that the

terminal objective was set too high. It is possible however that if music therapy sessions were to continue this goal might ultimately be achieved. It is also observable that for “Ms. R. and D.”, an increase appears before baseline measurements were completed; this could be attributed to their growing comfort in the therapeutic relationship. The terminal objective for the second goal was not completely met although the intervention still proves to be beneficial; when viewing each session individually mood levels increased in five out of seven sessions. However, there were also many other noticeable benefits informally observed. Most particularly the structured reminiscence portions of the sessions seemed to stimulate thinking and verbal interaction between clients. Through activities directed specifically towards increasing reality orientation, accurate and consistent information was provided. Improved individual body awareness and self awareness was aided while clients seemed to benefit from increased socialization with peers. An overall sense of increased independence was created by these interventions.

### **Personal Experiences**

Many valuable lessons were learnt while working in this community setting; although learning to set appropriate and achievable goals is very important, the most beneficial to my growth as a Music Therapist was learning how to work through emotions such as anger and dealing with death. As a newcomer to clinical practice it is easy to feel the need to make the client’s problems disappear, negative emotions are easily seen as issues that can be masked by quickly increasing positive mood. As I have grown as a music therapist I have realized the importance of working through the whole range of emotions to permanently find the positive. This was always a frightening idea; the fear of creating a situation I felt unsure about was troublesome, I realized that my hesitation held me back from improving as a therapist. When “Ms. D.” first expressed anguish regarding her husband I immediately wanted to find a way to mask it and focus on more positive issues. Eventually, I trusted my knowledge and abilities and the fact that I am an empathetic person. The first steps toward this growth were taken during this practicum experience; I learnt to understand the meaning of death and how to work through accepting mortality. The success of these steps was not only important to my personal growth, but to the well-being of my clients.

The impact of losing one’s first client is insurmountable. After creating a strong therapeutic relationship with my client, celebrating in successes and reaching goals, it was very hard to let go. I realized that it is important to discover my own way to cope with death in order to grow as a person and a professional and that being a part of my client’s life and making a difference through music is very rewarding. However, my clients have given me the greatest gift of all by opening their lives and their spirits to me and letting me share in their end of life. This intense experience not only helped me develop, it also facilitated my ability to support other clients dealing with death. When living in a continuing care facility, clients are constantly reminded that life can disappear at any moment. Some clients seem to be better cognitively equipped to deal with death;

understanding the realization that death is impending, while others are not as willing or prepared for the end.

### **Ring, Ring Your Bell: Individuals with Alzheimer or Other Irreversible Dementias**

*“The Handchime Choir... enhances the whole person concept: it builds an enhanced sense of pride, a sense of usefulness and value to themselves and their families.”*  
(Theurer, 2003a)

As previously described, and evident in the music therapy literature (Aldridge, 2000; Bright, 1997; Clair, 1996) music therapy interventions have potential to improve the quality of life of clients diagnosed with Alzheimer’s disease. The clinical experience of the second author focuses on a handchime choir conducted at a continuing care facility for the elderly. According to Theurer (2003b, p. 71) handchime choirs can accomplish the following therapeutic goals for the elderly:

- To decrease the feelings of loneliness and isolation.
- To increase a sense of belonging.
- To increase self-expression and creativity.
- To increase independence and decision-making.
- To increase feelings of self-worth.
- To have fun, make jokes and enjoy the humour of fellow members in the choir.
- To utilize cognitive functioning.

### **The Agency and the Clients**

Clients at the Alzheimer’s Society of Peel: Brampton Day Centre (BDC) were referred to music therapy by the Program Supervisor because of their musical backgrounds and interests. The BDC is a day program where members with permanent memory loss can visit two to three times a week to provide respite for caregivers and family members. The agency’s mission is to “alleviate the personal and social consequences of Alzheimer’s disease and related dementias; to help find the cause, prevention, and cure” (Alzheimer Society of Peel, n.d.). The BDC provides an environment that is “specially adapted for people unable to attend traditional community and social programs” (Alzheimer Society of Peel, n.d.). A variety of activities such as a craft, cooking, baking and physical programs, discussion groups, and the handchime choir are provided for members to attend throughout the day. A group of eight clients with an average age of 70 attended the weekly 45 minute handchime choir. Six of the clients were diagnosed with early stages of Alzheimer’s disease, one with Parkinson’s disease, and one with dementia; the majority of clients also had various other medical conditions. Results of the music therapy assessment indicated appropriate communication skills and language comprehension of all clients.

However, clients had difficulty with orientation to time and demonstrated mild forgetfulness. Cognitively, all clients were at a similar level while each of them had their own physical restrictions accompanying the natural process of aging. Emotionally, a high rate of depression accompanied by feelings of uselessness and low self-esteem were demonstrated. Based on the group's strengths and needs, the following goals were identified for the music therapy intervention: (1) to improve sequencing skills defined by the accuracy of time-sequence responses; and, (2) to increase self-esteem and confidence as defined by positive self and group comments, and positive body language.

### **The Intervention**

Over the course of 10 weeks, clients would meet with the Music Therapist in the craft room to rehearse three songs arranged for the group's ability level using the Suzuki Tone Chimes. The song selection prepared clients for a Christmas performance for family and staff members. To avoid confusion caused by changing each client's bell with each piece, the three pieces were transposed into the same key helping clients to identify with a certain note. The Music Therapist counted each time a note was played in each piece and arranged the clients accordingly; the stronger players were given parts with more notes and more complex rhythms. Seats were set up in a semi-circle with each client's name attached. On each seat the tone chime they were to play and a name tag with the name of the note was waiting for them. When entering the room, the Music Therapist assisted the clients in finding their seat and tone chime and used modeling and the hand-over-hand techniques to make sure that each client was holding and ringing the tone chime correctly. The chimes that were used comprised the pitches of a D+ scale enabling the group to play scale warm-ups. Rehearsal of the three pieces: "O Come, O Come Emmanuel," "O Come, All Ye Faithful," and "We Wish You a Merry Christmas" took place three times each week. Sessions took the same format each week which provided clients with feelings of independence and understanding of what was happening.

In order to evaluate the effectiveness of the handchime activity, assessment data was compared to intervention data. To increase sequencing skills (defined as the accuracy of time sequence responses while playing the handchimes, when being prompted), the Music Therapist would determine a mark for each response from the clients. The marking scheme included: Very Good – 3, Good – 2, Satisfactory – 1 or No Hit – 0. A mark of very good meant that the client seems to be anticipating their turn and responded promptly; a mark of good meant that the client's responded slowly to the physical cue from the music therapist; a mark of satisfactory was given if the tone chime was hit incorrectly or did not sound properly; and a mark of 0 was given if the client needed a verbal cue rather than a physical one. Scores were tallied and the percentage of accurate sequencing was calculated. To increase self-esteem and confidence (defined by positive self- and group-comments and positive body language) was observationally evaluated by the Music Therapist. The way the client sat, held the handchime and expressed themselves was given a score of 0-2; 2 if they had good posture, held the handchime well and appeared to have fun

most of the time; 1 if their posture and bell handling was good and they seemed to demonstrate enjoyment most of the time; and 0 if their posture or bell handling was poor and they did not seem to enjoy the activity. The number of positive comments made, compiled with the previous body language score created a total self-esteem and self-confidence score.

**Client’s Achievements**

As shown by the Figure 3 and 4, both goal areas improved by conducting handchime choir rehearsals. Figure 3 illustrates the mean of the eight clients data collected for sequencing skills (Goal 1). The results show that from the beginning of treatment there is an increase in sequencing skills; from a baseline average measurement of 51.6% to an intervention average measurement of 65.1%. The graph demonstrates the steady gradual increase of accurate sequencing from baseline to termination of treatment.

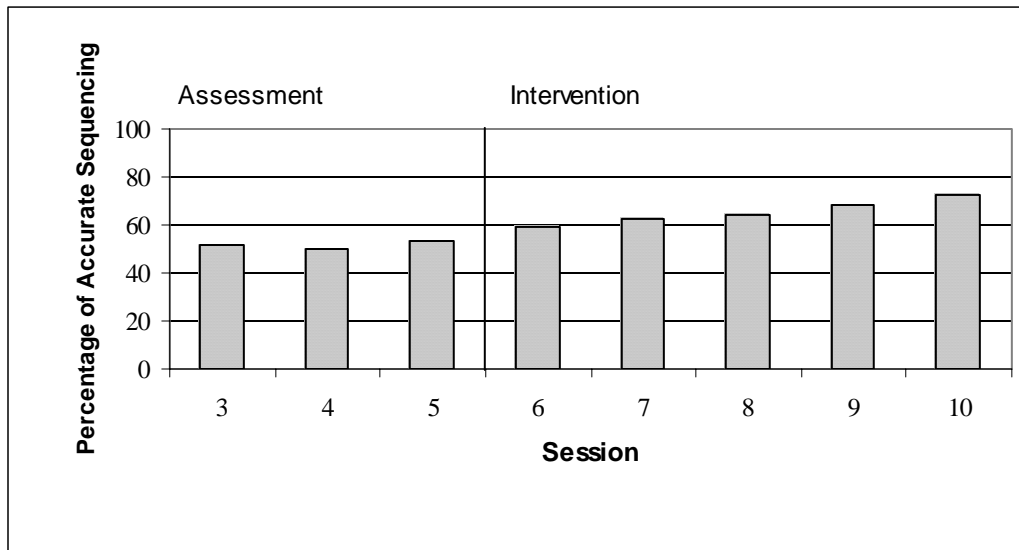


Figure 3.

Figure 4 shows the mean score calculations of data collected for self-esteem and confidence (Goal 2). The participation at the handchime choir led to an increase in self-esteem as demonstrated by positive body language and positive self-statements; baseline average measurement of 4.2/10 increased to an average intervention measurement of 6.9/10. The handchime choir seemed to create a safe environment for clients to express themselves and improve their self-esteem and self-confidence.

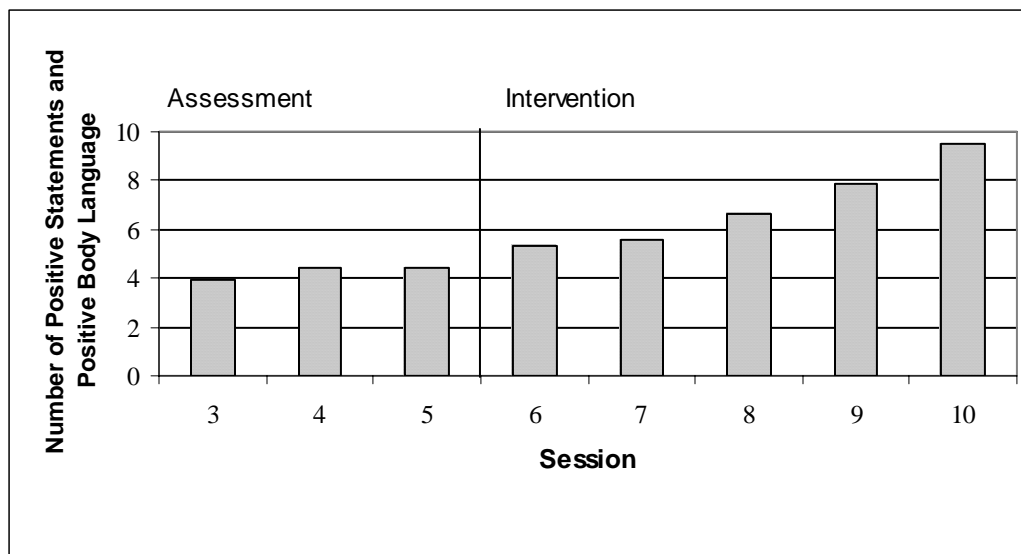


Figure 4

The overall benefits of the handchime choir that clients at the BDC experienced were manifold. Staff members continuously commented on the attention that the clients gave the therapist and the intent concentration on their faces as they anticipated their turn. Clients at the BDC have often expressed feelings of uselessness and feelings of being forgotten and looked over, the handchime choir and performing at the Christmas concert provided clients with the opportunity to demonstrate what they can still accomplish. The sense of belonging and the feeling of accomplishment which cannot be easily documented by far outweighed the therapeutic goals. It demonstrates what they can do, not what they cannot.

Each client had their own individual part that was invaluable to the group and each person was aware of the fact that they are needed. As part of the early stages of Alzheimer's disease there is a decrease in the ability to learn new skills (Alzheimer Society of Canada, n.d.). For those in the very early stages the use of the handchime choir provides them with a feeling of satisfaction and accomplishment through the process of learning. Bruce Chatwin says "Music is a memory bank for finding one's way about the world" (in Theurer, 2003b, p. 59). The music played in the BDC handchime choir elicits memories providing a sense of unity among the group as they share their memories and their lives. As so many of the clients in this group had a musical background, performing in front of family brought back familiar memories of performing when they were younger.

### Personal Experiences

In working with the clients at the Brampton Day Centre, I realized that setting up a handchime choir is not always easy. As a Music Therapist, I had to learn, not to expect musical perfection from my clients. To lead a handchime choir one must be flexible on many levels while keeping the goals in mind. I realized that with higher functioning clients I needed to facilitate the session

rather than 'lead' the session; it is up to the clients to decide what they would like to do, because they are adults and must be given empowerment and choices. Keeping this in mind, it is difficult to have musical resources at ones fingertips to be able to play a song a client requests; there is also the limitation of members in the group and to the number of bells owned. Throughout the process of leading a handchime choir, the most inspiring experience was the smiles and the look of pride on the client's faces once they performed for their families. Working with the choir as a group toward a common goal, was an awesome experience for all involved.

### **Inside Their World: A Child with Autism**

*"(On Autism)"When a child hearkens to the beat of a different drum ~ perhaps he is keeping time to songs of Angels that we, his lessers, simply cannot hear.*

Kelly Long-Kirkpatrick (n.d.)

The following section outlines the third author's practicum experience at the Summit Centre for Preschool Children with Autism. It is important to note that two individuals were seen at this facility but for the purpose of this paper only one will be presented.

Children with Autism seem to have an entirely individual perspective on the world around them. It is often wondered what will be the key to unlock their worlds and let the people around them in. Music therapy has proven to be a medium resulting in significant amounts of accomplishments for clients with Autism. The DSM-IV-TR lists the diagnostic criteria for Autistic Disorder as having two or more impairments from each of the following areas: impairment in social interaction; impairment in communication; and restricted repetitive and stereotyped patterns of behavior, interests and activities (APA, 2000). There must be delays or abnormal functioning in either social interaction, language in social communication or symbolic or imaginative play prior to the age of three. This disorder is four to five times more prevalent in males than in females (APA, 2000). Dr. Temple Grandin, herself diagnosed with Autism, yet has overcome her disability and achieved a doctoral degree in Animal Sciences. She is an advocate for Autism and a true supporter of the role music can play on a child's life (Toigo, 1992). An article written by Toigo (1992) discusses Grandin's experiences with music as a young child and the benefits it played on communication, self-esteem and social acceptance. "Music also has value for many children with autism because it is something that is inherently pleasurable, perhaps because it is an absolutely predictable phenomenon in an unpredictable world" (Toigo, 1992, p. 17).

### **The Agency and the Client**

Music therapy services were provided to "Bob", a five year old boy who had been diagnosed within the Autism Spectrum and referred to music therapy by a senior Behavioural Therapist at the Summit Centre for Preschool Children with Autism, located in Windsor, Ontario (The Summit Centre for Preschool Children with Autism, n.d.). The Summit Centre provides treatment through early

intervention, day treatment, and in-home services. The staff consists of Applied Behavioural Analysis (ABA) Specialists and Behavioural Therapists who work with children on a one to one basis. Learning of basic language and communication skills, social skills, appropriate and interactive play, cooperative behaviour and independent living skills are encouraged. The specific treatment program for each client provides support to both the children and their families. The following therapeutic goals, consistent with his programming needs at the Summit Centre were established for “Bob”: (1) to develop positive behavioral response defined as the absence of inappropriate behaviours during the seven predetermined music therapy activities; and, (2) to increase verbal and expressive language defined as the number of words sung in a familiar children’s song.

### **The Intervention**

The structure of each music therapy session was based on the ABA techniques outlined by the agency. According to the Summit Centre (2004), ABA is a systematic method which consists of the following: (a) selecting teaching goals; (b) breaking tasks into small steps; (c) repetition of teaching; (d) keeping precise track of progress; and, (e) teaching children to apply their new skills in all settings (The Summit Centre for Preschool Children with Autism, n.d).

Familiar children songs such as “Old MacDonald” and “Twinkle, Twinkle Little Star” were modified to use as a mediator. These songs helped “Bob” gain knowledge in understanding appropriate nonverbal greetings and turn-taking along with creating opportunities for choice making. Continuous repetition of correct information throughout the ten week time frame aided the client in comprehension and reinforcement.

Instrumental performance using imitation and improvisation were used to engage “Bob” in spontaneous play. Drumming improvisations were created as outlets for the client to lead the session, fostering feelings of independence. “Stop and start” activities were provided to have the opposite effect, forcing the client to follow the music being led by the therapist.

During the music therapy assessment process, documentation forms were created to measure “Bob’s” progress for the duration of each session. These forms consisted of two sections, one completed by the Behavioural Therapist, and the other by the student Music Therapist. The effectiveness of the music therapy intervention was determined by comparison of assessment data and intervention data.

### **Client’s Achievements**

Music therapy interventions lasted for a total of 10 consecutive weeks, having one 35 minute sessions each week. As Figure 5 shows, an overall increase in positive behavioral responses was achieved. The results show an average measurement of 2 during the assessment phase, and an average measurement of 3.6 appropriate behaviours during the intervention phase. During session 2, a decrease in positive behavioural responses is presented; this

is thought to be attributed to lack of sleep and ill physiological symptoms on the client's behalf.

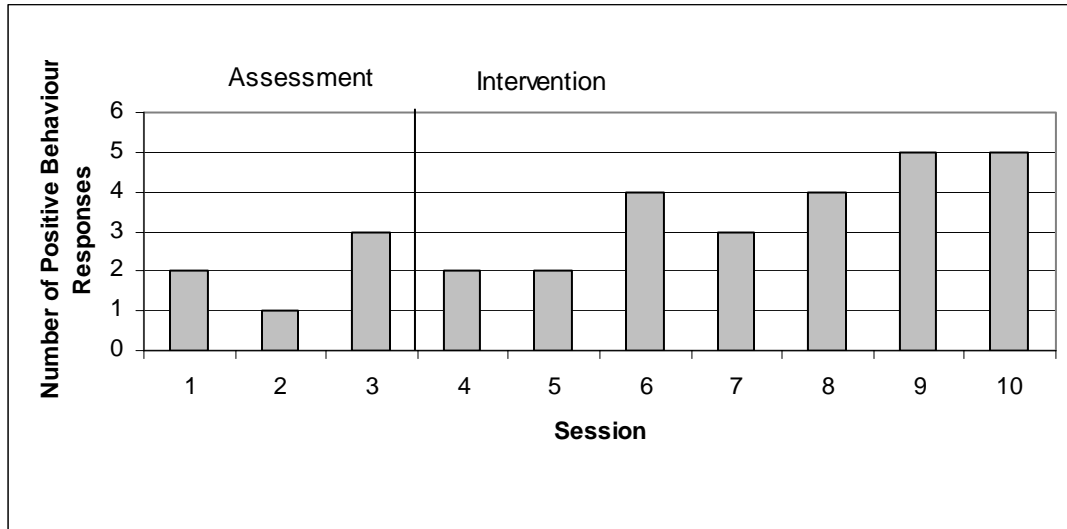


Figure 5

Figure 6 shows the amount of correct words sung when participating in the song intervention. Again, an increase is shown with average measurement of 1.7 during assessment phase, and an average measurement of 6.1 appropriate behaviors during the intervention phase.

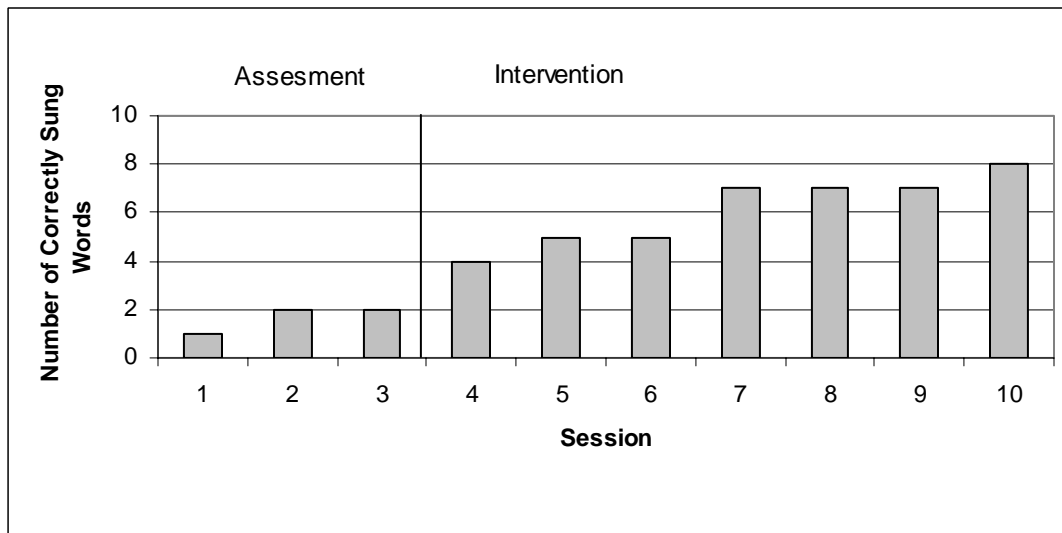


Figure 6

### Personal Experience

Music therapy has proven to be an effective therapy in working with children diagnosed with Autism Spectrum Disorder. Through the use of music therapy, specific goals and objectives were geared towards "Bob's" skills.

Therefore, “Bob” was able to explore his personal environment through tactile and other sensory areas while developing a therapeutic relationship with me. During my Field Placement, I was given several opportunities to use different strategies in order to develop and maintain a good rapport with “Bob”. I learnt that music therapy sessions are most successful for children with autism, when they are highly structured and when they use a daily routine schedule. It was beneficial working with a Behavioral Therapist as this helped to develop my skills in working with children with autism. As an international student, I found it challenging to work with children because I was unfamiliar with North American children’s songs; however, I was able to develop my musical repertoire over the course of the semester. Finally I realize that this was a great learning experience towards my growth as a music therapist.

### **Conclusions**

The Field Practice Placements are an integral part of the music therapy degree at the University of Windsor. The three authors of this paper have come out of these placements with a variety of individualized experiences in which each built on their own personal growth. They have all taken what previous knowledge they had acquired and nurtured it with life lessons to facilitate their development as music therapists. As they enter the professional field of music therapy, they will have important life experiences to guide them and refer back to.

## References

- Aldridge, D. (2000). *Music therapy in dementia care*. New York: Jessica Kingsley Publishers.
- Alzheimer Society of Canada. (n.d.). *The progression of Alzheimer disease: the three stages*. Retrieved February 12, 2006, from <http://www.alzheimer.ca/english/disease/progression-3stages.htm>.
- Alzheimer Society of Peel. (n.d.). *Alzheimer Society of Peel Mission*. Retrieved February 12, 2006, from <http://www.alzheimerpeel.com/>.
- American Music Therapy Association. (n.d.). *Music therapy and Alzheimer's disease*, Retrieved February 12, 2006, from, <http://www.musictherapy.org/factsheets/olderadults.html>.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed. TR). Washington, DC: Author.
- Bright, R. (1997). *Music therapy and the dementias: improving the quality of life*. St. Louis, MO: MMB Music, Inc.
- Brotans, M., Koger, S., & Pickett-Cooper, P. (1997). Music and Dementias: A Review of Literature. *Journal of Music Therapy*, 34(4), 204-245.
- Clair, A. A. (1996). *Therapeutic uses of music with older adults*. Toronto, Canada: Health Professions Press.
- Diamond, J. (2005). A report on Alzheimer disease and current research. *Alzheimer Disease Current Research*. Retrieved February 17, 2006, from, <http://www.alzheimer.ca/docs/alzheimer-disease-current-research-eng.pdf>.
- Long-Kirkpatrick, K. (n.d.). *Writing.Com*. Retrieved March 19, 2006. [http://www.writing.com/main/handler/item\\_id/700478](http://www.writing.com/main/handler/item_id/700478).
- Russell, B. (n.d.). *Thinkexist.Com*. Retrieved from the Internet: February 19, 2006. <http://en.thinkexist.com/quotations/elderly/2.html>.
- The Summit Centre for Preschool Children with Autism. (n.d.). *The summit centre programs*. Retrieved March 19, 2006, from, <http://www.summitcentre.org/service.html>.
- Theurer, K. (2003a). *Music therapy and the treatment of Alzheimer's disease: using music and handchimes to recover lost memories*. Retrieved February 12, 2006, from, [http://www.kristine.ca/music\\_therapy/media\\_room.html](http://www.kristine.ca/music_therapy/media_room.html).
- Theurer, K. (2003b). *The bells are ringing: a practical guide to creating a handchime ringing choir*. Canada: Author.
- Toigo, D. A. (1992). Autism: Integrating a Personal Perspective with Music Therapy Practice. *Music Therapy Perspectives*, 10, 13-20.

**Author's Note**

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Correspondence should be addressed to:  
Robyn Braybrook, P.O. Box 178, Balcarres, Saskatchewan, S0G 0C0, CANADA.