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Qualification research paper as a manuscript

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THESIS

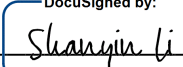
**PROFESSIONAL TRAINING OF MASTERS IN MUSIC THERAPY
AT UNIVERSITIES OF THE USA**

011 Educational, pedagogical sciences

01 Education / Pedagogy

submitted for the degree of Doctor of Philosophy

The thesis contains the results of my own research. The use of ideas, results and texts of other authors have references to the relevant sources

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ABSTRACT

Li Shanyin. Professional Training of Masters in Music Therapy at Universities of the USA. – Qualification research paper as a manuscript.

The thesis for the degree of Doctor of Philosophy in the specialty 011 – Educational, pedagogical sciences. – Lviv Polytechnic National University. – Lviv, 2024.

Research topicality. The 21st century is characterized not only by significant achievements in the development of science, but also by growing problems related to the health of the population, both mental and physical. This situation encourages the development and implementation of new methods of treatment and rehabilitation that can be effective for different segments of the population. Music Therapy is one of those methods that involve the use of musical interventions for therapeutic purposes. The use of music helps clients to improve their emotional state, increase the level of social adaptation, and maintain cognitive and physical functions. Music Therapy includes various techniques such as musical improvisation, listening to music, writing songs, analysing lyrics, singing and moving to music. In a therapeutic context, it can complement both psychotherapy and physiotherapy, being an effective tool in working with different groups of clients, from children to the elderly.

In conditions of increased stress and anxiety, as well as against the background of the COVID-19 pandemic and military conflicts, there is a need to use both traditional and alternative methods of therapy. It should be noted that the demand for qualified specialists in the field of Music Therapy is observed in various countries of the world, in particular in Ukraine. However, this demand is not fully satisfied due to the insufficient level or lack of professional training of music therapists.

Music Therapy is a field that uses clinically proven musical methods to achieve specific therapeutic results, which is confirmed by the US experience. This country operates a three-level training system for music therapists (bachelor, master, doctor of philosophy). It is based on the theoretical work of researchers, as well as the integration of theoretical training with practice and internship, which has a constructive impact on the training of future music therapists.

Conducting research, compiling its source base and its comprehensive analysis show that Music Therapy and training of music therapy specialists are intensively discussed by scientists all over the world. In particular, the following aspects are investigated:

- the peculiarities of foundation and development of the profession of music therapist (Atlee (1804), Beardsley (1882), Brown (1999), Edwards (2015), Ferrer (2012), Groene (2003), Lathom (2002), Mathews (1806) Pavlicevic (1997), Register (2013), Stewart (2000), Wilhelm (2004), Gfeller (1990), Сторонська, & Кравець (2024);
- the establishment and activity of Music Therapy organizations and their role in the development of the system of professional training of music therapists (Barrington (2002), Boxberger (1963), L'Etoile (2000), Solomon (1984), Davis (1993);
- internationalization of professional training of music therapy specialists (Nöcker-Ribaupierre (2015), Swamy (2014), Wheeler, & Erdonmez Grocke (2001);
- the development of Music Therapy and professional training of music therapists in the context of comparative pedagogical studies (Aldridge, Di Franco, Ruud, & Wigram (2001), Haslbeck, & Costes (2011), Hugo (2000), Jahn-Langenberg (2000), Sekeles (2000), Trakarnrung (2021), Строгаль (2017);
- the essence of Music Therapy (Brown (1999), Bruscia (2014), Edwards (2015), Ferrer (2012), Groene (2003), Lathom (2002), Madsen (1965), Pavlicevic (1997), Register (2013), Stewart (2000), Wilhelm (2004);
- the problems of professional training of music therapy specialists (Barrington (2002), Boxberger (1963), Davis (1987), Davis (1993), Heller (1987), Lin (2011), L'Etoile (2000), Solomon (1984), Драганчук (2016);
- the structure and content of professional training of music therapists (Bruscia (1987, 1989), Cohen (2001), Cohen, & Behrens (2002), Colwell, & Thompson (2000), Dvorak, & Hernandez-Ruiz (2019), Gooding, & Springer (2020), Jensen, & McKinney (1990), Maranto (1989), Steele (1988), Wyatt, & Furioso (2000),

Vykhrushch, Humeniuk, Tarasiuk, Khvalyboha, Fedchyshyn, Fedoniuk, Rudenko (2022);

- the methodical foundations of professional training of future music therapists (Becker (2007), Murphy (2007), Schmid, & Rolvsjord (2021));

- the specificity of practical training of music therapists (Abbott (2006), Clements-Cortes (2015), Farnan (2001), Madsen, & Kaiser (1999), Pitts, & Cevasco (2013), Warren (2020), Wheeler (2002));

- theories, concepts, ideas that form the basis of professional training of music therapists: behaviourism (Bandura (1977), Clark (2018a), Cooper (1993), Dierking (1991), Dollard, & Miller (1950), Ertmer, & Newby (1993), Hull (1935), McDonell, & et al. (2006), Skinner (1968), Spence (1940), Thorndike (1968), Tolman (1949), Watson (1925), Zhu (2022); cognitive constructivism (Barry, & O'Callaghan (2008), Bower (1981), Brown (1989), Clark (2018b), Goodman (2011), McDonell, & et al. (2006), Muhajirah (2020), Piaget (1974), Schunk (1991); Shuell (1990), Winn (1990), Winne (1985); social constructivism (Adams (2006), Amineh, & Asl (2015), Anderson, & Simon (1996), Applefield, & et. al. (2000), Berger, & Brownstein (2001), Cooper (1993), Kukla (2000), Luckmann (1992), Vygotsky (1986), Schmid, & Rolvsjord (2021); connectivism (Al-Shehri (2011), Downes (2008), Kop, & Hill (2008), Mallon (2013), Marias (2011), Siemens (2005), Shriram, & Warner (2010), Goldie (2016), Hendricks (2019), Blanc (2018), Hardof-Jaffe, & Peled (2022), McFerran (2016), Story (2014);

- the methodological approaches to professional training of music therapists (Bruscia (2014), Donley (2018), Ferrer (2012), Lindvang (2013), Бідюк (2024), Huralna, Demianko, Sulaieva, Irkliienko, Horokhivska (2022), especially competency-based approach (Bruscia, & et al. (1981), Taylor (1987), Zanders (2020) Куцин (2021), activity-based approach (Tims (1989), Wheeler (2002), Wigram, & et al. (1995), Murphy (2007), personality-oriented approach (Bruscia (1981), Stewart (2000), Préfontaine (2006), cultural approach (Brown (2001), Donley (2018), Kenny (1994), Yehuda (2013), Veblen, & et al. (2021); an interdisciplinary approach (Goodman

(2011), Constantin, & Drăgulin (2019), integrative approach (Bonde, & et al. (2019), Meadows, & et al. (2020), Short, & Heiderscheit (2023) etc.

Considering the topicality and demand of music therapy and specialists in this specialty, based on a comprehensive analysis of scientific literature, we identified *contradictions* that need to be resolved: between society's need for music therapy specialists who are ready to provide highly qualified services to various segments of the population, and the lack of music therapists' training practice in many countries, including Ukraine; between the current trends in the development of higher music therapy education and the needs for the development of appropriate legislative, substantive, methodological and methodical support for the professional training of future music therapists; the need for a comprehensive analysis of the constructive ideas of the American experience and the insufficient level of its analysis and generalization in pedagogical comparative studies.

The topicality of this scientific problem, its role and significance from a social and pedagogical perspective, the insufficient level of its study, the need to resolve distinguished contradictions led to the choice of the research topic “**Professional training of masters in Music Therapy at universities of the USA**”.

The research aim is as follows: to carry out the comprehensive analysis of the professional training of masters in Music Therapy at universities of the USA, to determine and substantiate the directions for the implementation of constructive ideas of the American experience into the system of higher education of Ukraine.

Defining the aim of the research contributed to the identification of **research objectives** that need to be solved:

- 1) perform the analysis and justify the theoretical and methodological foundations of the professional training of Music Therapy specialists;
- 2) to analyze the content of the professional training of masters of Music Therapy through the prism of the requirements of American society;
- 3) to characterize the organizational forms and teaching methods, as well as to study the specifics of the practical component of the professional training of masters in Music Therapy;

4) on the basis of a comparison of the experience of two countries, to determine and substantiate the directions for the introduction of constructive ideas of the American experience into the higher education system of Ukraine.

The university education of the USA is **the research object**.

The peculiarities of professional training of masters in Music Therapy are **the research subject**.

The scientific novelty of the obtained results lies in the fact that for the first time the comprehensive analysis of the professional training of masters in Music Therapy at US universities was performed; the theoretical and methodological foundations of the professional training of music therapy specialists were analysed and substantiated (behaviourism, cognitive constructivism, social constructivism, connectivism; methodological approaches: competency-based, activity-based, personality-oriented, cultural, interdisciplinary, integrative); the content of professional training of masters in Music Therapy, which is practically oriented and aimed at the development of the ability to: carry out client diagnostics; integrate knowledge about the cultural diversity of clients; jointly develop an effective and clear support plan through diagnosis of customer needs, selection of measures; use knowledge and resources to organize therapeutic care; communicate; maintain clinical documentation, etc. was analysed; the organizational forms (interactive lectures, seminars, educational conferences, research training, trainings, etc.) and teaching methods (reverse brainstorming, concept mapping, collaborative learning, service-learning, problem-based learning, distributed learning, project-based learning, etc.) were characterised; the specifics of the practical component of the professional training of masters in Music Therapy was studied; on the basis of a comparison of the experience of two countries, directions for the implementation of constructive ideas of the American experience into the system of higher education of Ukraine at the strategic, organizational, methodical, research levels were defined and justified.

The content of concepts “Music Therapy”, “music therapist”, “Music Therapy curriculum” were clarified.

The comprehension of the concepts in the field of higher Music Therapy

education, master's training as well as features of masters in Music Therapy theoretical and practical training organisation *were improved and expanded*.

The theses on the organization of master's training in Music Therapy in accordance with modern theories and substantiated methodological approaches *were further developed*.

The practical significance of the research lies in the fact that materials highlighted on the pages of the thesis, scientific propositions and conclusions are used by institutions of higher education, in particular, while teaching of the following courses: “Comparative pedagogy” “Actual problems of the theory and history of pedagogy”, “The theoretical and conceptual foundations of professional of education”, “Special seminar: Actual problems of modern pedagogical education”, “Psychology”, “Psychological counselling with the basics of psychotherapy”. The outlined directions of using constructive ideas of the American experience in training masters in Music Therapy can be used for further scientific research, during the development of educational programs, the state standard of higher education, etc.

The structure and volume of the thesis. The thesis consists of the introduction, three chapters, conclusion to each chapter, general conclusions, references, which include 312 items, as well as 10 appendices. The total volume of the thesis contains 265 pages, the main text covers 177 pages. The thesis encloses 4 tables and 19 figures.

The **Introduction** substantiates the topicality of the research, indicates the connection of the thesis with scientific programs, plans and topics; presents the object, subject, aim and objectives, research methods. The results of the analysis of the research source base are highlighted. The scientific novelty and practical significance of the obtained results, their approbation and implementation are presented. The personal contribution of the author is reflected in works published in co-authorship; the structure and scope of the thesis are presented.

In Chapter 1 “**Theoretical and methodological fundamentals of music therapists’ professional training**” the professional training of music therapists is described and analysed as the subject of scientific and pedagogical research. This chapter presents the theoretical fundamentals and methodological approaches to

professional training of masters in Music Therapy.

In Chapter 2 “**The organisation of professional training of masters in Music Therapy in US universities**” the peculiarities of professional activity and professional requirements for music therapists in American society are described and analysed. This chapter presents the individual educational trajectory of the master of Music Therapy. The content of music therapists’ training at the master’s level, as well as the forms and methods of training music therapists in the American experience are analysed. The features of music therapists’ practical training are characterized.

Chapter 3 “**The possibilities of using the constructive ideas of the American experience of training masters in Music Therapy in Ukrainian educational practice**” explains the state of training masters in Music Therapy in higher education institutions of Ukraine. The comparative analysis of certain aspects of the professional training of masters in Music Therapy in Ukraine and the USA is carried out. The possibilities of using the constructive ideas of the American experience in the educational practice of Ukraine are substantiated.

Prospects for further pedagogical research are determined.

Keywords: Music Therapy, music therapist, master’s degree, university, educational program, USA, Ukraine, health care, theoretical training, practical training, knowledge, abilities and skills, competences, organizational forms of training, interactive teaching methods.

АНОТАЦІЯ

Лі Шаньїнь. Професійна підготовка магістрів з музичної терапії в університетах США. – Кваліфікаційна наукова праця на правах рукопису.

Дисертація на здобуття наукового ступеня доктора філософії за спеціальністю 011 Освітні, педагогічні науки. – Національний університет «Львівська політехніка». – Львів, 2024.

Актуальність дослідження. 21 століття характеризується не тільки значними досягненнями у розвитку науки, але й зростаючими проблемами, що стосуються здоров’я населення, як психічного, так і фізичного. Така ситуація

спонукає до розробки та впровадження нових методів лікування та реабілітації, які можуть бути ефективними для різних верств населення. Музична терапія є одним із тих методів, які передбачають використання музичних інтервенцій з терапевтичною метою. Застосування музики допомагає пацієнтам покращувати емоційний стан, підвищувати рівень соціальної адаптації, підтримувати когнітивні та фізичні функції. Музична терапія включає різні техніки, такі як музичні імпровізації, слухання музики, написання пісень, аналіз текстів пісень, спів та рух під музику. У лікувальному контексті вона може доповнювати як психотерапію, так і фізіотерапію, будучи ефективним інструментом у роботі з різними групами пацієнтів, від дітей до людей похилого віку.

В умовах підвищеного рівня стресу, тривожності, а також на тлі пандемії COVID-19, військових конфліктів, виникає потреба в застосуванні як традиційних, так і альтернативних методів терапії. Слід зауважити, що попит на кваліфікованих спеціалістів у галузі музичної терапії спостерігається у різних країнах світу, зокрема й в Україні. Проте, такий попит не задовольняється у повній мірі через недостатній рівень або відсутність професійної підготовки музичних терапевтів.

Музична терапія – це напрямок, що використовує клінічно підтверджені музичні методи для досягнення специфічних терапевтичних результатів, що підтверджується досвідом США. У цій країні функціонує трирівнева система підготовки музичних терапевтів (бакалавр, магістр, доктор філософії). В її основу покладено теоретичні напрацювання дослідників, а також інтеграція теоретичної підготовки з практикою та стажуванням, що має конструктивний вплив на підготовку майбутніх музичних терапевтів.

Виконання дослідження, укладання його джерельної бази та її комплексний аналіз свідчать, що музична терапія, підготовка фахівців з музичної терапії інтенсивно обговорюються науковцями по всьому світу. Зокрема досліджуються такі її аспекти:

– особливості започаткування та розвитку професії музичного терапевта (Atlee (1804), Beardsley (1882), Brown (1999), Edwards (2015), Ferrer

(2012), Groene (2003), Lathom (2002), Mathews (1806) Pavlicevic (1997), Register (2013), Stewart (2000), Wilhelm (2004), Gfeller (1990), Сторонська, & Кравець (2024);

– створення та діяльність музикотерапевтичних організацій та їхня роль у розвитку системи професійної підготовки музичних терапевтів (Barrington (2002), Voxberger (1963), L'Etoile (2000), Solomon (1984), Davis (1993);

– інтернаціоналізація професійної підготовки фахівців з музичної терапії (Nöcker-Ribaupierre (2015), Swamy (2014), Wheeler, & Erdonmez Grocke (2001);

– розвиток музичної терапії та професійної підготовки музичних терапевтів у контексті компаративних педагогічних студій (Aldridge, Di Franco, Ruud, & Wigram (2001), Haslbeck, & Costes (2011), Hugo (2000), Jahn-Langenberg (2000), Sekeles (2000), Trakarnung (2021), Строгаль (2017);

– сутність музичної терапії (Brown (1999), Bruscia (2014), Edwards (2015), Ferrer (2012), Groene (2003), Lathom (2002), Madsen (1965), Pavlicevic (1997), Register (2013), Stewart (2000), Wilhelm (2004);

– проблеми професійної підготовки музичних терапевтів (Barrington (2002), Voxberger (1963), Davis (1987), Davis (1993), Heller (1987), Lin (2011), L'Etoile (2000), Solomon (1984), Драганчук (2016);

– структура та зміст професійної підготовки музичних терапевтів (Bruscia (1987, 1989), Cohen (2001), Cohen, & Behrens (2002), Colwell, & Thompson (2000), Dvorak, & Hernandez-Ruiz (2019), Gooding, & Springer (2020), Jensen, & McKinney (1990), Maranto (1989), Steele (1988), Wyatt, & Furioso (2000), Vykhreshch, Humeniuk, Tarasiuk, Khvalyboha, Fedchyshyn, Fedoniuk, Rudenko (2022);

– методичні засади професійної підготовки майбутніх музичних терапевтів (Becker (2007), Murphy (2007), Schmid, & Rolvsjord (2021);

– специфіка практичної підготовки музичних терапевтів (Abbott (2006), Clements-Cortes (2015), Farnan (2001), Madsen, & Kaiser (1999), Pitts, & Cevasco (2013), Warren (2020), Wheeler (2002);

– теорії, концепції, ідеї, покладені в основу професійної підготовки музичних терапевтів: біхевіоризм (Bandura (1977), Clark (2018a), Cooper (1993), Dierking (1991), Dollard, & Miller (1950), Ertmer, & Newby (1993), Hull (1935), McDonell, & et al. (2006), Skinner (1968), Spence (1940), Thorndike (1968), Tolman (1949), Watson (1925), Zhu (2022)); когнітивний конструктивізм (Barry, & O'Callaghan (2008), Bower (1981), Brown (1989), Clark (2018b), Goodman (2011), McDonell, & et al. (2006), Muhajirah (2020), Piaget (1974), Schunk (1991); Shuell (1990), Winn (1990), Winne (1985)); соціальний конструктивізм (Adams (2006), Amineh, & Asl (2015), Anderson, & Simon (1996), Applefield, & et. al. (2000), Berger, & Brownstein (2001), Cooper (1993), Kukla (2000), Luckmann (1992), Vygotsky (1986), Schmid, & Rolvsjord (2021)); коннективізм (Al-Shehri (2011), Downes (2008), Кор, & Hill (2008), Mallon (2013), Marias (2011), Siemens (2005), Shriram, & Warner (2010), Goldie (2016), Hendricks (2019), Blanc (2018), Hardof-Jaffe, & Peled (2022), McFerran (2016), Story (2014);

– методологічні підходи до професійної підготовки музичних терапевтів (Bruscia (2014), Donley (2018), Ferrer (2012), Lindvang (2013), Бідюк (2024), Huralna, Demianko, Sulaieva, Irkliienko, Horokhivska (2022), зокрема компетентнісний підхід (Bruscia, & et al. (1981), Taylor (1987), Zanders (2020) Куцин (2021), діяльнісний підхід (Tims (1989), Wheeler (2002), Wigram, & et al. (1995), Murphy (2007), особистісно-орієнтований підхід (Bruscia (1981), Stewart (2000), Préfontaine (2006), культурологічний підхід (Brown (2001), Donley (2018), Kenny (1994), Yehuda (2013), Veblen, & et al. (2021); міждисциплінарний підхід (Goodman (2011), Constantin, & Drăgulin (2019), інтегративний підхід (Bonde, & et al. (2019), Meadows, & et al. (2020), Short, & Heiderscheit (2023) тощо.

Зважаючи на актуальність і затребуваність музичної терапії та фахівців за цією спеціальністю, на основі всебічного аналізу наукової літератури ми визначили суперечності, які потребують розв'язання: між потребою суспільства у фахівцях з музичної терапії, готових надавати висококваліфіковані послуги різним верствам населення, та відсутністю практики підготовки музичних терапевтів у багатьох країнах, у тому числі й в Україні; між сучасними

тенденціями розвитку вищої музикотерапевтичної освіти та потребами в розробці відповідного законодавчого, змістового, методологічного та методичного забезпечення професійної підготовки майбутніх музичних терапевтів; між потребою в комплексному аналізі конструктивних ідей американського досвіду та недостатнім рівнем його аналізу й узагальнення в педагогічній компаративістиці.

Актуальність цієї наукової проблеми, її роль і значення з соціальної та педагогічної перспективи, недостатній рівень її студіювання, потреба у розв'язанні виокремлених суперечностей зумовили вибір теми дослідження **«Професійна підготовка магістрів з музичної терапії в університетах США»**.

Мета дослідження: виконати комплексний аналіз професійної підготовки магістрів з музичної терапії в університетах США, визначити й обґрунтувати напрями впровадження конструктивних ідей американського досвіду у систему вищої освіти України.

Визначення мети дослідження сприяло виокремленню дослідницьких **завдань**, які необхідно розв'язати:

- 1) виконати аналіз та обґрунтувати теоретико-методологічні основи професійної підготовки фахівців з музичної терапії;
- 2) проаналізувати зміст професійної підготовки магістрів музичної терапії крізь призму вимог американського суспільства;
- 3) схарактеризувати організаційні форми та методи навчання, а також вивчити специфіку практичної складової професійної підготовки магістрів з музичної терапії;
- 4) на основі порівняння досвіду двох країн, визначити та обґрунтувати напрями впровадження конструктивних ідей американського досвіду у систему вищої освіти України.

Об'єктом дослідження є університетська освіта США.

Предметом дослідження є особливості професійної підготовки магістрів з музичної терапії в університетах США.

Наукова новизна одержаних результатів полягає в тому, що *вперше*

виконано комплексний аналіз професійної підготовки магістрів з музичної терапії в університетах США. Проаналізовано та обґрунтовано теоретико-методологічні основи професійної підготовки фахівців з музичної терапії (біхевіоризм, когнітивний конструктивізм, соціальний конструктивізм, коннективізм; методологічні підходи: компетентнісний, діяльний, особистісно-орієнтований, культурологічний, міждисциплінарний, інтегративний); проаналізовано зміст професійної підготовки магістрів з музичної терапії, що є практико-орієнтованим і спрямованим на розвиток умінь: здійснювати діагностику клієнтів; інтегрувати знання про культурне розмаїття клієнтів; спільно розробляти ефективний і чіткий план підтримки через діагностику потреб клієнтів, вибір заходів; використовувати знання та ресурси для організації терапевтичної допомоги; спілкуватися; вести клінічну документацію тощо; схарактеризовано організаційні форми (інтерактивні лекції, семінари, навчальні конференції, наукові тренінги, тренінги тощо) та методи навчання (зворотний мозковий штурм, концептуальне відображення, спільне навчання, сервісне навчання, проблемне навчання, розподілене навчання, проектне навчання тощо), а також вивчено специфіку практичної складової професійної підготовки магістрів з музичної терапії; на основі порівняння досвіду двох країн визначено та обґрунтовано напрямки впровадження конструктивних ідей американського досвіду у систему вищої освіти України на стратегічному, організаційному, методичному, дослідницькому рівнях.

Уточнено зміст понять «Музична терапія», «музичний терапевт», «освітня програма з музичної терапії».

Удосконалено та розширено розуміння понять у сфері вищої музикотерапевтичної освіти, магістерської підготовки, а також особливості організації теоретичної та практичної підготовки магістрів з музикотерапії.

Подальшого розвитку набули положення про організацію підготовки магістрів з музичної терапії відповідно до сучасних теорій та обґрунтованих методологічних підходів.

Практичне значення дослідження полягає в тому, що матеріали,

висвітлені на сторінках дисертації, наукові положення та висновки використовуються закладами вищої освіти, зокрема під час викладання таких курсів «Порівняльна педагогіка», «Актуальні проблеми теорії та історії педагогіки», «Теоретико-концептуальні основи професійної освіти», «Спецсеминар: Актуальні проблеми сучасної педагогічної освіти», «Психологія», «Психологічне консультування з основами психотерапії». Окреслені напрями використання конструктивних ідей американського досвіду щодо підготовки магістрів з музичної терапії можуть бути використані для подальших наукових досліджень, під час розробки освітніх програм, державного стандарту вищої освіти тощо.

Структура та обсяг дисертації. Дисертація складається зі вступу, трьох розділів, висновків до кожного розділу, загальних висновків, списку використаних джерел, що налічує 312 позицій, а також 10 додатків. Загальний обсяг дисертації складає 265 сторінок, основний зміст викладено на 177 сторінках. Дисертація містить 4 таблиці та 19 рисунків.

У **Вступі** обґрунтовано актуальність і доцільність дослідження, зазначено зв'язок дисертації з науковими програмами, планами і темами; визначено об'єкт, предмет, мету і завдання, методи дослідження. Висвітлено результати аналізу джерельної бази дослідження. Представлено наукову новизну та практичне значення одержаних результатів, їхню апробацію та впровадження. Відображено особистий внесок авторки у працях, опублікованих у співавторстві. Представлено структуру та обсяг дисертаційної роботи.

У розділі 1 **«Теоретико-методологічні основи професійної підготовки музичних терапевтів»** описано та проаналізовано професійну підготовку музичних терапевтів як предмет науково-педагогічних досліджень. У розділі представлені теоретичні основи та методологічні підходи до професійної підготовки магістрів з музичної терапії.

У Розділі 2 **«Організація професійної підготовки магістрів музичної терапії в університетах США»** описано та проаналізовано особливості професійної діяльності та професійні вимоги до музичних терапевтів в

американському суспільстві. Представлено індивідуальну освітню траєкторію магістра з музичної терапії. Проаналізовано зміст підготовки музикотерапевтів на магістерському рівні, а також форми і методи підготовки музикотерапевтів в американському досвіді. Охарактеризовано особливості практичної підготовки фахівців з музичної терапії.

Розділ 3 «Можливості використання конструктивних ідей американського досвіду підготовки магістрів з музичної терапії в Українській освітній практиці» презентує стан підготовки магістрів з музичної терапії у закладах вищої освіти України. Проведено порівняльний аналіз окремих аспектів професійної підготовки магістрів з музичної терапії в Україні та США. Обґрунтовано можливості використання конструктивних ідей американського досвіду в освітній практиці України.

Визначено перспективи подальших педагогічних досліджень.

Ключові слова: музична терапія, музичний терапевт, магістр, університет, освітня програма, США, Україна, охорона здоров'я, теоретична підготовка, практична підготовка, знання, уміння і навички, компетентності, організаційні форми навчання, інтерактивні методи навчання.

The list of author's publications

Publications in which the main scientific results of the thesis are published

Articles in scientific editions included on the date of publication in the list of professional scientific editions of Ukraine

1. Li, Sh. (2023a). The competency-based approach as a methodological basis of the professional training of Music therapists. *Педагогічні науки: теорія, історія, інноваційні технології*, 10(134), 347-354.
2. Лі, Ш., & Муқан, Н. (2024). Теоретичні основи професійної підготовки магістрів з музичної терапії у США. *Порівняльна професійна педагогіка*, 14(1), 41-48. (*the author's contribution – the justification of theoretical foundations of training masters in Music Therapy*).

3. Li, Sh. (2024c). Professional activity and professional requirements for music therapists in American society. *Академічні візії*, 33. Retrieved from: <https://academy-vision.org/index.php/av/article/view/1251>

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INTRODUCTION

Research topicality. The 21st century is characterized not only by significant achievements in the development of science, but also by growing problems related to the health of the population, both mental and physical. This situation encourages the development and implementation of new methods of treatment and rehabilitation that can be effective for different segments of the population. Music Therapy is one of those methods that involve the use of musical interventions for therapeutic purposes. The use of music helps clients to improve their emotional state, increase the level of social adaptation, and maintain cognitive and physical functions. Music Therapy includes various techniques such as musical improvisation, listening to music, writing songs, analysing lyrics, singing and moving to music. In a therapeutic context, it can complement both psychotherapy and physiotherapy, being an effective tool in working with different groups of clients, from children to the elderly.

In conditions of increased stress and anxiety, as well as against the background of the COVID-19 pandemic and military conflicts, there is a need to use both traditional and alternative methods of therapy. It should be noted that the demand for qualified specialists in the field of Music Therapy is observed in various countries of the world, in particular in Ukraine. However, this demand is not fully satisfied due to the insufficient level or lack of professional training of music therapists.

Music Therapy is a field that uses clinically proven musical methods to achieve specific therapeutic results, which is confirmed by the US experience. This country operates a three-level training system for music therapists (bachelor, master, doctor of philosophy). It is based on the theoretical work of researchers, as well as the integration of theoretical training with practice and internship, which has a constructive impact on the training of future music therapists.

Conducting research, compiling its source base and its comprehensive analysis show that Music Therapy and training of music therapy specialists are intensively discussed by scientists all over the world. In particular, the following aspects are investigated:

- the peculiarities of foundation and development of the profession of music therapist (Atlee (1804), Beardsley (1882), Brown (1999), Edwards (2015), Ferrer (2012), Groene (2003), Lathom (2002), Mathews (1806) Pavlicevic (1997), Register (2013), Stewart (2000), Wilhelm (2004), Gfeller (1990), Сторонська, & Кравець (2024);
- the establishment and activity of Music Therapy organizations and their role in the development of the system of professional training of music therapists (Barrington (2002), Boxberger (1963), L'Etoile (2000), Solomon (1984), Davis (1993);
- internationalization of professional training of music therapy specialists (Nöcker-Ribaupierre (2015), Swamy (2014), Wheeler, & Erdonmez Grocke (2001);
- the development of Music Therapy and professional training of music therapists in the context of comparative pedagogical studies (Aldridge, Di Franco, Ruud, & Wigram (2001), Haslbeck, & Costes (2011), Hugo (2000), Jahn-Langenberg (2000), Sekeles (2000), Trakarnrung (2021), Строгаль (2017);
- the essence of Music Therapy (Brown (1999), Bruscia (2014), Edwards (2015), Ferrer (2012), Groene (2003), Lathom (2002), Madsen (1965), Pavlicevic (1997), Register (2013), Stewart (2000), Wilhelm (2004);
- the problems of professional training of music therapy specialists (Barrington (2002), Boxberger (1963), Davis (1987), Davis (1993), Heller (1987), Lin (2011), L'Etoile (2000), Solomon (1984), Драганчук (2016);
- the structure and content of professional training of music therapists (Bruscia (1987, 1989), Cohen (2001), Cohen, & Behrens (2002), Colwell, & Thompson (2000), Dvorak, & Hernandez-Ruiz (2019), Gooding, & Springer (2020), Jensen, & McKinney (1990), Maranto (1989), Steele (1988), Wyatt, & Furioso (2000), Vykhreshch, Humeniuk, Tarasiuk, Khvalyboha, Fedchyshyn, Fedoniuk, Rudenko (2022);
- the methodical foundations of professional training of future music therapists (Becker (2007), Murphy (2007), Schmid, & Rolvsjord (2021);

- the specificity of practical training of music therapists (Abbott (2006), Clements-Cortes (2015), Farnan (2001), Madsen, & Kaiser (1999), Pitts, & Cevalco (2013), Warren (2020), Wheeler (2002);
- theories, concepts, ideas that form the basis of professional training of music therapists: behaviourism (Bandura (1977), Clark (2018a), Cooper (1993), Dierking (1991), Dollard, & Miller (1950), Ertmer, & Newby (1993), Hull (1935), McDonell, & et al. (2006), Skinner (1968), Spence (1940), Thorndike (1968), Tolman (1949), Watson (1925), Zhu (2022); cognitive constructivism (Barry, & O'Callaghan (2008), Bower (1981), Brown (1989), Clark (2018b), Goodman (2011), McDonell, & et al. (2006), Muhajirah (2020), Piaget (1974), Schunk (1991); Shuell (1990), Winn (1990), Winne (1985); social constructivism (Adams (2006), Amineh, & Asl (2015), Anderson, & Simon (1996), Applefield, & et. al. (2000), Berger, & Brownstein (2001), Cooper (1993), Kukla (2000), Luckmann (1992), Vygotsky (1986), Schmid, & Rolvsjord (2021); connectivism (Al-Shehri (2011), Downes (2008), Kop, & Hill (2008), Mallon (2013), Marias (2011), Siemens (2005), Shriram, & Warner (2010), Goldie (2016), Hendricks (2019), Blanc (2018), Hardof-Jaffe, & Peled (2022), McFerran (2016), Story (2014);
- the methodological approaches to professional training of music therapists (Bruscia (2014), Donley (2018), Ferrer (2012), Lindvang (2013), Бідюк (2024), Huralna, Demianko, Sulaieva, Irkliienko, Horokhivska (2022), especially competency-based approach (Bruscia, & et al. (1981), Taylor (1987), Zanders (2020) Куцин (2021), activity-based approach (Tims (1989), Wheeler (2002), Wigram, & et al. (1995), Murphy (2007), personality-oriented approach (Bruscia (1981), Stewart (2000), Préfontaine (2006), cultural approach (Brown (2001), Donley (2018), Kenny (1994), Yehuda (2013), Veblen, & et al. (2021); an interdisciplinary approach (Goodman (2011), Constantin, & Drăgulin (2019), integrative approach (Bonde, & et al. (2019), Meadows, & et al. (2020), Short, & Heiderscheit (2023) etc.

Considering the topicality and demand of music therapy and specialists in this specialty, based on a comprehensive analysis of scientific literature, we identified *contradictions* that need to be resolved: between society's need for music therapy

specialists who are ready to provide highly qualified services to various segments of the population, and the lack of music therapists' training practice in many countries, including Ukraine; between the current trends in the development of higher music therapy education and the needs for the development of appropriate legislative, substantive, methodological and methodical support for the professional training of future music therapists; the need for a comprehensive analysis of the constructive ideas of the American experience and the insufficient level of its analysis and generalization in pedagogical comparative studies.

The topicality of this scientific problem, its role and significance from a social and pedagogical perspective, the insufficient level of its study, the need to resolve distinguished contradictions led to the choice of the research topic **“Professional training of masters in Music Therapy at universities of the USA”**.

The relation of the thesis to scientific programs, plans, themes. The thesis research was carried out in the context of scientific work carried out by the Department of Pedagogy and Innovative Education at Lviv Polytechnic National University: “Theoretical and methodological foundations of the personal and professional development of a modern specialist in the conditions of integration into the international educational space” (number of state registration 0121U113179).

The topic of this thesis was approved (Minutes № 3/22 dated 24.10.2022) and specified (Minutes № 8/24 dated 25.03.2024) at the meetings of the Academic Council of the Institute of Jurisprudence, Psychology and Innovative Education of Lviv Polytechnic National University.

The university education of the USA is **the research object**.

The peculiarities of professional training of masters in Music Therapy are **the research subject**.

The research aim is as follows: to carry out the comprehensive analysis of the professional training of masters in Music Therapy at universities of the USA, to determine and substantiate the directions for the implementation of constructive ideas of the American experience into the system of higher education of Ukraine.

Defining the aim of the research contributed to the identification of **research**

objectives that need to be solved:

- 1) perform the analysis and justify the theoretical and methodological foundations of the professional training of Music Therapy specialists;
- 2) to analyze the content of the professional training of masters of Music Therapy through the prism of the requirements of American society
- 3) to characterize the organizational forms and teaching methods, as well as to study the specifics of the practical component of the professional training of masters in Music Therapy;
- 4) on the basis of a comparison of the experience of two countries, to determine and substantiate the directions for the introduction of constructive ideas of the American experience into the higher education system of Ukraine.

The research used a set of **scientific methods**: *theoretical methods*: descriptive and comparative method was used for processing scientific information; induction and deduction method – for collecting and processing primary pedagogical data; analytical method – for processing pedagogical facts, unification of information presented in documents of universities and Music Therapy associations; logical method – for comprehension of pedagogical regularities; historical method – for retrospective analysis of Music Therapy development; prognostic method – to highlight promising directions for the implementation of constructive ideas of the American experience; *applied methods*: the method of content analysis of educational programs and syllabi.

The scientific novelty of the obtained results lies in the fact that for the first time the comprehensive analysis of the professional training of masters in Music Therapy at US universities was performed; the theoretical and methodological foundations of the professional training of music therapy specialists were analysed and substantiated (behaviourism, cognitive constructivism, social constructivism, connectivism; methodological approaches: competency-based, activity-based, personality-oriented, cultural, interdisciplinary, integrative); the content of professional training of masters in Music Therapy, which is practically oriented and aimed at the development of the ability to: carry out client diagnostics; integrate knowledge about the cultural diversity of clients; jointly develop an effective and clear

support plan through diagnosis of customer needs, selection of measures; use knowledge and resources to organize therapeutic care; communicate; maintain clinical documentation, etc. was analysed; the organizational forms (interactive lectures, seminars, educational conferences, research training, trainings, etc.) and teaching methods (reverse brainstorming, concept mapping, collaborative learning, service-learning, problem-based learning, distributed learning, project-based learning, etc.) were characterised; the specifics of the practical component of the professional training of masters in Music Therapy was studied; on the basis of a comparison of the experience of two countries, directions for the implementation of constructive ideas of the American experience into the system of higher education of Ukraine at the strategic, organizational, methodical, research levels were defined and justified.

The content of concepts “Music Therapy”, “music therapist”, “Music Therapy curriculum” were clarified.

The comprehension of the concepts in the field of higher Music Therapy education, master's training as well as features of masters in Music Therapy theoretical and practical training organisation *were improved and expanded.*

The theses on the organization of master's training in Music Therapy in accordance with modern theories and substantiated methodological approaches *were further developed.*

The practical significance of the research lies in the fact that materials highlighted on the pages of the thesis, scientific propositions and conclusions are used by institutions of higher education, in particular, while teaching of the following courses: “Comparative pedagogy” “Actual problems of the theory and history of pedagogy”, “The theoretical and conceptual foundations of professional of education”, “Special seminar: Actual problems of modern pedagogical education”, “Psychology”, “Psychological counselling with the basics of psychotherapy”. The outlined directions of using constructive ideas of the American experience in training masters in Music Therapy can be used for further scientific research, during the development of educational programs, the state standard of higher education, etc.

The research results have been implemented in the educational process of the

following higher education institutions: Vinnytsia Mykhailo Kotsiubynskyi State Pedagogical University (Certificate #06/22 dated 25.06.2024); Stepan Gzhytskyi National University of Veterinary Medicine and Biotechnologies of Lviv (Certificate #812-16.03 dated 26.06.2024); Mukachevo State University (Certificate #1457 dated 26.06.2024); Lviv Polytechnic National University (Certificate #67-01-1420 dated 22.08.2024).

Personal contribution of the author in the co-authored publications. All research results have been obtained by the author autonomously. In the articles written in co-authorship, the author owns the following: Лi, & Мyкaн, 2024 – the justification of theoretical foundations of training masters in Music Therapy; Mukan, & Li, 2024d – the analysis of Ukrainian higher education institutions' experience.

The approbation of research results. The materials, theses and results of this research have been approbated at several conferences: II International scientific and practical conference “Professional development of a teacher in the conditions of integration into the European educational space: international academic and professional / professional-pedagogical mobility” (Lviv, Ukraine, 2023); III International scientific and practical conference “Professional development of a teacher in the conditions of integration into the European educational space: international academic and professional / professional-pedagogical mobility” (Lviv, Ukraine, 2024); International scientific and practical conference “Current problems of professional pedagogy and education: experience, innovations, prospects” (Lviv, Ukraine, 2024); VIII All-Ukrainian scientific and practical internet conference “Actual problems and prospects of technological and professional education” (Ternopil, 2024).

Publications. The materials of the thesis are covered in 8 publications of the author (6 of them are individual): 4 articles in journals included into the list of specialized scientific publications of Ukraine, 4 works which certify the approbation of thesis' materials on the conferences.

The structure and volume of the thesis. The thesis consists of the introduction, three chapters, conclusion to each chapter, general conclusions, references, which include 312 items, as well as 10 appendices. The total volume of the thesis contains

265 pages, the main text covers 177 pages. The thesis encloses 4 tables and 19 figures.

CHAPTER 1

THEORETICAL AND METHODOLOGICAL FUNDAMENTALS OF MUSIC THERAPISTS' PROFESSIONAL TRAINING

In Chapter 1 “Theoretical and methodological fundamentals of music therapists’ professional training” the professional training of music therapists is described and analysed as the subject of scientific and pedagogical research. This chapter presents the theoretical fundamentals of music therapists’ professional training and methodological approaches to professional training of masters in Music Therapy.

1.1. Professional training of music therapists as the subject of scientific and pedagogical research

The complex realities of contemporary life, in particular pandemics, wars and related instability, uncertainty in the future, significantly undermine the health of the population, lead to the aggravation of psychophysiological problems, the spread of somatic, emotional, etc. disorders. In these conditions, a variety of ways to restore and improve a person’s psycho-emotional state, including Music Therapy, due to its proven beneficial effect on well-being, become extremely topical. It possesses “promising potential to complement traditional medical treatments and promote recovery and well-being” (Kobus et al., 2024, p. 1) and has the recognition as a “therapeutic modality, with scientific evidence attesting to its psychological and physiological effects” (Dunne, & Schipperhejn, 1990, p. 285).

All at once, despite the worldwide recognition of Music Therapy as an effective technology for improving well-being and health of people of various age categories – children, youth, adults, elderly persons – and with an extremely variety of physical, mental, cognitive, social, disorders, such as: autism, dementia, Alzheimer’s disease, developmentally disabled or traumatic brain injury, etc., it still does not have a single, generally accepted definition and interpretation. The understanding of Music Therapy varies from country to country. The professional organizations in different countries offer their own definitions and interpretations of this area of professional therapeutic

practice.

Thus, the American Music Therapy Association offers the following vision and interpretation of Music Therapy: “Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved Music Therapy program” (American Music Therapy Association, 2005). According to the vision of the association, Music Therapy is designed to improve the quality of life of healthy people and meet the needs of children and adults with disabilities or diseases. Therefore, Music Therapy services are aimed at the implementation of a variety of health and educational goals and tasks, namely: “to promote wellness, manage stress, alleviate pain, express feelings, enhance memory, improve communication, and promote physical rehabilitation” (American Music Therapy Association, 2005).

The Canadian Association of Music therapists interprets Music Therapy as a field of activity that involves the use of music “purposefully within therapeutic relationships to support development, health, and well-being” (Canadian Association of Music therapists, 2020). The definition emphasizes the broad possibilities of its use, in particular “with individuals of various ages, abilities, and musical backgrounds in clinical, educational, community and private practice settings” (Canadian Association of Music therapists, 2020). In chorus, in order to specify the essence of Music Therapy in more detail, a wide list of areas of its implementation is provided, including Critical Care, Geriatric Care, Neonatal Care, Palliative Care, as well as ailments with which it helps to fight: Acquired Brain Injury, Autism and other Pervasive Development Disabilities, Developmental Disabilities, Emotional Traumas, Hearing Impairments, Mental Health Difficulties, Obstetrics, Oncology, Physical Disabilities, Speech and Language Impairments, Visual Impairments, etc. (Canadian Association of Music therapists, 2020).

British Association for Music Therapy interprets this field of activity in the following way: “Music Therapy is an established psychological clinical intervention, delivered by HCPC registered music therapists to help people whose lives have been affected by injury, illness or disability through supporting their psychological,

emotional, cognitive, physical, communicative and social needs” (British Association for Music Therapy, 2009). This definition is further supplemented by the definition of a fairly broad list of potential consumers of services, including people with social and communicative disorders, people with hereditary or acquired disabilities, children with autistic disorders, persons with craniocerebral injuries, elderly people with dementia, etc.

The German Music Therapy Society relies on this definition of Music Therapy in its activities: “Music Therapy is the targeted use of music within the therapeutic relationship to restore, maintain and promote mental, physical and spiritual health. Music Therapy is a practice-oriented scientific discipline that interacts closely with various scientific fields, particularly medicine, the social sciences, psychology, musicology and education. The term “Music Therapy” is a summary term for different Music Therapy concepts that are essentially psychotherapeutic, in contrast to pharmacological and physical therapy” (Deutsche Musiktherapeutische Gesellschaft, 2010). This definition is accompanied with the list of areas of application of Music Therapy, including clinical, rehabilitation, preventive, palliative, and social.

The Australian Music Therapy Association offers the following definition: “Music Therapy is a research-based allied health profession in which music is used to actively support people as they aim to improve their health, functioning and well-being. It can help people of all ages to manage their physical and mental health and enhance their quality of life. Music Therapy can help support people of any age who might be experiencing challenges (including mental, intellectual, physical, emotional or social) or wishing to improve their well-being” (Australian Music Therapy Association, 2012). The addition to the definition indicates that Music Therapy is designed to improve: a) mental health and well-being; b) speech, communication and social skills; c) body movement, coordination and physical function, memory; d) attention and cognitive function; e) pain management (Australian Music Therapy Association, 2012).

From the examples, it is obvious that despite the presence of common or similar statements and formulations in defining the essence of Music Therapy, each of the

definitions has its own characteristics, which reflect diverse points of view regarding professional Music Therapy activity and the specifics of its implementation in each country. Based on the synthesis of various definitions of Music Therapy, researchers (Ridder, Lerner, & Suvini, 2015) single out several key features or elements that identify its essence as a field of professional activity at a general level: “1) clinical intervention; 2) individualised goals; 3) evidence-based practice; 4) music therapeutic relationship; 5) approved Music Therapy courses; and 6) credentialed professional” (p. 16). Particularly important among them there is the certified staffing of the field of Music Therapy services, which is the subject to codes of professional ethics and standards of professional practice.

The American Music Therapy Association defines a music therapist as a professional who is able to select and apply Music Therapy approaches that successfully help restore, maintain, and improve a person’s mental and physical health. In addition, it is emphasized that professionals in the field of Music Therapy “believe in the dignity and worth of every person... promote the use of music in therapy, establish and maintain high standards in public service, and require of ourselves the utmost in ethical conduct” (American Music Therapy Association, 2024). The American Music Therapy Association describes the conditions for recognizing the high qualification of a music therapist as, firstly, mastering at least a bachelor’s educational program in the relevant specialty, secondly, completing an internship with a minimum amount of clinical practice of 1200 hours, thirdly, passing a certification exam to obtain the right to independent professional practice.

The Canadian Association of Music therapists interpret music therapist professionalism through ability “to use music to address human needs within cognitive, communicative, emotional, musical, physical, social, and spiritual domains” (Canadian Association of Music therapists, 2020). The implementation of these kinds of activities in accordance with the position of the association provides “a range of procedures, actions, processes, roles, and responsibilities... in a variety of settings including healthcare, educational, community, private practice, institutional, and corporate” (Canadian Association of Music therapists, 2020). Therefore, the demand of the

association for the thorough training of music therapists is natural, which should include a completed education at least according to a bachelor's educational program and an internship with a minimum volume of clinical practice of 1000 hours. In order to recognize the qualifications of a music therapist, a final attestation procedure is provided at the Certification Board for Music therapists with the receipt of a certificate and written confirmation of compliance with the Code of Ethics and Standards of Practice (Canadian Association of Music therapists, 2020).

As an alternative, the British Association for Music Therapy defines a specialist music therapist as “highly trained allied health professionals (AHPs), providing treatment that can help to transform people's lives” (British Association for Music Therapy, 2024). Its scope of activity includes a wide list of institutions, including hospitals, schools, pupil referral units, day centres, hospices, care homes, therapy centres, prisons, etc. In addition, he is usually a member of a multidisciplinary team along with such specialists as Speech and Language Therapists, Paediatricians, Teachers, Occupational Therapists, Social Workers, Physiotherapists, Psychologists and Psychiatrists. In order to perform his work qualifiedly, according to the requirements of the British Association for Music Therapy, a music therapist must complete a master's degree in the relevant specialty and be registered with the Health and Care Professions Council, a national regulator that maintains a register of health care professionals, as well as “meet their Standards of Proficiency and who are bound by their Standards of Conduct, Performance and Ethics” (British Association for Music Therapy, 2024).

The German Music Therapy Society considers a specialist in the field of Music Therapy through the prism of the multi-functionality of his professional activity. “Music therapists work in curative, rehabilitative, preventive and palliative areas as well as in aftercare. They work with people of all ages. They treat patients with physical, psychological, psychosomatic and psychiatric illnesses and people in crisis and conflict situations, with injuries, disabilities and physical and psychosocial impairments as well as developmental disorders” (Deutsche Musiktherapeutische Gesellschaft, 2015). The association defines the basis of acquiring such a qualification

as studying under an accredited bachelor's and master's educational program of the relevant specialty, and its recognition is passing the certification procedure at the Professional Advisory Board, which is defined as "as an element of quality assurance in order to give patients the security they rightly expect" (Deutsche Musiktherapeutische Gesellschaft, 2015).

According to the view of the Australian Music Therapy Association, the professionalism of a music therapist is manifested through the ability to support people of any age, ability or background in their desire to improve their health, functioning and well-being by means of music. Recognition of the high qualification of a music therapist requires the successful completion of a master's degree program in the specialty and the completion of the registration procedure with the Australian Music Therapy Association. The registration of music therapists serves as a sign of the quality of their "therapy training and musical ability to facilitate interactive musical experiences to help clients achieve goals" (Australian Music Therapy Association, 2012), which include, as a rule, improving of communication, cognition, physical function, mood, well-being, etc.

Consequently, the appropriate degree of professionalism of music therapists is determined in the countries of different continents of the world as the main prerequisite for the optimal realization of the potential of Music Therapy in the struggle against public health disorders or their prevention, which, in turn, actualizes the study of issues of their professional training in accordance with defined standards and procedures for recognition and confirmation of their qualifications. The accumulation of a fairly significant amount of scientific and pedagogical literature on the relevant issues presents the result of a long and active search for ways to ensure high-quality professional training of Music Therapy specialists. It covers various types of sources, in particular:

- regulatory documentation of professional associations in the field of Music Therapy training (American Music Therapy Association, 2013; American Music Therapy Association, 2014; American Music Therapy Association, 2015; American Music Therapy Association, 2017; Australian Music Therapy Association, 2014;

British Association for Music Therapy, 2008; EMTS-Commission, 2023); German Music Therapy Society, 2019; World Federation of Music Therapy, 2021; etc.);

- scientific works of a monographic and dissertation nature (Aldridge, et al., 2001; Barrington, 2002; Bonde, et al., 2002; Bruscia, 2014; Cohen, 2001; Cross, & Papadopoulos, 2003; Dileo, 2000; Ferrer, 2012; Goodman, 2011; Maranto, & Bruscia, 1988a; Ruud, 1998; Solomon, 1984; Stige, 2002; etc.);

- periodicals, on the pages of which topical issues of professional training of music therapists are regularly considered (Approaches: An Interdisciplinary Journal of Music Therapy, British Journal of Music Therapy, Canadian Journal of Music Therapy, Journal of Music Therapy, Music Therapy International Report, Music Therapy Perspectives, New Zealand Journal of Music Therapy, Nordic Journal of Music Therapy, Voices: A World Forum for Music Therapy, Qualitative Inquiries in Music Therapy, etc.).

The analysis, generalization and systematization of scientific and pedagogical literature on the professional training of Music Therapy specialists made it possible to single out several thematic areas or groups of research on this complex problem. First of all, we will highlight a group of scientific works on the peculiarities of the development of the profession of music therapist, taking into account their crucial influence on the initiation and continuous improvement of professional education in this specialty (Brown, 1999; Edwards, 2015; Ferrer, 2012; Groene, 2003; Lathom, 2002; Pavlicevic, 1997; Register, 2013; Stewart, 2000; Wilhelm, 2004).

In these studies, we find interesting information about the origins of the profession of music therapist, dating back to the most ancient times, when chants, spells, rhythms were used by healers to treat physiological or psychological diseases. For many years, as Gfeller (1990) points out, music has been believed to have supernatural powers that can heal various ailments. Subsequently, as a result of empirical studies (Atlee, 1804; Beardsley, 1882; Mathews, 1806), these beliefs became scientifically proven facts, which, in fact, led to the emergence of the profession of music therapist.

In addition to the study of the origins of this profession, the works on this topic

contain valuable considerations about its essence (Bruscia, 2014; Ferrer, 2012; Madsen, 1965; Register, 2013; Stewart, 2000). Their theses reveal Music Therapy practice as a professional activity with very specific requirements: “Music Therapy is a reflexive process wherein the therapist helps the client to optimize the client’s health, using various facets of music experience and the relationships formed through them as the impetus for change ... It is always a health-focused process, and it requires interaction between at least two people, who maintain specific roles as client and therapist in their sharing of music experiences. The process is methodical and based upon a mutual commitment between client(s) and therapist. It is knowledge-based and regulated, and it is uniquely centred on sound, beauty, creativity, and relationship” (Bruscia, 2014, pp. 36-44).

All at once, publications on the mentioned topic note the difficulty of unambiguously defining and interpreting the essence of the professional activity of a music therapist (Ferrer, 2012; Madsen, 1965; Register, 2013). As a rule, in search of an answer to the question about the scope of its tasks, scientists suggest a way from the reverse, that is, the exclusion of duties that do not belong to it and separation from other related professions. Madsen (1965) claims: “What is a music therapist? First, it may be better to state what he is not. He is not a physician, psychologist, psychiatrist, social worker, and, specially, he is not an applied performer or conductor. It might be said that he combines all these fields” (p. 83).

Despite the impossibility of an unambiguous and clear explanation of the essence of professional Music Therapy activity, scientists (Brown, 1999; Edwards, 2015; Ferrer, 2012; Groene, 2003; Lathom, 1982; Pavlicevic, 1997; Register, 2013; Stewart, 2000; Wilhelm, 2004) solidly define it as the highest value and goal of human health and well-being, and therefore convince of the importance of building a system of effective training of specialists in this specialty and prove the need for recognition of its results through certification or licensing procedures: “a music therapist has to be recognized as a “trained professional” through some official mechanism or authority (e.g., certification or registration by a professional association or state licensing board)” (Bruscia, 2014, p. 38).

Publications on the development of Music Therapy as an independent professional practice are of great importance within the scope of our research, as they make it possible to get acquainted with the history of the professionalization of Music Therapy activity, its essential characteristics at various stages of development, which, in turn, determine the peculiarities of the system of professional training in this specialty from the moment of its foundation to the present. From these publications, we learn, in particular, about the complexity and incompleteness of the final approval of the profession of music therapist in the list of universally recognized professions on a global scale, the absence or limited understanding of the specifics of training and qualifications necessary for the systematic use of music as a means of strengthening health and improving the psychophysiological state of a person. Therefore, thanks to these scientific works, we can understand the features of the system of professional training of future music therapists in a broad social, political, and cultural dimension, understand the main factors and conditions of its formation and functioning.

In the scientific and pedagogical literature on the problem of professional training of specialists in Music Therapy, we also single out a group of works on the history of its development (Barrington, 2002; Boxberger, 1963; Davis, 1987; Davis, 1993; Heller, 1987; Lin, 2011; L'Etoile, 2000; Solomon, 1984). They present the chronology of its formation on a global scale, from separate educational courses in Music Therapy for students of various medical, social-psychological, correctional and pedagogical professions to an independent specialty. According to their results, the events of the 20th century, in particular, the world wars and their negative consequences for the health of people, especially veterans, which required the use of various approaches to overcome them, including music-therapeutic, and therefore properly trained specialists.

The works of this group (Barrington, 2002; Heller, 1987; L'Etoile, 2000; Solomon, 1984) introduce the structure and content of the first training courses in Music Therapy which were focused primarily on the study of the psychophysiological effects of music and methods of their effective use for therapeutic purposes, especially in military hospitals in detail. They were quite widely offered to students of artistic,

social, and medical professions as a supplement to their professional education, arming them with new approaches to therapeutic activity. From these works, we learn that the world's first training course in Music Therapy was offered by Columbia University in 1919. Subsequently, such courses became the basis for the construction of programs for additional postgraduate training of specialists in related specialties, and therefore for new educational programs in Music Therapy.

The studies of this issue also contain valuable information within the scope of our research about the establishment and activity of Music Therapy organizations and their role in the development of the system of professional training of music therapists, for example The British Society for Music Therapy in Great Britain or The National Foundation of Music Therapy in the USA (Barrington, 2002; L'Etoile, 2000; Solomon, 1984). The mentioned researchers see the merits of these institutions in different countries of the world primarily in ensuring standardization of professional training of music therapists, unification of educational programs and curricula, control over the quality of their implementation through certification or licensing procedures.

Especially, Boxberger (1963), L'Etoile (2000), Solomon (1984) note the important role of The National Foundation of Music Therapy (1950) in the development of the system of professional training of Music Therapy specialists in the USA, under whose patronages in 1952 the first standardized educational program for the relevant specialty was developed. It provided for several training cycles, among them: general education (30 sem. hrs.); physical (4 sem. hrs.); psychological and pedagogical (10-12 sem. hrs.); sociological and anthropological (6-8 sem. hrs.); musical and instrumental (60 sem. hrs.); Music Therapy (a minimum of 10 sem. hrs.); clinical and practical (6 m. in addition to 128 h. of pre-internship).

This model later became the prototype of professional training programs for Music Therapy specialists in various countries of the world.

The historical and pedagogical studies (Davis, 1993; L'Etoile, 2000; Solomon, 1984) also contain information valuable in the context of our research about prominent figures and personalities in the field of building a system of professional training of Music Therapy specialists in various countries and institutions. In particular, they

reveal the contribution of such scientists as I. Altschuler, Ch. Braswell, E. Carter, C. M. Collins, E. Th. Gaston, R. L. Underwood, B. Wilson, etc., in the development of theoretical and methodological foundations of professional Music Therapy education. Their scientific and teaching activities were aimed at substantiating priority goals and objectives, defining the principles and content of professional training of Music Therapy specialists and their direct practical implementation in the conditions of university education in various historical periods.

Therefore, historical and pedagogical works on the professional training of specialists in Music Therapy introduce in detail the features of its origin and development throughout the 20th century in different countries, and especially in the USA, which is a pioneer and leader in this field. They highlight the details of the development and implementation of the first educational programs in this specialty, which became a model for imitation on a global scale. The works of this issue also reveal the contribution of specialized organizations, individual university institutions and prominent personalities to the development of the theory and practice of professional Music Therapy education, whose approaches and ideas often remain topical even today. In this way, they make it possible to form a broad scientific understanding of the professional training of music therapists as a system with quite old traditions, particularly in the international dimension.

The next thematic group of scientific and pedagogical works is focused around the current structure of professional training of Music Therapy specialists and its key components – levels, goals, content, technologies, etc. In particular, the issue of equality of the Music Therapy education system is covered in detail in the works of Bruscia (1989), Cohen (2001), Cohen, & Behrens (2002), Maranto (1989), Wyatt, & Furioso (2000) and others. In these works, they argue the necessity of building a multi-level system of training music therapists based on the implementation of bachelor's programs aimed at “giving the students at least the basic competencies needed to begin practicing” (Bruscia, 1989, p. 85), master's programs designed “to extend the undergraduate Music Therapy competency (i.e., to include psychotherapeutic, medical and holistic models), to refine entry level skills, to build theoretical and research skills

and to increase awareness of supervisory, administrative and educational issues in Music Therapy” (Bruscia , 1989, p. 85), and doctoral programs aimed at providing “specialization in Music Therapy which could lead to new clinical methods, new theory and research design, to advance the scope and depth of clinical competence in order to function as a primary therapist; and to prepare the person for becoming a supervisor, an educator, and/or an administrator” (Bruscia, 1989, p. 85).

In addition to getting acquainted with the structural and organizational specifics of the system of professional training of music therapists, the research of this thematic group reflects interesting and fruitful discussions regarding its target and content features. In particular, it is worth noting here the works of Bruscia (1987), Dvorak, & Hernandez-Ruiz (2019), Steele (1988), etc., which present authors’ approaches to defining and substantiating the priority tasks of professional Music Therapy education. In addressing these issues, the aforementioned scientists have spent decades attempting to answer the following questions: “Should Music Therapy education focus on preparing the students to become a musician who does therapy, or a therapist who uses music? ... How much emphasis should be given to musicianship versus clinical skills?” (Bruscia, 1987, p. 19). As a result of debates, they call for finding a balance between various components of professional training of a music therapist and providing him with “full knowledge of the discipline, regardless of current demands and practices in the marketplace” (Bruscia, 1987, p. 27).

Building on this principled stance, researchers such as Bruscia (1989), Colwell and Thompson (2000), Gooding and Springer (2020), Jensen and McKinney (1990), among others, provide valuable insights in their works on the content of professional training for Music Therapy specialists. They convincingly prove the significance of a variety of courses and disciplines in the educational programs of this specialty, in particular: general education courses for the formation of a broad worldview and humanistic orientation of the personality of the future music therapist; musical and instrumental courses for mastering the functional skills of singing, playing various instruments; Music Therapy courses for mastering modern methods and techniques of using music for preventive or therapeutic purposes. Revealing the requirements for the

content of professional Music Therapy education, these works clearly emphasize the importance of directing the entire list of subjects to provide future specialists with a comprehensive understanding of music as a physical, psychological, social, cultural phenomenon and understanding of ways of its effective use for therapeutic purposes.

As evidenced by the analysis of scientific and pedagogical literature, scholars (Donley, 2018; Murphy, 2007; Schmid, & Rolvsjord, 2021) do not ignore the issue of methodological foundations of professional training of music therapists. In particular, their works offer an extensive overview of modern pedagogical technologies, highlighting their importance for achieving the goals and content of professional Music Therapy education and training. They also provide data on the practical application and experimental verification of these technologies' effectiveness. From their research, we learn about the positive impact and favourable feedback from students – future music therapists – regarding the use of game-based learning, such as role-playing games with various roles (therapist, client, observer, interdisciplinary team member) to develop professional reflective abilities. Additionally, problem-based learning technology aids in the formation of “clinical thinking”, and experiential learning technology helps students gain practical experience in applying Music Therapy techniques.

Within the scope of research on the current state of the system of professional Music Therapy education, there are quite a lot of works on the peculiarities of practical training, which includes preclinical or practicum experiences and internship (Abbott, 2006; Clements-Cortes, 2015; Farnan, 2001; Madsen, & Kaiser, 1999; Pitts, & Cevasco, 2013; Warren, 2020; Wheeler, 2002; Robertson, 2020). In these publications, we observe its general recognition as one of the key components of the professional training of future music therapists, which provides the prerequisites for direct observation of the realities of the professional life and activities of specialists in this direction and the acquisition of their own primary experience in providing Music Therapy services to various categories of citizens – from children to the elderly – with a wide range of physiological, psychological, somatic, etc. problems. From the findings of these studies, we gain insights not only into the content, scope, and organization of practical training for future music therapists but also receive comprehensive and

reliable information about the areas needing improvement. This includes addressing their concerns, such as the fear of new experiences, not understanding clients' needs, lacking necessary therapeutic techniques, and insufficient music skills. Additionally, there are specific requests for more significant involvement in practicum placements, a greater variety of practicum settings, more orientation before starting the practicum, an earlier commencement of practicum training, and opportunities to assist or co-lead before conducting sessions independently (Farnan, 2001; Madsen, & Kaiser, 1999; Wheeler, 2002).

Hence, scientific studies of the current state of professional training of Music Therapy specialists collectively highlight a significant number of issues regarding its structure and organization, features of goal setting, content selection, and implementation technologies. They offer a well-founded interpretation of all components of the system of professional Music Therapy education – goals, tasks, content, methods, forms of organization, outline its current problems, including the integration of all levels and cycles, continuous updating of goals and content, improvement of methods, strengthening of the practical component, etc. Their study provides a broad scientific understanding of the complex and dynamic system of professional training of Music Therapy specialists as an organic unity of many components, as well as an understanding of the directions of further reform of the educational programs in the short-term and even more distant perspective.

Among the scientific and pedagogical literature on the professional training of Music Therapy specialists, there is a notable group of comparative studies that explore the experiences of various countries in this field and compare their accomplishments. Researchers such as Haslbeck and Costes (2011), Hugo (2000), Sekeles (2000), and Trakarnrung (2021) primarily focus on countries with extensive experience in providing Music Therapy services, where Music Therapy is recognized as an independent professional field with established educational and training systems. These countries include the USA, Canada, Great Britain, Germany, Israel, and others, where Music Therapy services and education have a long history and well-established traditions. The study of the foreign experience of professional training of Music

Therapy specialists is carried out by scientists (Aldridge, Di Franco, Ruud, & Wigram, 2001; Hugo, 2000; Jahn-Langenberg, 2000) according to a number of criteria, including: the state of the system of providing Music Therapy services; national Music Therapy organizations; state regulation of Music Therapy education; institutional base and material support; conceptual and theoretical foundations; organizational and methodological principles, etc.

The results of the conducted comparative studies usually serve the authors as a basis for the further development of valuable methodological recommendations that direct the process of Music Therapy education and training to the anticipatory development of society, the health care system, and the professional career of a music therapist.

The main results of these studies introduce the unique achievements of a number of countries in the field of developing the system of professional training of music therapists, including Israel, Germany, Canada, Great Britain, Australia and New Zealand, etc. (Aldridge, Di Franco, Ruud, & Wigram, 2001; Haslbeck, & Costes, 2011; Jahn-Langenberg, 2000; Trakarnrung, 2000). They address a broad spectrum of issues, such as the historical development of Music Therapy training systems in different countries, the conceptual and normative foundations of their implementation, and the structural and organizational characteristics. These studies also explore the trends in development, closely linked to the social, political, cultural, and educational realities and conditions of each specific country. As Goodman (2012) aptly observes, these systems do not evolve in isolation but “in conjunction with all the economic socio-political tumult of society here and abroad” (p. 225).

Among the array of comparative scientific studies, works on the problems of internationalization of professional training of Music Therapy specialists are also important for our research. The works of Nöcker-Ribaupierre (2015), Swamy (2014), Wheeler, & Erdonmez Grocke (2001), etc. contain valuable information about the development of systems of Music Therapy education and training in the countries of the world in conditions of intensive integration and globalization processes. The value of these surveys lies primarily in highlighting the activities of international Music

Therapy organizations regarding the training of personnel in this area, in revealing the priorities of international policy in the field of professional Music Therapy education, in the characteristics of global and regional, for example European, trends in the professional training of music therapists, in the analysis of international documents, recommendation materials regarding its implementation.

Research on this topic also highlights the current challenges and trends in the global development of professional training systems for Music Therapy specialists. These include the necessity for closer collaboration between national Music Therapy organizations, the standardization of Music Therapy education at the international level, the unification of prerequisites for entering the profession, and mandatory procedures for licensing and accrediting educational programs in this field. Addressing these issues, scientists see an opportunity to enhance the quality of Music Therapy education and training worldwide and to harmonize the existing disparities between different countries, especially “in the degree issued, the theoretical nature of coursework, the number of supervised clinical hours and entry requirements” (Goodman, 2012, p. 209).

Numerous comparative studies aim to identify the similarities and differences in national systems of professional training for Music Therapy specialists. These studies analyse educational programs and curricula to highlight key correspondences and variances in the organization, structure, content, and methodology of Music Therapy education in European countries (Aldridge, Di Franco, Ruud, & Wigram, 2001; Sekeles, 2000), Scandinavia (Wigram, 2000), and South America (Hugo, 2000). The authors emphasize the general and specific features of the professional training systems for music therapists in these regions and provide explanations for the reasons and conditions behind these features. They also attempt to classify countries based on the similarity of their models and offer valuable considerations on how to address both nationally unique and universally significant dilemmas in Music Therapy education.

We consider the existence of comparative pedagogical studies on Music Therapy education and training as a significant achievement in modern pedagogical science. These studies systematically examine the theory and practice of professional training

for music therapists across different countries and regions, elucidating their characteristics and future development paths. The importance of these studies is undeniable, especially given the needs of national systems for training Music Therapy specialists to find promising ways to integrate into the international educational landscape. In our opinion, comparative studies in this field should be regarded as a tool for national education systems to attain international quality standards in the professional training of music therapists.

The discussed comparative pedagogical studies are highly significant for our thesis, as they enable a deep understanding of the global experience in developing and organizing systems of Music Therapy education and training. They shed light on the unique aspects of how professional training systems for specialists in this field function and undergo reform. Additionally, these studies devote substantial attention to the methodology of comparative pedagogical research, providing the conceptual foundations and scientific terminology for the comparative study of professional Music Therapy education and training in different countries, making them particularly valuable for our research.

Thus, the professional training of Music Therapy specialists is depicted in the scientific literature as a complex and multifaceted pedagogical issue, examined from various perspectives. The reviewed works address a wide range of topics related to the functioning and development of Music Therapy education and training systems, both from a historical perspective and in contemporary settings, and both on a national and international scale. Collectively, the historiographical analysis of this problem reveals a gap in modern pedagogical research; there is a lack of comprehensive studies that systematically address the challenges of training Music Therapy masters in US universities and present their experiences as a valuable source of insights, constructive approaches, and instructive lessons for other countries aiming to develop or reform their own master's educational and professional programs in similar or related fields.

1.2. Theoretical fundamentals of music therapists' professional training

The modern world trends in the development of the health care system, which, first of all, are manifested in its direction to strengthen the physical and mental well-being of the population and the prevention of relevant problems, lead to the need to update its personnel support and train highly qualified specialists able to provide the health care services, in particular, music therapeutic. The diversity of modern Music Therapy techniques, the diversity of their application areas, and therefore the complexity and multitasking of the professional activity of music therapists require their thorough training, which would ensure the development of a wide range of competencies.

In this context, Lim (2019) emphasizes: “Music therapists are both accomplished musicians and competent therapists. A career in Music Therapy requires a high degree of musical performance and musical flexibility, as therapists effectively utilize music that is familiar to and preferred by their clients... The music therapist must be a compassionate person dedicated to improving the lives of others in specific and individualized ways. Music therapists are caring, nurturing professionals interested in using music as a tool to meet non-musical, health-related needs. Therapists must be emotionally stable and must demonstrate mature, professional behaviour” (p. 220-221).

The task to develop the appropriate qualities and competencies of Music Therapy specialists is substantiated in scientific research and publications of scientists (Bruscia, 2014; Donley, 2018; Ferrer, 2012; Lindvang, 2013) who call to modernize the system of their professional education and, first of all, update its theoretical base using the rational synthesis of constructive ideas, both traditional didactic theories tested by many years of practice, and the latest concepts of education. The analysis of their works shows the active development of a new theoretical basis for the professional training of Music Therapy specialists based on a combination of various ideas about the essence and principles of effective professional training and at the same time taking into account the specifics of the music therapist profession during the last decades.

The significant contribution to solving this problem was made by

Goodman (2011) as a result of many years of searching for an answer to the question “Which theoretical models of teaching are best suited to Music Therapy pedagogy and why?” (p. 135). Based on the results of her own scientific and teaching activities, the researcher came to the conclusion about the need “to build a process of professional training of Music Therapy specialists based on a combination of the theses of at least three theories of learning, namely behaviourist learning theory, cognitive constructivism and social constructivism” (Goodman, 2011, p. 155). Each of them, according to the researcher’s conclusions, presents a number of valuable ideas about the nature of the learning process, and their synthesis makes it possible to more fully understand its essence and regularities as the basis for determining rational goals, selecting optimal strategies, forming an effective toolkit for effective educational activities of students – future music therapists (Goodman, 2011).

Behaviourist learning theory in its classical version explains the essence of the learning process through the prism of human reactions and behaviour under the influence of environmental factors. It is known, that its basic idea is the idea of a person as a being who needs to develop a system of adequate behavioural reactions in response to certain external stimuli. Considering this, within the limits of this theory, learning appears as a process of human accumulation of information and experience of positive behaviour, due to the purposeful, consistent influence of external factors. Dierking (1991) clearly and aptly emphasizes this characteristic of classical behaviourist learning theory: “Traditional behaviourist theory suggested that learning was externally regulated by the environment and occurred by building a series of stimulus-response connections” (p. 4).

The classics of behaviourism Thorndike (1968) and Watson (1925) reduced the essence of learning to changes in human behaviour under the influence of incentives for correctness and punishments for errors. They interpreted incentives in the form of various rewards as a way of positively reinforcing a certain action, stimulating its repetition. Instead, they considered punishment in various forms as a tool for negatively reinforcing certain behaviour, forming an attitude for its further avoidance. In view of this, the basis of the learning process in their understanding is the use of external stimuli

in order to cause the appropriate behavioural reactions of a person, fixed with the help of punishments and incentives (Thorndike, 1968; Watson, 1925).

Over time, behaviourism has undergone significant refinements and additions, largely due to the contributions of a new generation of scholars, including Bandura (1977), Dollard and Miller (1950), Hull (1935), Skinner (1968), Spence (1940), and Tolman (1949). Their work expanded behaviourism beyond the traditional stimulus-response framework, which viewed learning as a mechanical process of habit formation through punishments and incentives. Today, this theory sees learning as the process of acquiring knowledge and skills through active interaction with an environment rich in stimuli. It emphasizes providing students with a broad range of behavioural responses to various stimuli and fostering their development through reproduction and reinforcement via external approval or disapproval (Clark, 2018a; McDonnell et al., 2006).

Considering this definition of the learning process essence (according to the behaviourist learning theory), its course involves the logically sequential implementation of a number of stages, starting from the observation of patterns of behaviour to their consolidation in the form of a habit. This is rightly pointed out in his research by Zhu (2022): “The behaviourist learning theory may be succinctly summed up as having five key development stages: observation, imitation, repetition, reinforcement, and acquisition, the specific manifestation of “observation” is in the teaching materials and classroom behaviours. “Imitation” refers to repeating “effective” positive actions. ... positive “reinforcement” is the key to “acquisition”; negative reinforcement means that accusations and criticisms cannot achieve their “acquisition” purpose” (p. 98).

Therefore, behaviourist learning theory focuses on the use of methods that “include consistent repetition of material, small, progressive sequences of tasks, and continuous positive reinforcement ... rely on skill and drill necessary to reinforce response patterns, open a question and answer framework where questions are progressively more difficult, guide practice and review material” (Goodman, 2011, p. 137). Consequently, the application of this theory in teaching practice is associated

with the use of simple and at the same time effective strategies, tactics, methods, which, in fact, explains the frequent appeal to its ideas: “The appeal of behaviourism, however, rests on its explicit simplicity, the ease with which its basic principles may be applied, and its clear effectiveness for impacting certain behaviours” (McDonell, & et al., 2006, p. 384).

At the same time, scientists do not idealize behaviourism as a theory of learning, they point to a number of its limitations, such as: focus exclusively on the external behaviour of students, giving them a passive role in learning about the world around them, ignoring internal cognitive processes, etc. (Cooper, 1993; Ertmer, & Newby, 1993; McDonell, & et al., 2006; Zhu, 2022). These gaps in behaviourism, according to their claims, prevented its establishment as a dominant theory of learning and actualized the development of others (Cooper, 1993; Ertmer, & Newby, 1993; McDonell, & et al., 2006; Zhu, 2022). However, its influence on the educational practice is undeniable and noticeable in our time: “Behaviourism has offered a number of classroom learning techniques that teachers use on a regular basis. The key application that the behaviourist psychology teaches us is the roles of external factors in learning. The factors include the people around the learner, the reinforcements given and the learning environment either physical or psychological environment” (Hoque, & Siddiqua, 2022, p. 25).

In the conclusion of their study, Hoque and Siddiqua (2022) indicate its topicality in today’s conditions: “Behaviourism is an effective tool used to enhance learning in the classroom. Understanding its definition and procedures gives fair advantage to the teacher in both, controlling his students’ behaviours more effectively, and helping them improve their learning up to another degree” (p. 36).

In the framework of behaviourist ideas about learning, especially in professional education, the emphasis is placed on systematic external influence through incentives and encouragement. This approach is considered essential for students in various professions to develop the necessary skills and abilities, assimilate relevant information for their future responsibilities, and adhere to the professional "code of conduct" in their field. According to this theory, the educational process involves observing

standard examples of professional behaviour, initially imitating them, and repeatedly practicing them until these behaviours become nearly reflexive (Quin, 2005).

Bearing in mind this orientation in modern scientific literature (McDonnell, & et al., 2006; Zhu, 2022) the significance of this theory for professional training is noted, especially for specialties regarded as a high degree of technicality, algorithmicity and requiring the ability to perform mechanical, automated actions. In particular, Yusra, & et al. (2022) correctly note that this learning theory is “very suitable for the acquisition of abilities that require practice and habituation that contains elements such as speed, spontaneity, flexibility, reflexes, endurance, and so on” (p. 83). As an example, here we can take into account the skills of playing musical instruments or ICT skills, the formation of which requires multiple demonstrations by an expert teacher and numerous repetitions by a student to bring it to the level of automaticity (Yusra, & et al., 2022).

These characteristics of behaviourist learning theory determine its significance in the process of training music therapists, whose profession involves bringing instrumental and vocal, choreographic skills to automaticity, behavioural observation skills during therapeutic influences, etc. In this regard, Goodman (2011) identifies a number of strategies and tactics based on behaviourist learning theory, which are relevant in the context of professional training of music therapists, for example: “efforts to provide positive or negative reinforcement in terms of feedback on Music Therapy competencies; analysis of attending behaviour in response to types of instructional strategies and related structure and reinforcements; sequential levels of learning involved in the structure of practicum and behavioural contracting for completion of guitar competencies” (p. 138). The scientist associates the obvious advantages of this learning theory in the context of professional training of Music Therapy specialists with its focus on “scaffolding of information in such a way as to present concepts sequentially, repeating and reinforcing main points and positive reinforcement of student responses” (Goodman, 2011, p. 138), which makes it possible to systematically and consistently develop the entire range of their competencies and gain experience in constructive behaviour with patients.

In chorus, scientists Barry, & O’Callaghan (2008), Goodman (2011) prove the importance of relying on the cognitive constructivist learning theory in the process of developing the theoretical foundations of professional training of music therapists, which makes it possible to compensate for the limitations of behaviourism. The mentioned researchers see the key differences between them, initially, in different views on the student as a participant in the educational process: if within the framework of behaviourism he appears as an externally programmed individual who passively perceives and accumulates information as well as demonstrates a certain “behavioural repertoire”, then within the framework of cognitive constructivism he becomes an active doer of cognition in the process of interaction with the surrounding world.

Thus, the cognitive constructivist learning theory focuses attention primarily on complex mental operations and processes that occur in each individual case, that is, in each student differently, and therefore lead to various final results of cognitive activity. It is the subjectivity of the student, his active position in the process of acquiring knowledge and skills that is the key differential feature of these learning theories: “In contrast to behaviourists who consider knowledge as passively absorbed, cognitive constructivists view knowledge as actively constructed by learners” (Goodman, 2011, p. 138).

Clark (2018b) properly and comprehensively characterizes these learning theories by contrasting them. The researcher claims that cognitivism emerged as an alternative to behaviourism in the late 1950^s and early 1960^s. According to the scientist, this theory provides a clear emphasis on the decisive role of mental activities in the learning process, which include thinking, remembering, perceiving, interpreting, reasoning, problem solving. If representatives of behaviourism believe that a person is only capable of responding to external stimuli and passive perception and reproduction of knowledge, then representatives of cognitivism or cognitive constructivism are convinced of a person’s ability to think rationally and actively construct knowledge (Clark, 2018b, p. 176).

Especially clearly, in our opinion, Garrison (1993) defines the essence of the cognitive constructivist learning theory. In its basis, he sees the idea of knowledge as

a construct of individual cognitive activity of a person. The author emphasizes that cognition is an active process of integrating new information about reality into existing knowledge structures: “Cognitive constructivist learning theory is concerned with meaningful learning... The most important objective in the cognitive constructivist approach to learning is understanding... The implication is that learning from cognitive constructivist principles go beyond the assimilation of facts and implies the construction of meaningful and useful knowledge structures” (p. 201).

The conclusions of the founder of this theory, Piaget (1974), about two interdependent aspects on which human cognition is based and in which it is manifested, (in particular, assimilation, that is, matching new information and ideas with existing knowledge, experience, and accommodation, i.e. modification of one’s own experience and the existing system of knowledge based on the acquired new information) form the basis of all cognitive-constructivist ideas about the learning process. Based on this, the scientist defines the essence of learning as a process of active, independent construction of knowledge by a person through the inclusion of new information in already existing cognitive or mental schemes and their change under the influence of this information (Piaget, 1974).

Thus, within the framework of cognitive constructivist learning theory, a person is an active doer of cognitive activity, possessing wide opportunities for processing information and constructing one’s own understanding of the world, complex structures for storing this information in a clearly organized and structured form, mechanisms for constant replenishment and development of one’s own knowledge system through the assimilation of new information. According to the positions of this theory, the learning process has an internal nature, its effectiveness. This means that the completeness and quality of knowledge is determined primarily by the level of mental abilities and the already existing knowledge system of the student.

The well-known representatives of this theory (Bruner, 1977; Perry, 1970; Piaget, 1974) deny the possibility of complete transfer of knowledge from person to person, because each individual: first, independently creates his subjective image of objective reality, constructs knowledge based on his own understanding of relevant

phenomena; secondly, he forms his knowledge system based on his own cognitive schemes and mental actions; thirdly, he learns real, not abstract objects as a result of active interaction with them.

Accordingly, this theory assumes an understanding of learning as a dynamic process, during which new knowledge is acquired as a result of active thinking actions and operations based on interaction with the surrounding world (Bruner, 1977; Perry, 1970; Piaget, 1974).

According to the analysis of the scientific literature (Bower, 1981; Brown, 1989; Schunk, 1991; Shuell, 1990; Winn, 1990; Winne, 1985) in cognitive constructivist learning theory, the emphasis is on active assimilation of knowledge, taking into account mental abilities and capabilities of every student. In chorus, knowledge is considered not as a mirror image of objective reality in consciousness, but as an individual construct of human cognitive activity. Consequently, learning according to the positions of this theory involves active understanding and interpretation by a person of objects and phenomena of knowledge in accordance with his individual intellectual capabilities and based on the existing system of knowledge and experience. In this regard, the key postulate of this theory presupposes the impossibility of learning without the active, conscious thinking activity of students, in the process of which each of them constructs his own system of knowledge.

Considering the acquisition of knowledge as a cognitive process or operation, which is implemented by each student individually, taking into account his unique previous cognitive experience, representatives of this theory (Bruner, 1977; Perry, 1970; Piaget, 1974) criticize traditional learning models, based on the idea of transferring knowledge from a teacher to a student, point to the irrationality of methods aimed at mechanical memorization and reproduction of educational information. In this regard, they call for the creation of such a model of the educational process, which would provide the possibility of active acquisition of knowledge based on prior acquired experience, approbation of ideas in new situations, integration of knowledge into new mental constructions (Bruner, 1977; Perry, 1970; Piaget, 1974).

Similar considerations can be observed in the work of Goodman (2011), who

pays considerable attention and significance to cognitive constructivist learning theory as the basis for training future music therapists. Based on the postulate of this theory regarding learning as the assimilation of new information and its accommodation into existing cognitive structures, the scientist emphasizes the decisive influence of subjective, individual factors on its result: “Students interpret experience and information in light of existing knowledge, their stage of cognitive development, their cultural background, their personal history, etc. All of these factors play a part in how the student organizes the learning experience and selects and takes in new information” (Goodman, 2011, p. 138).

Without rejecting the ideas and principles of behaviourist learning theory, which can be useful, for example, for the development of musical and instrumental knowledge and skills or certain music-therapeutic behavioural stereotypes, Goodman (2011) emphasizes the significance of applying the postulates of cognitive constructivist learning theory, which contribute to active comprehension by students of professionally significant information from various fields of science, its thorough understanding and solid consolidation based on their individual cognitive abilities and existing knowledge system: “While “skill and drill” exercises may still be helpful in memorizing facts, formulae and lists, strategies that aid studies in actively assimilating and accommodating new material are used. This can include asking students to explain new material in their own words, providing study guide questions for structured readings and accommodating new material by providing a clear organizational structure” (Goodman, 2011, p. 138).

In this context, the researcher specifies the pragmatism of using a wide range of teaching methods and techniques that provide conditions for students’ self-realization as active doers of cognitive activity in the practice of professional training of Music Therapy specialists (Maranto, & Bruscia, 1988a, 1988b). Among them the scientist distinguishes “ungraded tests and study questions, learning journals, self-analysis of study habits and guiding the reading of case studies by asking students to seek main themes (i.e., describe the client’s challenges, describe the use of the music in remediating those challenges, point out strengths and weaknesses in the approach)”

(Goodman, 2011, p. 138).

Again, the analysis of scientific literature on the issues of modern theories of learning in general and the training of specialists in Music Therapy (Cooper, 1993; Ertmer, & Newby, 1993; Goodman, 2011; McDonell, & et al., 2006; Muhajirah, 2020; Schunk, 1991) indicates a critical approach in evaluating cognitive constructivist learning theory. This is confirmed by the definition of its limitations. The main among them is the naturalistic perspective on the nature of knowledge, which often overlooks its social dimensions. In this context, scientists such as Amineh and Asl (2015), Anderson and Simon (1996), Brownstein (2001), and Kukla (2000) highlight the necessity of integrating concepts from other learning theories, particularly social constructivism, to develop a more comprehensive understanding of this complex process.

The basis of this learning theory is formed with concepts about purposeful self-development of the individual due to his active interaction with the social environment throughout his life. Therefore, it is about the vital role of human activity in learning, the significance of knowledge endowed with a personal meaning, the possibility of acquiring it only in the process of intensive interpersonal interactions, etc. Considering these original theses, this theory proves the ineffectiveness of dissemination of ready-made knowledge, algorithms for solving tasks and focuses on creating conditions for the independent construction of a person's own knowledge system based on interaction with the social environment.

According to Amineh and Asl (2015), social constructivism is a theory of learning, within which any human cognitive activity is considered as “the construction of images of objects and phenomena of reality, and the formation of concepts and reasoning in the conditions of active social contacts: learning does not take place only within an individual, nor is it passively developed by external forces... meaningful learning occurs when individuals are engaged in social activities such as interaction and collaboration” (p. 13).

Appealing to the ideas of one of the founders of this theory, Vygotsky (1986), scientists define it as a key feature of the recognition of the primacy of the social rather

than the individual nature of knowledge: “Social constructivism, strongly influenced by Vygotsky’s work, suggests that knowledge is first constructed in a social context and is then internalized and used by individuals” (Amineh, & Asl, 2015, p. 14).

A similar approach to explaining the essence of the social constructivist theory of learning is also observed in the work of Adams (2006): “Social constructivism posits that learner construction of knowledge is the product of social interaction, interpretation and understanding. As the creation of knowledge cannot be separated from the social environment in which it is formed, learning is viewed as a process of active knowledge construction within and from social forms and processes” (p. 245-246). Unlike cognitive constructivism, which interprets cognition as an individual process of constructing knowledge based on active thinking, social constructivism “emphasizes the role for others in the individual construction of knowledge” (Adams, 2006, p. 249).

Given the core aspects of social constructivism, it posits that social interaction is fundamental to human learning. Similar to cognitive constructivism, it underscores the critical role of human activity in the learning process, utilizing the full range of an individual’s cognitive abilities to build knowledge. However, unlike cognitive constructivism, social constructivism emphasizes the social nature of individuals as active participants in learning and cognitive activities. According to this theory, individuals live and learn about the world through active interactions with their social environment, which significantly influences the construction of their knowledge systems.

Therefore, social constructivist learning theory assigns a primary role to social interaction and verbal communication as key factors in cognitive activity. Prominent figures such as Berger and Luckmann (1992) and Vygotsky (1986) highlight the social nature of this process, emphasizing its reliance on active social interaction through which individuals create their own knowledge systems about reality. According to their beliefs, knowledge acquisition and mastery of experience are achievable only through close relationships and interaction with the social environment. In this context, the individual engaged in cognition is viewed as an equal participant in this social

interaction, equipped with personal capabilities, needs, and interests in understanding the world (Berger, & Luckmann, 1992; Vygotsky, 1986).

The analysis of scientific literature (Anderson, & Simon, 1996; Applefield, & et. al., 2000; Cooper, 1993; Brownstein, 2001; Kukla, 2000) shows that social constructivist learning theory reveals its essence through the prism of such categories as social interaction, joint activity, active communication of doers of cognitive activity. In this context, the educational process is interpreted as a specially organized activity and communication of all its participants on the basis of equality and partnership for the purpose of mutual exchange of opinions, positions, judgments and construction of new knowledge and enrichment of one's experience. Therefore, the mentioned theory brings to the fore, first of all, the social nature of the educational process, emphasizes the impossibility of effective cognitive activity outside the social context.

Taking into account these key ideas and theses, social constructivism is given special significance within the framework of the theoretical basis of professional training of future professionals, especially in the field of health care, which involve recurrent and close contacts with people. In this context, Schmid, & Rolvsjord (2021) define it as perhaps the most relevant theoretical basis for the professional training of future health care professionals, including music therapists. They attribute its value primarily to the direction of the educational process towards effective mastering by future employees of this field of a variety of professional roles in an interactive format: "The emphasis on human interaction and the acquisition of professional roles is seen as an enjoyable, safe and powerful strategy for learning in health-care education" (Schmid, & Rolvsjord, 2021, p. 865). Researchers note that this theory focuses on creating conditions for interaction between future health care professionals in real or specially simulated situations as a basis for acquiring specific knowledge and experience in solving various professional tasks and problems.

Similar considerations can be observed in the work of Goodman (2011), who considers social constructivism as one of the most relevant didactic theories for the professional training of music therapists. She sees its key feature in the pronounced emphasis on the interactive nature of the learning process, which involves the use of

appropriate didactic technologies, including project-based learning, problem-based learning, inquiry learning, case study discussion, role-playing, group music improvisation scenarios, etc. (Pasiali, 2013). Considering the essentials of the professional activity of music therapists and the specifics of their professional training determined by it, the author considers training based on the ideas of social constructivist learning theory and with the help of technologies developed on its basis to be the key to the successful personal and professional development of specialists in this field: “With small class sizes and teaching dedicated to peer interaction and awareness of group dynamics, collaborative learning within the context of social constructivism is a perfect fit for Music Therapy pedagogy” (Goodman, 2011, p. 140).

Scholars Al-Shehri (2011), Downes (2008), Kop and Hill (2008), Mallon (2013), Marias (2011), Siemens (2005), Shriram and Warner (2010) note that along with the ideas and postulates of behaviourism, cognitive and social constructivism, the theoretical basis of education in general and professional training (for all its specialties) in particular, must necessarily be based on the latest concepts of education that have emerged in view of the current realities and challenges of life in society. In this context, they mention, first of all, the connectivism learning theory, which was formed and is developing under the influence of intensive digitalization of all spheres of human activity and provides a qualitatively new vision of the process of modern reality cognition.

The obsolescence of certain ideas and principles of existing didactic theories and the need for new concepts of learning corresponding to radical digital transformations in all spheres of life is appropriately justified by one of the founders of connectivism – Siemens (2005): “Behaviourism, cognitivism, and constructivism are the three broad learning theories most often utilized in the creation of instructional environments. These theories, however, were developed in a time when learning was not impacted through technology. Over the last twenty years, technology has reorganized how we live, how we communicate, and how we learn. Learning needs and theories that describe learning principles and processes, should be reflective of underlying social environments” (Siemens, 2005, p. 1).

Connectivism theory rejects the interpretation of learning as the transmission of knowledge in the context of behaviourism, criticizes its somewhat narrow understanding as the construction of knowledge from the perspective of cognitive or social constructivism, and therefore defines its essence, first of all, as the acquisition of the ability to obtain and process information from various sources in the conditions of its continuous renewal and growth. From the viewpoint of connectivism, the mentioned learning theories are characterized by a number of limitations “due to their intrapersonal view of learning, their failure to address the learning that is located within technology and organizations and their lack of contribution to the value judgments that need to be made in knowledge-rich environments” (Goldie, 2016, p. 1064).

Hendricks (2019) identifies the characteristics of connectivism via comparisons with well-known learning theories. In his opinion, connectivism is a didactic concept within which “learning is no longer only a cognitive or an individualistic activity in the learning process but a collaboration of scholarship which is not subjected to time or space but rather transacts through time and space – irrespective of distance, place or time, learning can be done anywhere and everywhere” (p. 11). All at once, the scientist points to the connection between the ideas of connectivism and the principles of constructivism, especially social constructivist theory, regarding the decisive role of activity and the subjective position of a person in the learning process: “Connectivism builds on a constructivist model of learning, with the learner at the centre, connecting and constructing new knowledge in a context that includes external networks and social media platforms. It is literally a classroom without borders that connects our learners to a virtual world of endless knowledge” (Hendricks, 2019, p. 11).

According to the ideas of connectivism in the digital society, learning is implemented, first of all, based on the use of networks, within which the creation, distribution, storage and enrichment of information takes place. Networks become the main source of information, the mechanism of its creation, processing and distribution. Each person simultaneously gets access to a large number of such networks, not only uses their resources in the process of learning, but also takes an active part in their production or distribution (Siemens, 2005). In this context, the essence of learning is

considered not through the prism of mastering the system of factual knowledge, but through the prism of the development of the ability to navigate in the ceaseless flow of information, select sources and channels of obtaining it in view of specific cognitive needs, critically process it and rationally use it.

A particularly apropos characteristic of the essence of learning and knowledge as its result within the framework of connectivism learning theory is offered by Goldie (2016): “Connectivism asserts that knowledge and learning knowledge are distributive i.e. they are not located in any given place, but instead consists of networks of connections formed from experience and interactions between individuals, societies, organisations and the technologies that link them. Knowledge is viewed as a process, fluid and dynamic flowing through networks of humans and their artefacts. As it flows through and becomes part of the network it is open to multiple interpretations and change. Knowledge resides within networks, without any individual necessarily possessing it, and it can be stored in a variety of digital formats” (p. 1065).

Therefore, connectivism learning theory is intended to explain the peculiarities of the learning process in conditions of active use of digital technologies and information, and social networks. It is based on: the ideas about learning as a process that takes place in an uncertain and changing information environment, which represents a plurality of channels and sources of various information about reality; the belief about the priority of cognitive abilities, systemic thinking and understanding of connections between fields of knowledge, theories, concepts, etc. over a simple amount of factual knowledge; the idea of cognitive activity as a permanent process that occurs everywhere and continuously.

According to the statement of Hendricks (2019), taking into account such fundamentals, connectivism learning theory “deeply challenges the empirical and scientific bedrock of learning and how learning is created and disseminated in a learner-centred environment through nodes and different connections” (p. 5). Consequently, he calls into question the rationality of definitions and interpretations of the essence and nature of learning existing within established didactic theories and concepts, the effectiveness of the methods and forms of its implementation developed

on their basis, and ultimately the very possibility of acquiring the knowledge necessary for a full-fledged life of a person through traditional didactic approaches in the conditions of the current digital world and network society (Hendricks, 2019).

In chorus, theorists like Downes (2008) and Siemens (2005) do not advocate for the outright rejection of all traditional didactic theories. Instead, they emphasize the need to revise and adapt these theories to meet the modern challenges of life and education. They argue that connectivism does not devalue the rational ideas of traditional learning theories – such as the importance of each individual building their own mental structures, a cornerstone of constructivist learning theory. Rather, connectivism focuses on adapting and developing these ideas to align with the needs and peculiarities of learning in the context of the modern information society (Downes, 2008; Siemens, 2005).

According to researchers like Blanc (2018), Hardof-Jaffe and Peled (2022), McFerran (2016), and Story (2014), there is an urgent need to incorporate the theoretical principles of connectivism into professional training, including that of Music Therapy specialists. They link the practical implementation of these principles primarily to the development of networked learning, which combines the ideology of open mass educational resources with the networked communication of all participants. This type of training, facilitated by modern information and communication technologies, offers access to virtually limitless information and alternative methods, enabling collective processing regardless of time or location.

In our opinion, it is worth mentioning Goodman (2011), who emphasizes the importance of optimal use of modern information and communication technologies in general and networked learning in particular, given their wide possibilities in increasing the effectiveness of professional training of Music Therapy specialists: “Students are networking amongst themselves and professionals given the popularity of webs and blogs on the Internet. Further encouragement for students as well as organizations of students, nationally and internationally, networking with each other in a way that invites academic purpose (as opposed to distractibility in the classroom) through blogging, skypeing, and social networking sites is instructive. These cyber

conversations can be centred on common areas of clinical interest and can either occur spontaneously or in context of student assignments” (p. 187).

Hence, based on the generalization of the considered scientific literature, we can draw a conclusion about the active renewal of the theoretical base of the system of professional training of music therapists, first of all, in accordance with current philosophical, psychological, pedagogical ideas and ideas about the essence and nature of human cognition. Taking into account the complex nature of the professional activity of a music therapist and the interdisciplinary structure of knowledge necessary for its implementation, the development of the theoretical basis of the professional training of specialists in the relevant specialty is carried out by integrating various learning theories, in particular behaviourist, cognitive constructivist, social constructivist learning theories, as well as connectivism learning theory. In our opinion, the rational synthesis of the ideas and theses of the specified theories makes it possible to identify the key factors and prerequisites for their successful acquisition of a system of professional knowledge and experience, and thus to choose and implement the most constructive approaches to the organization of the educational process.

1.3. Methodological approaches to professional training of masters in Music Therapy

The intensive expansion of the field of professional activity of music therapists and the improvement of the scope of providing Music Therapy services nowadays put forward qualitatively new requirements for the personality of specialists of this profile and the system of their professional training. Accordingly, the current stage is marked by an active search for ways and means of its reforming, taking into account the current demands of society regarding the maintenance of the health and well-being of each person and the modern realities of Music Therapy practice. First of all, these searches are manifested in the active rethinking, re-evaluation of established traditions of professional training of Music Therapy specialists and the justification of new methodological bases for its implementation.

The study of scientific works on this research problem made it possible to determine a number of key methodological approaches proposed by scholars as the basis for improving the effectiveness of the system of music therapists' professional education and the quality of their training, among them: competency-based approach (Bruscia, & et al., 1981; Taylor, 1987; Zanders , 2020); activity-based approach (Murphy, 2007; Tims, 1989; Wheeler, 2002; Wigram, & et al., 1995); personality-oriented approach (Bruscia, 1981; Préfontaine, 2006; Stewart, 2000); cultural approach (Brown, 2001; Donley, 2018; Kenny, 1994; Yehuda, 2013; Veblen, & et al., 2021); interdisciplinary approach (Constantin, & Drăgulin, 2019; Goodman, 2011); and integrative approach (Bonde, & et al., 2019; Meadows, & et al., 2020; Short, & Heiderscheit, 2023) (see Fig. 1.1).

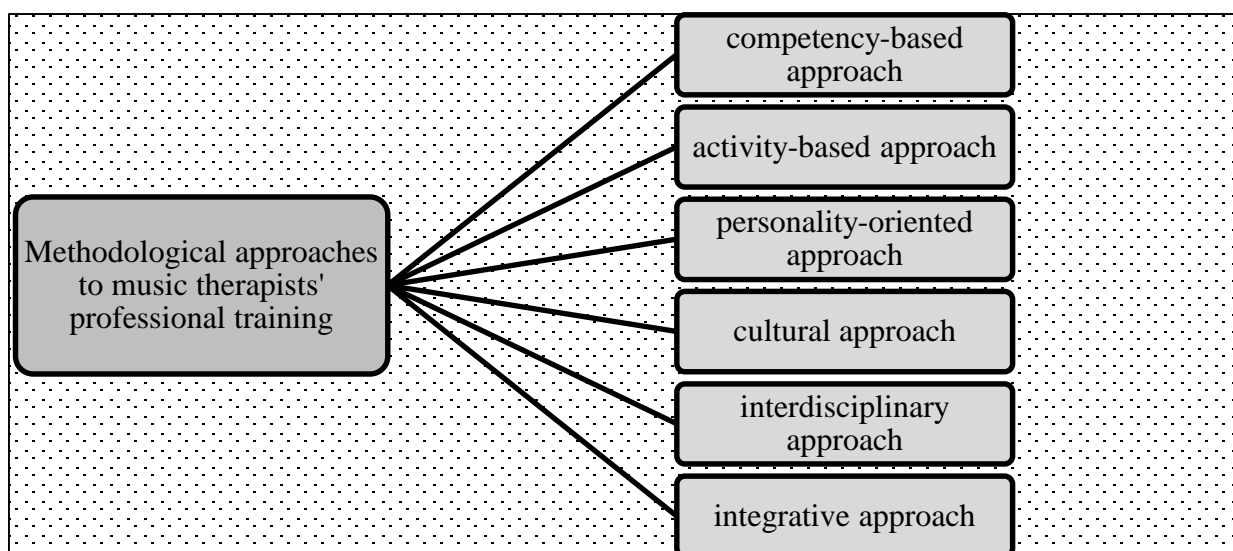


Fig. 1.1. Professional training of music therapists: the methodological approaches (developed by the author)

Scientists associate better opportunities for becoming a specialist capable of successfully solving a wide range of health problems with the help of modern Music Therapy techniques with the implementation of these approaches.

Therefore, as evidenced by the analysis of scientific literature, scientists consider one of the key methodological approaches to the professional education of Music Therapy specialists to be competency-based (Braswell, & et al., 1986; Farnan, 2001; Goodman, 2011; Wright, 1992). In general, it involves a shift of emphasis from the process of accumulating normatively defined knowledge to the plane of formation of

future master's in Music Therapy ability to act effectively and creatively use knowledge in various conditions and situations of professional activity. This approach directs the educational process to the development of the specialist's professional competence, as an integrative characteristic of his personality, which combines knowledge, skills, value orientations, qualities, etc., and on this basis ensures readiness to successfully perform professional tasks and duties.

In particular, Burgun (БургуН, 2010) emphasizes that the competency-based approach prioritizes developing a specialist's capacity for action and readiness to effectively apply personal experience and knowledge in various professional and social contexts, rather than merely accumulating knowledge, abilities, and skills. At the same time, the researcher appropriately notes that this approach "does not deny the importance of knowledge, abilities and skills, but it emphasizes the preparedness of the future specialist to use the acquired knowledge to solve problems arising in professional and everyday life" (БургуН, 2010, p. 162).

Also, Curry and Docherty (2017) define as a key feature of the competency-base approach to education its focus on the result in the activity dimension: "Educational structures characterized as competence or outcome-based can be identified by various manifestations of functioning end points: educational objectives, outcomes statements, competence frameworks, task analyses, employability skills list, performance and grading checklists. What is common across these tactics is the focus on endpoint behavioural competence and therefore on assessing direct indications of attained competence throughout the educational experience" (p. 62).

Curry and Docherty (2017) also identify the key feature of the competency-based approach to education as its focus on results in the activity dimension: "Educational structures characterized as competency or outcome-based can be identified by various manifestations of functioning end points: educational objectives, outcomes statements, competency frameworks, task analyses, employability skills list, performance and grading checklists. What is common across these tactics is the focus on endpoint behavioural competence and therefore on assessing direct indications of attained competence throughout the educational experience" (p. 62).

Conversely, Olmos-Vega and Bonilla-Ramirez (2017) describe the competency-based approach to professional education as fundamentally opposed to the traditional knowledge-centred approach. They argue that this approach emphasizes the end result of professional education, which is primarily demonstrated through the practical skills acquired by students. “The objective is not to acquire knowledge, but knowing how to use that knowledge” (Olmos-Vegaa, & Bonilla-Ramirez, 2017, p. 129). Thanks to this, the competency-based approach enables him to realize himself as an active participant of the educational process, to influence its course and result, in contrast to the traditional approach, where the student is mainly a passive recipient of normatively defined educational information.

The mentioned researchers associate the advantages of the competency-based approach in professional education and training, first of all, with the wide possibilities of increasing its effectiveness through updating the goals and objectives, improving the content and methods of specialists’ training in order to ensure the conditions for acquiring valuable practical experience in solving real problems and tasks of further professional activities, as well as the development of the ability to adapt to various typical and non-standard situations and autonomously find coherent solutions. Therefore, the educational process based on the competency-based approach is associated, first of all, with the active search of knowledge by students and their practical application to gain experience in solving specific professional problems and tasks. Accordingly, its main value lies in strengthening the practical orientation of the educational process, which ensures readiness for action in various situations of professional life.

Taking this into account, scholars such as Alley (1978), Bruscia and colleagues (1981), Farnan (2001), Goodman (2011), and Taylor (1987) emphasize the importance of the competency-based approach in the methodological support of training Music Therapy specialists. This approach is valued for its focus on achieving substantial practical results, particularly in preparing students comprehensively for their professional responsibilities. According to these researchers, applying the competency-based approach in Music Therapy education allows students to attain a high level of

professionalism through the integration of knowledge, skills, and practical experience, enabling them to competently and effectively perform their professional duties.

The topicality of the competency-based approach to the professional training of music therapists is also emphasized by Lim (2019), considering the multi-functionality of their professional activities at the present time. The researcher emphasizes that their educational program should provide for the possibility of acquiring and demonstrating a wide range of competencies: “Competencies require knowledge in a variety of areas such as psychology, special education, neurology/biology/anatomy, and Music Therapy principles as well as the ability to apply this knowledge in clinical settings. Successful application of knowledge requires additional abilities including music skills, scientific/analytical skills, interpersonal skills, professional work skills and behaviours, and good mental, spiritual, and physical health” (Lim, 2019, p. 221).

We agree with the opinion of Zanders (2020) about the broad possibilities of the competency-based approach in providing targeted training of Music Therapy specialists to perform professional tasks. The scholar connects the need to implement this approach with the definition of a list of competencies that should serve as a measure of students’ readiness for autonomous professional activity: “As students progress through their education and training, the core competencies become an evaluative tool. Evaluation subsequently focuses on how well students have achieved competence and what students have learned, rather than what they have been taught. If the student has acquired these skills, it is presumed that they are ready for professional work” (Zanders, 2020, p. 20). Therefore, according to the scientist’s reasoning, the importance of the competency-based approach is due to the establishment of clear target guidelines in the professional training of music therapists and the determination of specific prerequisites for their admission to professional activity.

Topical within our research there are ideas presented in Kutsyn’s publications (Куцин, 2021), highlighting the problems of professional training of pedagogical workers in the music profile to carry out therapeutic activities based on the competency-based approach. In particular, it is worth mentioning the assessment of researcher, according to which this approach is one of the “ways of updating the content

of education, educational technologies in higher education, their alignment with modern needs, integration into the European and world educational space, which requires the development of personal qualities and creative abilities of future specialists, the ability to independently master new knowledge in the field of art education, to solve social and professional problems” (Куцин, 2021, p. 120). This position is properly argued by the focus of the competency-based approach on the development of synthesized system of knowledge about the immediate sphere of professional activity and the ability to use it in specific situations.

In our research, it is crucial to consider the constructive critical views of scientists on the competency-based approach to professional education and training, and their cautions against viewing it as the sole solution to all its issues. For example, Grant (1999) highlights a key concern regarding the competency-based approach in the professional education of health sciences, including music therapists. The scientist points out that this approach risks oversimplifying the professionalism of healthcare specialists by equating it with merely possessing a set of skills for specific professional tasks. This could lead to a reductionist approach to their professional training.

Frank and colleagues (Frank, & et al., 2010) also highlight objective critical remarks regarding the competency-based approach in healthcare professional training. They acknowledge its advantages, such as “focusing on outcomes, emphasizing abilities, de-emphasizing time-based training, and promoting greater learner-centeredness”. However, they also identify several risks, including “the threat of reductionism, logistical chaos, loss of authenticity, inertia, and lack of resources” (Frank, & et al., 2010). To mitigate these risks, scientists propose viewing competence as a multi-level, multi-faceted, and dynamic characteristic that develops and improves throughout a specialist’s professional life. They recommend an algorithm for implementing the competency-based approach in educational programs, beginning with the clear definition of competencies for students in this specialty as the expected outcomes of their training, and ending with the development of specific criteria and tools for assessing the degree of their competence.

Considering all the aforementioned points, we believe that applying a

competency-based approach to the professional training of Music Therapy specialists shifts the focus in the educational process. This shift moves from the traditional teacher-to-student transmission of knowledge to developing students' ability to actively seek out information and prepare for creative application in their future professional activities. In our view, implementing this approach updates the goals and content of professional education programs for Music Therapy specialists. It aligns them with the professional direction and modern conditions of the field, thereby increasing the competitiveness of graduates in the labor market and enhancing their chances for successful employment.

Among the methodological approaches to the professional education and training of Music Therapy specialists, the activity-based approach, which puts their development as active professionals in their field to the fore, is particularly topical today. Its significance is substantiated in the scientific literature (Darrow, & et al., 2001; Erkkilä, 2000; Lindvang, 2013; Maranto, & Bruscia, 1988a; Murphy, 2007; Wheeler, 2000; Wigram, & et al., 1999; Zanders, 2020). It is emphasized the need to form a broad practical experience of the professional activity of music therapists, taking into account all the diversity of their tasks and responsibilities, spheres and directions of work nowadays.

In particular, Ferrer (2012) points out the remarkable multi-functionality and multi-facetedness of the professional activity of a music therapist currently: "Music therapists help individuals reach predetermined goals using music as the therapeutic medium. Individuals of all ages and levels of functioning benefit from this therapeutic modality. Music therapists serve many different clinical populations including Alzheimer's and dementia, autism, mental health, developmentally disabled, traumatic brain injury, medical/surgical, and substance abuse disorders. Nursing facilities, long-term rehabilitation units, medical and psychiatric hospitals, hospice programs, and schools are among the types of settings that employ music therapists" (p. 2-3).

Obviously, the essence of the activity-based approach to professional education and training is revealed, first of all, in the idea of the possibility of professional development of a person only through activities that involve his conscious activity in

the process of interaction with the surrounding world to solve various vital and professionally significant problems. Accordingly, the use of this approach within professional education and training requires that it be aimed at students mastering methods and techniques of professional activity, gaining practical experience in its implementation, which, in fact, serves as the basis of their professionalism development. Therefore, it provides a clear orientation of the educational process in universities to the identification and implementation of various forms of activity of future specialists, their inclusion in various types of activities, which contributes to their personal and professional growth and further successful self-realization in the conditions of the current dynamic professional world.

Scientists Al Shloul and et al. (2024), Vähämöttönen and et al. (1994) claim that the experience of various activities is the basis of the development of the future specialist's ability to confidently overcome contradictory, non-standard situations in his further professional life, the readiness to depart from stereotypes when assessing a problem, the ability to understand it from alternate perspectives and choose the most optimal way for its solution. Gaining this kind of experience is possible only with the help of direct involvement of future specialists in the practice of the professional sphere, their active participation in identifying the essence of various professional problems considering a significant number of factors and circumstances, finding ways to overcome them, practical testing of appropriate methods and techniques, evaluating the results of their application.

Given these considerations, the activity-based approach in professional education and training focuses on enhancing its practice-oriented nature to familiarize students with the realities, conditions, and challenges of their professional field. It aims to develop students as active participants in their relevant professional environments. Consequently, scientists associate its implementation in professional education with the adoption of qualitatively new principles for structuring the educational process: “activity based learning is a strategy whereby teachers demonstrate realistic challenges and provide practical life opportunities to students to develop their personality and professional capabilities” (Ali, & Muhammad, 2018, p. 94).

Revealing the essence of the activity-based approach to the professional training of specialists of various profiles and specialties, researchers (Al Shloul, & et al., 2024; Ali, & Muhammad, 2018; Vähämöttönen, & et al., 1994) are united in their opinion regarding its essential role in updating all key aspects of the process of their training (content, methods, organizational forms, etc.) in order to ensure conditions not so much for passive acquisition of knowledge, but for active participation in various types of activities: “Instead of traditional learning, the primary goal of activity-based learning is to move the attention away from knowledge transmission and instructor contact and toward active student participation” (Al Shloul, & et. al., 2024, p. 2).

In this context, scholars (Ali, & Muhammad, 2018; Vähämöttönen, & et al., 1994) pay attention to the intensification of students’ activities through the use of practice-oriented tasks. According to their statements, in order to develop professional qualities, students need to set tasks and create situations that reflect the real problems of professional field, and thus provide them with opportunities to actively practice various techniques for solving them. Such an organization of professional training of specialists of various specialties makes it possible to significantly strengthen its activity focus.

Therefore, the activity-based approach presents the system of professional education and training in general and music therapists in particular with the task of developing the ability for active further professional activity. In unison, scientists argue that the activity-based paradigm does not eliminate the role of theoretical knowledge, but on the contrary – emphasizes their significance, but, first of all, as the fundamentals of effective professional activity. Thus, the activity-based approach does not involve the refusal of theoretical knowledge of future specialists, but presupposes their subordination to the mastery of practical skills necessary for the successful performance of further professional tasks. Thanks to this, it significantly facilitates the transition for students from educational to professional activities.

In this context, our opinion accords with the idea expressed by Zanders (2020) regarding the importance of directing all stages of professional education and training of Music Therapy specialists, in particular both – the stage of university training and

the stage of clinical training, primarily to the development of the ability to perform practical activities at a highly professional level: “The education of Music Therapy students includes instruction within classroom settings that reflect and expand the clinical understanding of students through practice, theory, and research in Music Therapy. The practicum training of students includes reflexive awareness and processing of clinical and therapeutic foundations to promote an enhanced level of professional practice and therapeutic awareness. The overall goal, then, for both education and clinical training is for students to be prepared to practice at a professional level” (Zanders, 2020, p. 20).

Moreover, scientists believe that in order to fully understand the power and essence of Music Therapy, it is important for students to take an active part in Music Therapy activities, both in the role of a specialist and in the role of a patient. In particular, Murphy (2007) claims that the experimental, educational and cognitive and at the same time practical activity of future music therapists “helps to develop musical sensitivity; listening skills; techniques for establishing contact with clients and understanding their music; and a deeper and more personal understanding of transference and countertransference” (p. 33). In addition, this approach provides them with the opportunity “to make connections between theoretical knowledge and practical application of Music Therapy methods and materials based on their personal experience” (Murphy, 2007, p. 33).

The topicality and significance of the activity-based approach in the professional training of music therapists is substantiated in the scientific literature, first of all, in view of the practical needs and challenges of the relevant field of activity. “Music therapists actively solve clinical problems and seek to enhance quality of life. Therefore, our training and education must involve more than the accumulation of knowledge. We need to emphasize the practical application of various therapeutic approaches to better the human condition. This demands active learner and an experiential component in the learning process” (p. 1). Therefore, the researcher considers the activity-based approach to the organization of professional training of Music Therapy specialists to be one of the most important and effective and reduces

its value, first of all, to the creation of such learning conditions in which “the student experiences the effects of Music Therapy process and has the opportunity to practice in its implementation” (Tims, 1989, p. 1).

Scientists (Ferrer, 2012; Lindvang, 2013; Tims, 1989; Wheeler, 2002; Wigram, & et al., 1995) associate the feasibility of using an activity-based approach to the professional training of Music Therapy specialist, first of all, with providing the opportunity for the development of musical therapist as a professional capable of promptly identifying clinical problems, objectively determining their essence and causes, choosing the most effective methods and means of intervention and predicting the therapeutic outcome. Therefore, the priorities of the professional education and training of music therapists, which involve the acquisition of extensive practical experience in specific professional situations, require, according to the mentioned researchers, the approval of the activity-based approach as one of the main paradigms of their training.

In this context, we believe that the implementation of the activity-based approach in the professional education and training of Music Therapy specialists is a guarantee of their readiness to successfully perform various professional duties. It creates the prerequisites for revealing the students’ own position in the course of their professional training, for gaining valuable practical experience in solving numerous problems of professional activity. Its implementation, in our opinion, contributes to the strengthening of the practical orientation of professional training programs for music therapists, and therefore to the facilitation of their transition to autonomous professional activity and successful further professional self-realization.

The researchers Iwamasa (2023), Meadows, & et al. (2020) argue that nowadays the professional life of Music Therapy specialists is marked by the frequent occurrence of situations characterized by uncertainty and contradictions. Addressing these challenges effectively requires not only professional competence but also specific personal qualities. These qualities enable individuals to go beyond the normative state of affairs, make original decisions, apply non-standard approaches, critically assess the consequences of their actions, and take responsibility for them. For music therapists,

possessing such professionally significant personal qualities is crucial, highlighting the importance of incorporating a personality-oriented approach in their professional training. This approach emphasizes the development of individual attributes that are essential for navigating the complexities and demands of their professional environment.

In modern scientific literature, the personality-oriented approach to professional education and training is considered from various perspectives and interpreted in multiple ways. On one hand, it focuses on recognizing each student as a unique individual with distinct opportunities and aptitudes, and on providing conditions for their development (Justice et al., 2007; Lysenko, 2023). On the other hand, it directs the educational process towards developing various personal traits of future specialists, which are essential for their successful professional self-realization, considering modern realities and trends in the relevant field (Cross, & Papadopoulos, 2003; Sheikh et al., 2007; Web et al., 2009). In the context of our research, this approach highlights the critical importance of personal qualities in developing professional skills for Music Therapy specialists, considering these qualities as key factors for success in their professional activities.

The study of scientific literature (Cross, & Papadopoulos, 2003; Glen, 1998; Lysenko et al., 2023; Sheikh et al., 2007; Tomlinson, 2004) supports the assertion that implementing a personality-oriented approach is now considered both natural and objectively necessary, driven by the key imperative of higher education development. This approach is primarily associated with ensuring conditions that foster the development of professionally significant personal qualities in students. Lysenko and et al. (2023) particularly emphasize that integrating a personality-oriented approach into professional training systems can address contradictions, especially those between focusing on the development of specific professional knowledge and mastering professional activity technologies, and the essential need to develop professionally significant personal traits in future specialists, which are crucial for their success in professional life: “Overcoming the contradictions outlined requires the systematic introduction of a personality-centred approach to specialists’ professional training, the

creation of favourable conditions for their personal and creative development, and the formation of professionally significant qualities that will be a prerequisite for successfully solving the necessary professional tasks” (Lysenko, & et al., 2023, p. 352).

The change in the priorities of professional training within the limits of a personality-oriented approach is due to the recognition of the fact that the success of the activity of a modern specialist depends not only on his system of professional knowledge and skills, but also on the degree of his personal qualities development. Here we give emphasis to the responsibility for one’s decisions and actions, criticality in assessment of various situations and finding the ways out of them, creativity in performing various types of activities, persistence in performing duties, etc. The development of similar qualities of the student’s personality in the context of a personality-oriented approach is a guarantee of further significant professional achievements and successful self-realization.

According to the conclusions of scholars (Cross, & Papadopoulos, 2003; Glen, 1998; Sheikh, & et al., 2007; Tomlinson, 2004), a personality-oriented approach directs the professional training of a specialist to the plane of his personal growth and the development of professionally significant features of his character. It requires increased attention in the process of professional training to reveal the essential strengths of the personality of the future specialist, his intellectual and moral potential, the ability to navigate freely in complex, contradictory professional situations, the readiness not only to apply standard approaches to professional activity, but also to carry out creative and innovative searches in professional sphere.

The expected outcome of professional training, which is based on the ideas of a personality-oriented approach, is the multifaceted personality of the future specialist, the development of his professionally important personal traits, which make it possible to build his everyday and professional life productively. Therefore, this approach requires the development and implementation of appropriate pedagogical technologies that provide personalized training of students taking into account their individual characteristics and capabilities: “Considering that each person has a unique set of needs, motivations, instructions, and emotional and volitional characteristics, a

personalized learning approach requires in-depth knowledge of the personality's features, his abilities, the level of professional and creative and general development, attitude to professional pedagogical techniques, types of educational materials and forms their presentation, as well as to the formation of artistic thinking, analytical and synthetic activity, the culture of revealing emotions, feelings and experiences” (Lysenko, & et al., 2023, p. 355).

Hence, a personality-oriented approach to the professional training of specialists brings their personal growth to the fore. Accordingly, it directs the educational process to support the student in the discovery and realization of his personal gifts and opportunities, to promote the development of his original personal image. The implementation of this approach in professional education is inextricably linked to ensuring an individual educational trajectory for students, shifting emphasis from standardized knowledge, abilities and skills to the plane of individual personal achievements. It is important to model various problem situations for revealing and developing personal qualities, creating conditions for the realization of needs and interests, and acquiring experience in various types of activities. Thanks to this, a personality-oriented approach makes it possible to organise the educational process as a sphere of self-affirmation of the future specialist's personality.

We agree with the statement of Bruscia (1981), Préfontaine (2006), Goodman (2011) about the crucial role of the personal aspect in the process of professional training of Music Therapy specialists. It is about human qualities necessary for successful interaction with an extremely wide range of people, who have needs in rehabilitation and support of health. Bruscia (2014) substantiates the significance of becoming a music therapist as a person, emphasizes the specific requirements for his further professional activity, which go beyond the mechanical application of Music Therapy techniques: “The music therapist seeks to help the client in myriad ways, depending upon what the client needs. The first way of helping the client is to “be there” for her on a human level, that is, to be present and open to the client's experience, to empathize with and understand her circumstances, to bear witness to her dilemmas, to accompany her on her journey toward health, to offer whatever assistance or support

is appropriate, to provide guidance or intervention if necessary, and to care” (p. 5).

In this context, we consider it appropriate to try to determine the most essential personality qualities of a professional in this specialty from the perspective of his interpersonal interaction, as a rule, with in risk groups of people who appeal to Music Therapy as a way of physical or mental curing. Specifically, based on the results of empirical research, scientists (Shatin, & et al., 1968; Stewart, 2000; Goodman, 2011) indicate the need for personal development of future music therapists in the context of its pronounced social nature: “A strong personal value base is essential to a profession such as Music Therapy, with its primary reliance on personal and inter-personal skills” (Stewart, 2000, p. 24). As a result, the researchers identified a whole range of personal qualities of a Music Therapy specialist, the development of which requires special attention in the process of his professional training. Among them there are the following: sociability, empathy, sensitivity, adaptability, emotional stability, creativity, etc.

From this perspective, we can conclude that a personality-oriented approach to the professional training of music therapists directs attention to the significance of his development as a person with a pronounced humanistic orientation, moral norms that regulate behaviour and relationships with clients, attitude to their health and well-being as the highest values and goals of the activity. This methodological approach raises the determined qualities of music therapists to the level of the most significant criteria of their readiness for professional activity, given its social nature, which requires friendly interpersonal relations with clients and an individual approach to each of them. Therefore, it focuses on rethinking the tasks of Music Therapy education and training, especially, its direction on the development of professionalism of the future specialist as a kind of synthesis of professional competences and personal qualities.

The vital role in the development of a modern specialist in Music Therapy is played by the cultural approach, which is considered in modern scientific literature as a set of ideas, theses, measures aimed at creating conditions for the development of professionally significant cultural values (Gaybullaevna, 2022; Donini-Lenhoff, & et al., 2000). In the context of professional education in general, the essence of this

methodological approach involves directing the training of a specialist to mastering the basics of general and professional culture, his development as its bearer. Thus, this approach reveals new aspects in professional education and training, and acts as a factor in its integrity, combining the professional and cultural, and personal growth of the future specialist into a coherent process.

It is especially actual this approach is in the field of professional training of specialists in social professions, including music therapists. It requires the mastery of humanitarian culture, which we interpret as a set of universal human values and professional-humanistic orientations. We consider them as a crucial factor in the successful provision of qualified assistance to representatives of various social groups in accordance with their individual requests and taking into account a wide range of their difficulties. Therefore, the specifics of the profession of a music therapist in modern conditions of humanization of social life require him to pay more attention to the consumer of Music Therapy services as a person in a difficult situation and dictate higher requirements for his general and professional culture.

Researchers Shaya and Gbarayor (2006), Brach and Fraser (2000), Assemi and et al. (2004) claim that the introduction of a cultural approach to the system of professional education and training, especially in health professions education, is designed to change traditional ideas about professional knowledge and skills as its main target priorities, to eliminate the narrowness of its content at the expense of cultural meanings, introduce the criteria of cultural creativity into the activity of a professional. From the standpoint of a cultural approach, the essence of professional training is determined in a new way, namely through the development of the professional culture of students (especially social professions), which is manifested in the system of norms, values, ideas and beliefs that regulate the process of professional activity and determine creative attitudes and at the same time moral attitude in professional environment.

Gaybullaevna (2022) provides the comprehensive description of the essence of the cultural approach as a methodological basis of modern professional training. The author defines it as a set of ideas and methods “that provide an analysis of any area of social and psychological life and human activity through the prism of cultural concepts

that shape the system, such as culture, cultural norms and values, and cultural events” (Gaybullaevna, 2022, p. 59) or as a combination of a number of technologies “aimed at developing the humanitarian culture of the future specialist, his or her professional and personal qualities” (Gaybullaevna, 2022, p. 59). According to her, this approach entails broadening the functions and content of professional education to encompass the development of professionals as carriers of professional culture. This means not only equipping students with the necessary skills and knowledge but also fostering the values, ethics, and behaviors that define professional culture in their field. By doing so, we prepare future specialists to embody and promote the standards and principles of their profession in a holistic manner, ensuring their readiness to contribute meaningfully to their professional community: “In terms of cultural approach, the professionalism of the modern specialist was determined by the professional culture” (Gaybullaevna, 2022, p. 58).

The analysis and generalization of the scientific literature (Gaybullaevna, 2022; Shaya, & Gbarayor, 2006; Chevannes, 2002; Floyd, & Morrison, 2014) shows that the professional training of specialists based on the cultural approach is primarily associated with: their integration of the system of rules of behaviour and norms of cultural interaction which are implemented in society; knowledge of cultural values, development of a humanistic worldview, self-affirmation in culture and society; transformation of cultural values and ideals accepted in society into personal ethical principles and moral attitudes; internal acceptance and conscious observance of cultural guidelines aimed at the benefit of the community.

The contemporaneousness of the cultural approach to the system of professional training of music therapists is similarly explained primarily by its significance in laying the foundations of their professional culture, the essential characteristics of which, in turn, are determined considering the current requirements of their field of activity. Particularly, researchers Brown (2001), Donley (2018) claim that this methodological approach emphasizes the importance of familiarizing the future specialist in Music Therapy with the system of ethical values, norms and prohibitions, the consideration of which is an absolute requirement which is explained via the specifics of the

profession, and involves inevitable interference in another person's life. Implementation of this in the future will make it possible to "make all music therapists more culture-centred in their work and thinking, not by labelling their work as such but by integrating cultural perspectives in their thinking" (Stige, 2002, p. 5).

The implementation of a cultural approach to the professional training of music therapists involves flooding their educational programs with ideas, values, ways of thinking, principles of practical activity, which will provide them with the opportunity to study and evaluate the client's problems from alternative points of view and perspectives and determine the optimal ways to solve them, taking into account the generally accepted cultural norms and ethical rules of providing Music Therapy assistance. Especially, Kenny (1994) emphasizes the need to improve the professional training programs of music therapists based on a cultural approach in order to develop the cultural competence that is vigorous for successful professional practice, including "awareness and knowledge of one's own cultural identity, a wide range of experience in different cultures, a high tolerance for paradox, a capacity to embrace ambiguity, and resourcefulness and a good imagination" (p. 12-13).

The cultural approach helps to consider the problems of the professional training of music therapists from the standpoint of the development of various aspects of their professional culture, specifically, the communicative one, aimed at establishing contact with the client as a key prerequisite for determining his problems and needs and choosing the optimal ways to satisfy them. Thus, Topozada (1995), Ruud (1998), Nolan (2005), Goodman (2011), Lindblad (2016) argue the dependence of the success of Music Therapy measures on the establishment of mutual understanding and trust between the specialist and the client, and therefore emphasize the importance of music therapist's communication culture development. They consider culture as a combination of various cognitive, emotional, behavioural traits of this specialist, which contributes to the establishment and maintenance of effective contacts with clients.

Scientists Bruscia (1987), Goodman (2011), Yehuda (2013), Veblen and et al. (2021) justify the prominence of a cultural approach to the professional training of music therapists and in view of its straight relevance to the sphere of musical art and

culture. Its application contributes to the deep understanding of musical art as a cultural phenomenon, to the expansion of understanding of musical art in the social and civilizational context in general, and the professional and therapeutic context in particular. Researchers point out that the professional training of music therapists based on the cultural approach ensures the development of a broad awareness of the variety of styles, directions of musical art, a critical understanding of the peculiarities of their influence on the physical, mental, and emotional state of a person, mastering effective musical techniques for health preservation and improvement.

Thus, the cultural approach to the professional training of music therapists directs attention to their development as carriers of general and professional culture, as a set of generally accepted norms and rules regulating professional activity. It provides a thorough familiarization of Music Therapy specialists with the cultural diversity of the world, and focuses on their optimal preparation for interaction with clients as representatives of different cultures exclusively on the basis of respect and tolerance. This approach contributes to the development of a sustainable need to comply with cultural and ethical standards of providing Music Therapy assistance. In this context, we consider the cultural approach to be an integral component of the methodology of modern professional training of music therapists.

In our research, we consider the interdisciplinary approach to the professional training of Music Therapy specialists as one of those which underpin the development of its methodological base. The training of specialists in this field of activity is based on a system of knowledge from various fields of science: biology, psychology, defectology, pedagogy, etc., as well as in the field of musical art (history of development, directions and styles, vocal and instrumental techniques, etc.). This indicates the impossibility of its successful implementation without the use of this approach. The interdisciplinary approach makes it possible to provide a synthesis of knowledge obtained within various scientific disciplines, with a projection on the field of professional activity of a music therapist.

As the results of the study of research resources show (Kalyniuk, & et al., 2020; Klaassen, 2018; Lattuca, & et al., 2004), an interdisciplinary approach to professional

education and training is aimed primarily at overcoming the contradiction between subject-specific learning of knowledge and the need for their synthesis for solving complex professional tasks. Consequently, it provides for the establishment of logical connections between diverse branches of science, their interaction during the examination of the same object, despite the presence of their own subjects. Thanks to this, the mentioned approach enables the acquisition of systematic knowledge about phenomena, processes, etc., based on the combination of theories and facts about them from various scientific disciplines, and thus – the formation of their complex understanding and holistic vision from varied perspectives.

The analysis of the literature on the problems of developing professional education and training based on the interdisciplinary approach (Catz, & et al., 2023; Kalyniuk, & et al., 2020; Klaassen, 2018; Lattuca, & et al., 2004) indicates its active justification as a modern strategy of systematic cognition of professional field. In particular, this is emphasized by Catz, & et al. (2023): “... inter-disciplinarity, i.e., integrating two or more areas of knowledge around a central theme, allows students to view a topic from several perspectives, may cultivate their cognitive skills and prepare them to work in complex environments” (p. 208). All at once, scientists point to the proportional dependence of the results of its implementation on the specific degree of realization of interdisciplinary connections: “Multi-disciplinarity – in which the learner deals with several fields of knowledge, but addresses them separately; Limited Inter-disciplinarity – in which the learner combines a number of areas around a central theme, and identifies the strengths and weaknesses of the various viewpoints; Extended Inter-disciplinarity – in which the student can transfer interdisciplinary knowledge” (Catz, 2023, p. 209).

In the context of our research, we also share the opinion of Spelt and et al. (2009), Straub and et al. (2015), Zhang and et al. (2017) about the interdisciplinary approach to professional education and training as a way to harmonize the content of a wide range of disciplines, which is due to the reflection of the certain phenomena in the certain sphere of professional activity from diverse perspectives. In view of this, it actualizes the transfer of knowledge from one discipline (as a result of previously

processed information) into the process of mastering another (with an emphasis on various characteristics of the complex object of consideration and ways of working with it). This is clearly emphasized in their study by Ivanitskaya and et al. (2002): “By focusing on an issue or core theme, interdisciplinary approaches encourage students to perceive the connections between seemingly unrelated domains, thereby facilitating a personalized process of organizing knowledge (p. 99).

Li (2023) emphasizes the significant influence of this approach on the development of systematic and practice-oriented knowledge of students: “Interdisciplinary learning, considered an educational method or learning approach, fundamentally involves the integration of knowledge, concepts, methods, and skills from diverse subject areas to address complex problems or explore intricate topics... Its goal is to impart more practical significance to students’ learning experiences, bridging the gaps between disciplines, addressing the shortcomings of subject-specific teaching, and fostering all-round development and core literacy among students” (p. 249-250).

Thus, the value of the interdisciplinary approach in professional education and training lies, first of all, in the broad possibilities of ensuring its content integrity. Catz and et al. (2023), Kalyniuk and et al. (2020), Klaassen (2018), Lattuca and et al. (2004), Spelt and et al. (2009), Straub and et al. (2015), Zhang and et al. (2017) substantiate its advantages by comparing it with a monodisciplinary one. Researchers highlight that integrating theories, concepts, facts, and more from multiple disciplines to examine a specific topic, problem, or question allows for a broader and more comprehensive understanding. The interdisciplinary approach surpasses the limitations of focusing on a single subject, as no one discipline can fully develop the complex, systemic knowledge and skills required by modern specialists, regardless of their field. This approach ensures that professionals are well-rounded and equipped with a versatile set of skills and insights, enhancing their ability to address multifaceted challenges.

In our opinion, in this context, the scientific ideas and conclusions of Ivanitskaya and et al. (2002) regarding the positive effect of using the interdisciplinary approach in education on the development of higher intellectual abilities: “Interdisciplinary

approaches, while arguably less effective than traditional approaches for building the depth of single-subject knowledge, emphasize higher-order thinking (e.g., analysing, applying, generalizing) and seek meaningful connections between and among disciplines” (Ivanitskaya, & et al., 2002, p. 97). In addition, the authors emphasize the property of interdisciplinary education to “create knowledge that is more holistic than knowledge built in discipline-specific studies” (Ivanitskaya, & et al., 2002, p. 97).

Interdisciplinary connections are especially important in the system of professional training of specialists in the field of health preservation and strengthening, in particular, music therapists. This involves mastering an extremely wide range of educational disciplines, from the perspective of the variability of potential areas of their activity and the variety of professional tasks. In particular, this is convincingly argued by Constantin and Drăgulin (2019): “Among healthcare professions, Music Therapy practice has its own therapeutic way to address treatment in the areas of psycho-social behaviour, speech and language, sensorial, motor and cognition of individuals with a variety of diagnoses: neurological, psychological, physical, or other medical ones. The practice of Music Therapy requires specialised music therapists whose theoretical notions come not only from the fields of Psychology and Music, but also from Neurology, Psychiatry, Physics, IT or Statistics” (p. 130).

The variety of courses within the professional educational programs of Music Therapy specialists requires their organic combination around an extremely wide range of problems in professional field in order to develop systemic knowledge for their comprehensive understanding and search for the most rational solution. The implementation of an interdisciplinary approach to the professional training of Music Therapy specialists is evaluated by the above-mentioned researchers as the basis for the development of their professional outlook scope, depth of professional thinking, skills of practical use of the knowledge system.

Taking this into account, we view the interdisciplinary approach as an essential component of the methodological foundation for the professional training of music therapists. This approach aims to ensure interconnectedness within the entire curriculum of educational programs. By integrating concepts and knowledge from

various disciplines, it fosters a comprehensive understanding that equips future music therapists with the multifaceted skills and insights needed to navigate their profession effectively. This not only enriches their educational experience but also prepares them to address the complex challenges they will encounter in their professional practice. Specifically, it provides opportunities for combining various subjects into the coherent system of scientific knowledge, the mastery of which becomes the basis for understanding profession of a music therapist. Its implementation in the system of professional training of Music Therapy specialists creates prerequisites for the generation of interdisciplinary training courses aimed at thoroughly familiarizing students with current issues and problems of the professional sphere simultaneously from the perspective of various sciences, and thus at forming its holistic vision and comprehensive understanding. Providing an educational process based on the interpenetration of sciences, an interdisciplinary approach enables the development of the professional competence of a music therapist as a system of interconnected knowledge and skills, which serves as a reliable basis for his further effective professional activity.

The interdisciplinary approach to the professional training of music therapists is indeed closely related to the integrative approach, and they are sometimes conflated in the scientific literature (Kalyniuk, & et al., 2020; Klaassen, 2018; Li, 2023). However, distinguishing between them is crucial, given the broader scope of the integrative approach compared to the interdisciplinary one (Sotskova, & Dossett, 2017; Owen, & Lindley, 2010; Meadows, & et al., 2020). In our opinion, the integrative approach is focused on merging all components of professional training into a cohesive whole, including all cycles, stages, levels, and so forth. This comprehensive method aims to train music therapists and develop their optimal readiness for professional activity, taking into account the multiplicity and variability of professional tasks, conditions, and methods of implementation. By doing so, it ensures that all aspects of a music therapist's education are harmonized and aligned towards a common goal, enhancing their ability to navigate the complexities of their profession effectively.

Bravenboer and Lester (2016) substantiate its importance for the development

of the professional education system by explaining the obsolescence and insufficient effectiveness of traditional approaches, according to which “the would-be practitioner learns first the “science” or disciplinary knowledge underpinning the profession, followed by its “applied science” or tools and techniques, and finally its practice” (p. 3). All at once, modern realities of professional activity in any sphere or industry require simultaneous thorough training of future specialists “in the theory, practice and ethos of the profession before they can work independently, and with ensuring that adequate standards of practice are upheld” (Bravenboer, & Lester, 2016, p. 3). Researchers claim that solving this problem is impossible without using an integrative approach “where practical, technical, and more theoretical learning are intertwined” (Bravenboer, & Lester, 2016, p. 4).

Researchers Bouw and et al. (2020) associate the topicality of the integrative approach and its application in professional education and training with the opportunities to create a comprehensive, integrated environment for training future specialists based on the combination of “features from the contexts of school and work” (p. 487). Thus, scientists argue for the requirement to use an integrative approach in professional education and training, first of all, by the urgent need to ensure a close relationship between the theoretical training of future specialists at the university and the practical training at the places of their further work, which is the key to the successful development of “the kinds of knowing and skills required to be productive in work, to inform learners about their preferred vocations and to assess their suitability for a vocation” (Bouw, & et al., 2021, p. 488). They consider the lack of such integration in the process of professional training of specialists regardless of specialty as the key reason for insufficient synthesis of their knowledge and skills acquired as a result of school-based and workplace-based learning activities.

Hence, the integrative approach in the context of professional education and training is quite appropriate, in our opinion, considered in scientific works as one of the key prerequisites for ensuring the proper preparation of a specialist for professional activity in various fields in the conditions of modern dynamic changes in its content, structure, functions, and tasks (Owen, & Lindley, 2010; Bravenboer, & Lester, 2016;

Bouw, & et al., 2021). Nowadays, the professional activity of a specialist is often accompanied by the expansion of the content of work, the redistribution of existing and the appearance of new functions, the modification of a set of tasks, the combination of job duties, etc. These realities of the current professional life require specialists to have a complete, synthesized system of knowledge and the ability to solve complex, multifaceted professional problems, perform related duties, and the development of appropriate competencies is practically impossible without the implementation of an integrative approach in the process of their professional training.

Indeed, the scientific literature frequently reflects similar ideas and considerations regarding the implementation of an integrative approach in the professional training of music therapists. This approach, with its emphasis on combining various components of professional training into a cohesive whole, is pivotal in preparing music therapists for the multifaceted nature of their profession. By integrating different cycles, stages, and levels of education, this approach aims to create a comprehensive training program that develops the optimal readiness of future music therapists. It ensures they are well-equipped to handle the diverse tasks, conditions, and methods they will encounter in their professional practice. In particular, its importance is justified in view of the need to ensure the relationship between theoretical, practical, research, and clinical training of future specialists in Music Therapy. At the same time, scientists explain the need for the integration of theoretical, practical, research, and clinical training of future music therapists, first of all, by the synthetic nature of its expected outcome – the development of professional competence of a music therapist: “Learning in a new field such as Music Therapy is a challenge: it is not enough to become competent in the fields of both music and therapy ... The prospective music therapist may be well trained as a musician or as a therapist, but the personal synthesis of these competencies is what is at stake when we speak of becoming a music therapist” (Préfontaine, 2006). The lack of balance and interrelationships between all components of the system of professional education and training of music therapists is quite appropriately assessed as a significant obstacle and challenge to the development of their professional competence as an integrated personal quality.

Also, in the work of Bonde and et al. (2019), the actuality of this approach to the professional training of music therapists is explained by the integrated nature of its general goal – “the development of readiness for professional activity as a complex combination of knowledge, abilities, skills, experience, qualities, value orientations, etc. Researchers claim that the development of these basic components of the readiness (understanding of various philosophical, psychological, musical, etc. theories and concepts, individual style of Music Therapy activity, professional identity of the music therapist) is possible only under the conditions of integration of scientific theoretical and practical music and therapeutic preparation” (Bonde, & et al., 2019, p. 449-451).

Scholars Meadows and et al. (2020), Robb and Hanson-Abromeit (2016), Short and Heiderscheit (2023), Wilhelm (2017) as well emphasize the significance of an integrative approach to the professional training of music therapists in the context of considering the problems of their further inter-professional interaction. In this case, they actualize integration processes in educational programs of related professions, in particular within the field of health care or social work. This activity results in the development of joint integrated courses, as a rule, with a pronounced practical orientation, which involve work on complex practical problems, the solution of which requires simultaneous consideration from many scientific perspectives, and teambuilding and teamwork of various specialists.

According to the above-mentioned scientists, this method of implementing an integrative approach in the professional training of music therapists, despite the obvious difficulties of its implementation, significantly increases the quality of their training for future activities. Meadows and et al. (2020) based on the results of the practical approbation of such an integrated course for students of various professions in the field of health care (physician assistant, athletic training, health care, nursing, advanced practice nursing, physical therapy, pharmacy, occupational therapy, respiratory care, and Music Therapy) point to its positive influence on the development of the professional identity of future music therapists and their willingness to cooperate in solving complex tasks to improve the patient’s health: “That is, interacting with health professions students helps our Music Therapy students develop a clearer sense

of who they are, and where they belong in healthcare teams, particularly in medical settings. It helps them understand the unique and shared dimensions of their scope of practice, and instils in them a sense of how they can contribute to a treatment team” (Meadows, & et al., 2020, p. 141).

In this context, we believe that the implementation of an integrative approach in the professional training of music therapists contributes to qualitative changes in the structure, content, organization of the process of their training and ensures its integrity, resulting in the systematicity of their knowledge and skills, necessary for the performance of further functional duties and tasks. The application of this methodological approach opens the way to the continuity of the professional education and training of Music Therapy specialists, due to the continuity of its stages and levels, as well as to ensuring its comprehensive nature, attributable to the strengthening of relationships between all its cycles. Therefore, we consider its implementation to be one of the key prerequisites for improving the quality and efficiency of professional training of music therapists.

As a result, on the basis of the study of scientific literature on the problem of professional training of music therapists, we conclude about intensive searches for ways to modernize it in view of modern trends and realities of this field. Therefore, today there is an active substantiation of modern approaches to its implementation, in particular competency-based, personality-oriented, cultural, activity-based, interdisciplinary, and integrative approach. These approaches organically complement each other, provide a solid methodological basis for solving the complex tasks of training music therapists for professional activities, taking into account the conditions and challenges of professional environment. In our opinion, the development of a system of professional training of specialists for the Music Therapy field based on such methodological approaches provides the proper conditions for becoming a highly qualified specialist capable of effectively applying a wide arsenal of modern Music Therapy techniques to support and strengthen mental, physical, and spiritual health and well-being of people and at the same time ready for constant professional self-improvement in accordance with dynamic changes in the professional field.

Conclusion for chapter 1

In the first chapter “Theoretical and methodological fundamentals of music therapists’ professional training” the professional training of music therapists is presented as a subject of scientific and pedagogical research, the theoretical foundations and methodological approaches of the training of Music Therapy specialists are characterized.

During the research, it was found that the professional training of music therapists appears in the scientific literature as a multifaceted pedagogical problem. The analysis of scientific works on Music Therapy education made it possible to single out the following main thematic areas of scientific development of this problem: history of professionalization of Music Therapy activity; the history of Music Therapy education development; the current state of professional training of Music Therapy specialists; international activities and foreign experience of professional training of music therapists.

Within the first direction of the scientific development of the problem, such achievements of scientists were noted as the disclosure of the phenomenon of Music Therapy in the process of its emergence, formation and development in the context of different historical eras, as well as highlighting changes in the interpretation of the essence of Music Therapy activity and the difficulties of its isolation and establishment as an autonomous professional industry. The second direction of research comprehensively presents the prerequisites for the formation and peculiarities of the initiation of the system of professional training of Music Therapy specialists on a global scale, highlights its goals, content, structure, organization in various historical periods, reveals the main trends of its development in historical retrospect. The third direction of scientific research on the problems of professional Music Therapy education and training is marked by the achievements of scientists as the analysis of the current state of training of future music therapists in the conditions of a continuous professional education, the substantiation of the goals and content of Music Therapy education, the development and testing of modern technologies for the formation of the readiness of future music therapists for successful professional activity. The fourth

direction presents international experience in the field of building a system of Music Therapy education and training in modern conditions and the results of comparing the relevant developments in different countries of the world, primarily with the experience of professional training of Music Therapy specialists (the USA, Canada, Israel, Great Britain, etc.).

According to the results of the study of scientific and pedagogical literature on the specified problem, the chapter presents the actual theoretical basis of professional training of Music Therapy specialists, which is a synthesis of modern concepts of education, in particular behaviourism, cognitive constructivism, social constructivism, connectivism. The topicality of behaviourism in the context of Music Therapy education and training is argued in the scientific literature, first of all, by the need to direct it to the involvement of the future music therapist in the “behavioural code” of this profession. This involves using systematic external influences, such as incentives and encouragement, to help students develop necessary skills and habits essential for professional practice. The importance of cognitive constructivism, on the other hand, is explained by the fact that this theory highlights the active role of learners in understanding and implementing professional knowledge. It emphasizes the importance of students actively constructing their knowledge system through the theory and practice of Music Therapy. Given the inherently interactive nature of Music Therapy, social constructivism is vital. It focuses on the role of social interaction and communication in learning, acknowledging that the development of professional skills in Music Therapy occurs through active engagement with the social environment. Finally, In the modern digital world, connectivism addresses the needs of educational activities by promoting networked learning. This approach leverages open mass educational resources and networked communication among all participants in the educational process, reflecting the realities of today’s digital learning environment. Each of these theories provides a unique lens through which the professional training of Music Therapy specialists can be viewed, ensuring a well-rounded and comprehensive educational experience.

The chapter describes the main methodological approaches to the professional

training of Music Therapy specialists, in particular:

- competency-based approach, which directs the system of Music Therapy education and training to the formation of the professional competence of a music therapist as an integrative quality of his personality, which integrates knowledge, skills, value orientations, qualities, etc. and on this basis ensures readiness to effectively perform professional duties;
- activity-based approach, which provides for the basis for the implementation of various forms of activity of future music therapists, their inclusion in numerous types of activities as prerequisites for successful professional growth;
- personality oriented approach, which requires directing the professional training of the future music therapist in the area of his personal development and the development of professionally significant traits of his character;
- cultural approach, which directs the professional training of a Music Therapy specialist to mastering the basics of both general and professional culture and to his formation as their bearer and doer all at once;
- interdisciplinary approach, which is designed to provide a unified system of knowledge obtained within various branches of science, the mastery of which becomes the basis of successful mastery of the profession of music therapist;
- integrative approach, which focuses on combining into a single whole all components of professional Music Therapy education and training, its cycles, stages, levels, etc., to ensure systematic and consistent training of future music therapists for further professional activities.

The materials of this chapter are covered in the following publications: Li, 2023a, 2023b, 2024a, 2024b; Лi, & Мyкaн, 2024.

CHAPTER 2

THE ORGANIZATION OF PROFESSIONAL TRAINING OF MASTERS OF MUSIC THERAPY IN US UNIVERSITIES

In Chapter 2 “The organisation of professional training of masters in Music Therapy in US universities” the peculiarities of professional activity and professional requirements for music therapists in American society are described and analysed. This chapter presents the individual educational trajectory of the master of Music Therapy. The content of music therapists’ training at the master’s level, as well as the forms and methods of training music therapists in the American experience are analysed. The features of music therapists’ practical training are characterized.

2.1. Peculiarities of professional activity and professional requirements for music therapists in American society

The development of American society, especially in the conditions of the global economic crisis, necessitates the development of new approaches to the development of health care policy. Music Therapy can achieve a variety of health and educational goals.

Let’s note that according to The Classification of Instructional Programs (CIP) specialization 51.2305 “Music Therapy” belongs to the field of knowledge 51 “Health Professions and Related Clinical Sciences”, specialty 51.23 “Rehabilitation and Therapeutic Professions”. “Music Therapy is a program that prepares individuals, in association with a rehabilitation team or in private practice, to use music in therapeutic relationships to address patients’ physical, psychological, cognitive, emotional, and social needs. Includes instruction in music theory and performance, human growth and development, biomedical sciences, abnormal psychology, disabling conditions, patient assessment and diagnosis, treatment plan development and implementation, clinical evaluation, record-keeping, and professional standards and ethics” (National Centre for Education Statistics, 2020).

The Classification of Instructional Programs (CIP) provides a taxonomic scheme that supports the accurate tracking and reporting of fields of study and program

completions activity. CIP was originally developed by the U.S. Department of Education's National Centre for Education Statistics (NCES) in 1980, with revisions occurring in 1985, 1990, 2000, 2010 and 2020.

The scientific studies on various aspects of the development of Music Therapy and the training of music therapists are of particular interest for this problem. Among scientists, the essence of the concept of "Music Therapy" is actively discussed, as well as the specifics of training specialists in Music Therapy. In the context of the raised problem, the views of American scientists regarding the formation of the content of training, the use of innovative educational technologies, the organization of practical training and employment of graduates are significant.

Based on the analysis and generalization of scientific works and the reflection of practical experience, it was concluded that the task of Music Therapy is to restore, preserve and support the vitality and health of various population groups. Music Therapy is a complex of psychological, educational, medical, musical, rehabilitation and other measures aimed at certain social groups or individuals, with the aim of improving or reproducing their life activities, social adaptation and return to a full life.

Music Therapy is indeed a powerful form of interpersonal communication. It harnesses the multifaceted influence of music – including its physical, emotional, intellectual, social, aesthetic, and spiritual dimensions – to enhance or maintain a client's health. In this therapeutic process, a qualified music therapist uses music to address various aspects of an individual's well-being, aiming to foster healing, growth, and overall health improvement. It's a holistic approach that acknowledges the profound impact music can have on the human mind and body.

Absolutely, Music Therapy leverages the rich and diverse qualities of music to foster comprehensive health and well-being. By engaging with music's nonverbal, creative, structural, and emotional elements, accredited music therapists can facilitate significant therapeutic outcomes. This practice not only supports mental, physical, emotional, and spiritual health but also enhances contact, interaction, self-awareness, learning, self-expression, communication, and personal development. It's a holistic approach that recognizes the multifaceted impact of music, making it a powerful tool

for healing and growth (Gilroy, & Lee, 1995).

A specialist in Music Therapy acts as an intermediary between users of therapeutic services and a number of institutions that provide them (government institutions, hospitals, educational institutions, businesses, etc.). Music therapists work in a variety of settings, including general and psychiatric hospitals, rehabilitation centres, nursing homes, community psychiatric facilities, schools, and private practice.

There are currently over 9,000 board-certified music therapists in the United States, engaged in a variety of specialties and positions. Music therapists are employed in a variety of settings including, but not limited to. (see Fig. 2.1).

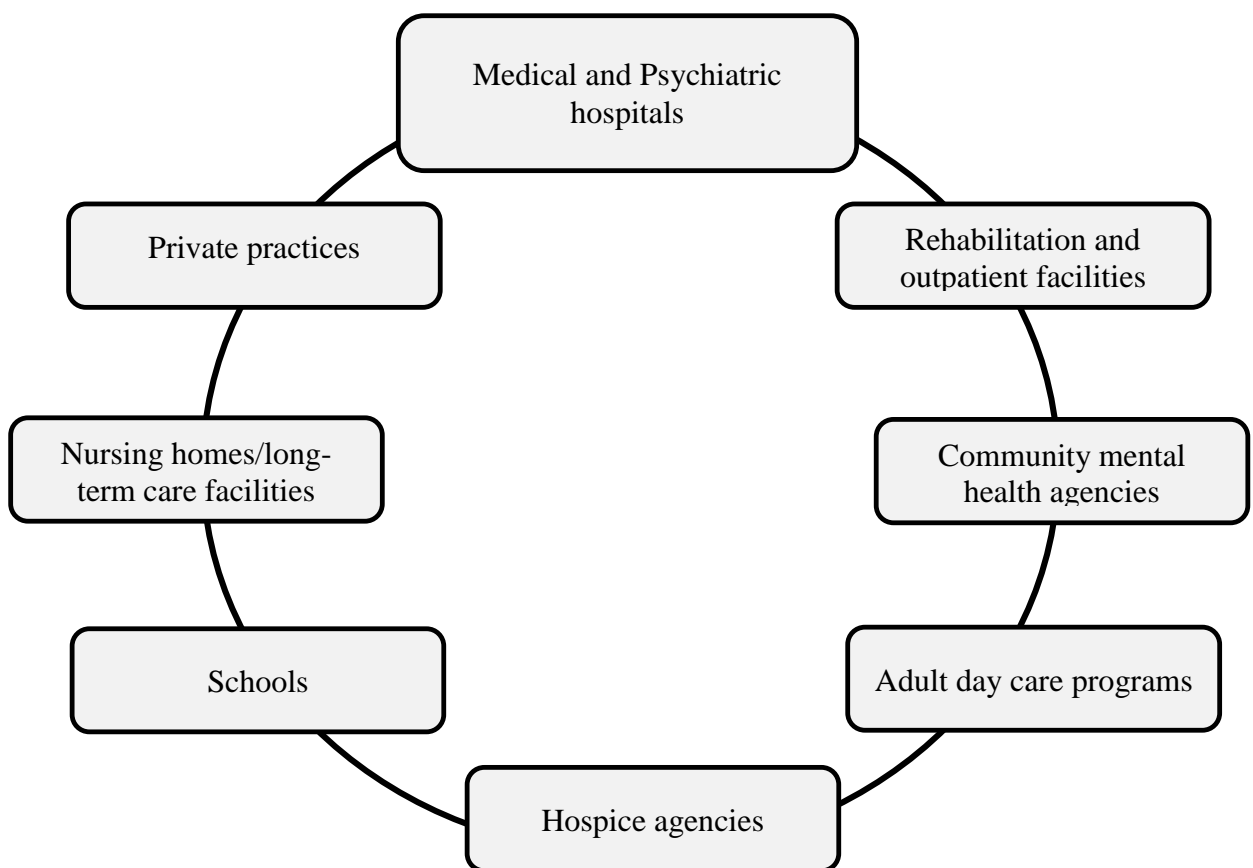


Fig. 2.1. Areas of professional activity of music therapists
(developed by the author)

Music therapists work with a diverse range of clients, including adults and children facing mental disorders, cognitive and developmental disabilities, speech and hearing impairments, physical disabilities, and neurological conditions (Clair, Pasiali, & LaGasse, 2008). They often collaborate as part of an interdisciplinary team, ensuring that their services align with and support each client's specific goals and objectives

through the therapeutic use of music. This collaborative approach enhances the effectiveness of treatment and provides holistic support tailored to each individual's needs.

In the works of American scientists and practitioners (Bruscia, 1987; Johnson, 2022; Lathom, 1982; Nordoff, & Robbins, 2007; Richardson, 2011; Moore, & Peebles, 2021; Wyatt, & Furioso, 2000; Wigram, 2004) the characteristic features and skills of music therapists are singled out: examination of the patient; treatment planning; musical competence; empathy, communication, facilitation, group interaction, management skills, behavioral management, professional self-education, etc. (see Fig. 2.2).

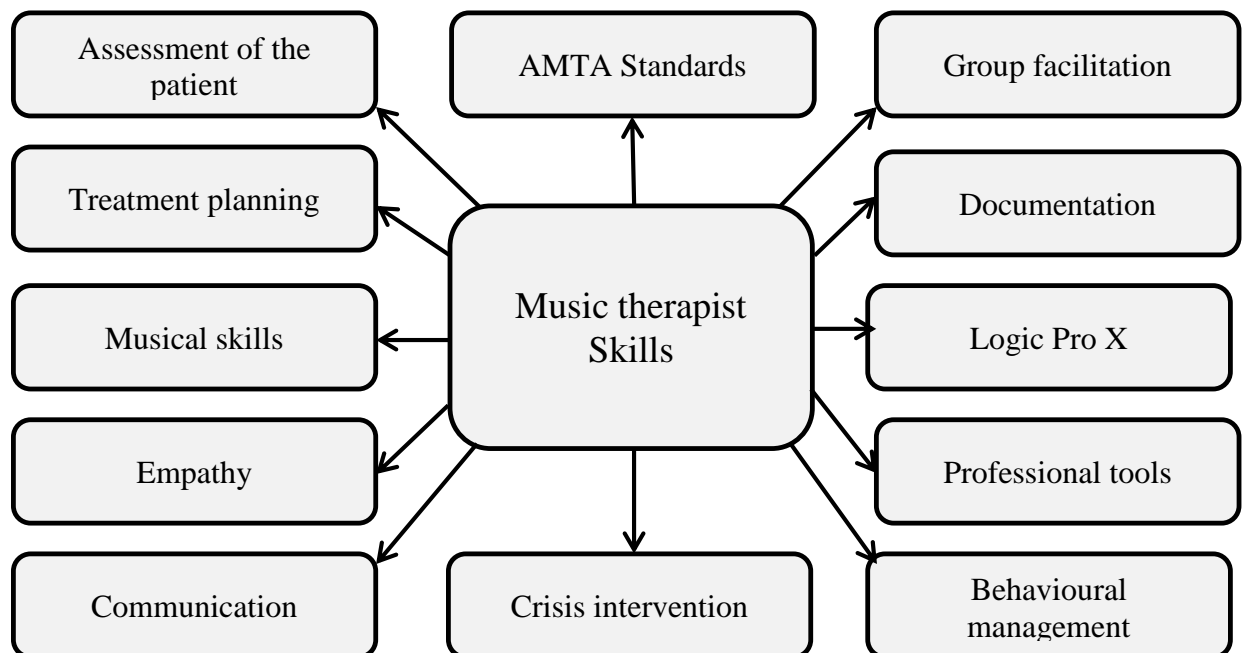


Fig. 2.2. The key skills of music therapists in the 21st century
(developed by the author)

According to these criteria, the professional purpose of music therapists is to create the necessary conditions and use special musical and therapeutic measures to return people to society and restore their health. Music Therapy is a profession of high social morality of society. Its scope is constantly expanding: health care organizations and centres, family and child welfare agencies, psychological health centres, correctional centres, private practice, health care, medical rehabilitation services, educational institutions, nursing homes, penitentiary institutions, armed forces, etc.

Music therapists serve people of all ages, races, ethnicities, socioeconomic backgrounds, and religions. The priority task of these specialists is to provide assistance in situations where social, psychological, physical, educational or cultural barriers prevent an individual from realizing his or her potential. Specialists in Music Therapy can help in mental health, in the dynamics of personal growth, social therapy, regulate various processes of life and socialization of a person. Taking into account the life and professional needs of different categories of the population, music therapists perform a number of functions: coordination, consultation, social rehabilitation, diagnostic and correction, socialization, recreation, health care, management, prevention, career guidance, education, etc (Lathom, 1982) (see Fig. 2.3).

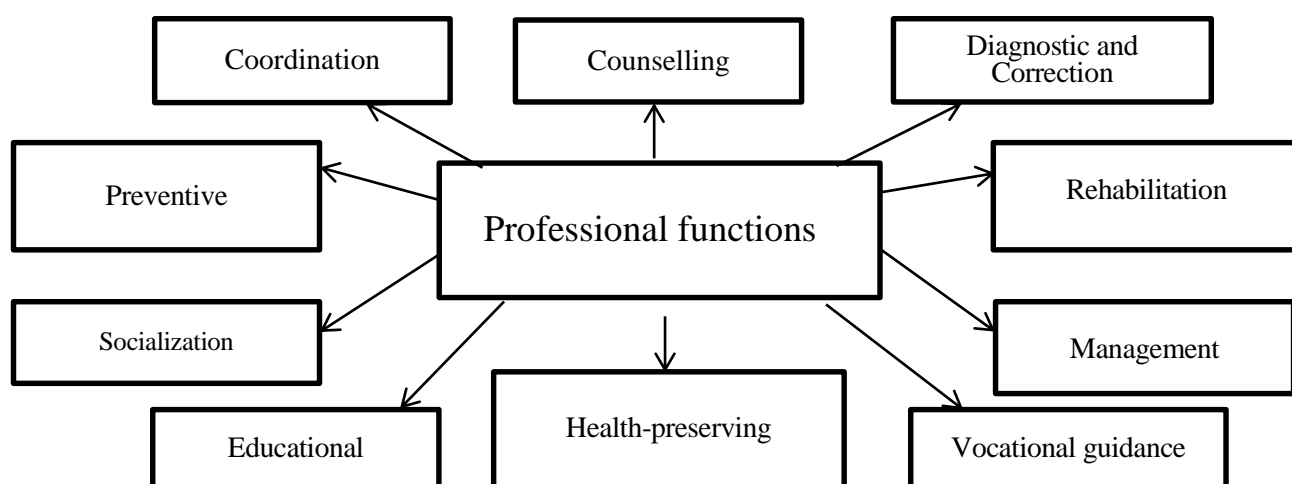


Fig. 2.3. Professional functions of Music Therapy specialists
(developed by the author)

The views of American scientists on the key competencies of specialists in social rehabilitation relate mainly to managerial, and communicative.

Social partnership between the state and professional organizations, centers, agencies, medical institutions, educational institutions, etc., plays a vital role in providing quality Music Therapy. Significant state support is provided by the Department of Human Services, Department of Social and Health Services, Department for Children and Families, Department of Aging and Disability Services, Department of Labour and Workforce Development, Department of Employment and Economic Development, Department of Rehabilitation Services, Department of Education, Division of Professional Rehabilitation, Counselling centre, The American

Music Therapy Association, The Certification Board for Music therapists (CBMT), etc. The primary goal of these institutions is to restore, preserve, and support the vitality and health of diverse population groups. They achieve this by developing and implementing a comprehensive system of measures. These measures are aimed at helping individuals return to active life and work, restoring their social status, and developing qualities and attitudes that facilitate their adaptation to normal living conditions. This holistic approach ensures that individuals receive the necessary support to regain their well-being and successfully reintegrate into their communities.

The American Music Therapy Association (AMTA) plays an important role in the promotion and popularization of Music Therapy and Music Therapy educational programs. It was founded in 1998 as a union of the American Music Therapy Association and the National Music Therapy Association. Its purpose is to support the therapeutic use of music in hospitals, educational and public institutions. In 2005, AMTA defined the essential characteristics and goals of Music Therapy. Music Therapy is described as the clinical and evidence-based use of music interventions to achieve specific individual goals within a therapeutic relationship, conducted by certified professionals who have completed an approved Music Therapy program: promoting recovery; stress management; pain relief; expression of feelings; memory improvement; improving communication; support in physical rehabilitation, etc. “Music Therapy is the clinical & evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved Music Therapy program. Music Therapy interventions can address a variety of healthcare & educational goals: promote wellness; manage stress; alleviate pain; express feelings; enhance memory; improve communication; promote physical rehabilitation and more” (American Music Therapy Association, 2005).

AMTA currently defines criteria for academic programs at colleges and universities, clinical training institutions, and professional registration institutions for music therapists. AMTA members adhere to a strict code of ethics and standards of practice that govern the clinical practice of Music Therapy. The results of Music

Therapy research are published in the “Journal of Music Therapy” and “Music Therapy Perspectives”, as well as other scientific publications (American Music Therapy Association, 2020).

Each state also has its own state Music Therapy association that deals with various issues and supports the professional development of music therapists in the region.

The views of American scientists on the key competencies of Music Therapy specialists refer mainly to communicative, universal, social, leadership, diagnostic, and conflict-related competencies. Let’s note that Music Therapy is to some extent an integrated professional activity, which actually consists of numerous processes specified in the areas of musical art, counselling, and psychotherapy. This means that a specialist in Music Therapy performs the integrative function of an intermediary between users of services and a number of institutions that provide them, and accordingly performs different roles (see Fig. 2.4).



Fig. 2.4. Professional roles of a music therapist

For the successful performance of professional functions and roles, music therapists must possess such personal qualities as: inclination to work with children; high degree of personal responsibility; self-control and poise; tolerance, valueless attitude towards people; interest and respect for another person; continuous reflection

and self-assessment, self-development; originality, dexterity, versatility; tact; purposefulness; demandingness; observation; openness; accessibility; professionalism, decency; tolerance.

There are several noteworthy behavioural categories that are considered integral components of the professional functioning of a music therapist:

1. Professional behaviour: a) demonstration of reliability (for example, punctuality in submitting documents and completing tasks, meticulous attitude to the organization of meetings with customers of services, etc.); b) taking responsibility for one's own work; c) high-quality performance of assigned tasks; d) use of all possible sources of assistance;

2. Internally personal behaviour: a) demonstrating mature and responsible behaviour; b) demonstration of independent living skills; c) demonstrating a respectful attitude; d) development of internal criteria for evaluating one's own activities.

3. Interpersonal behaviour: a) cooperation and respectful attitude towards the environment; b) effective use of feedback; c) development and support of social relations; d) identification of tolerance towards different categories of the population; e) appropriate and emotional communication with the environment; f) demonstration of ethical responsibility; g) easy adaptation to new situations.

Ethical norms of behaviour of music therapists, which also involve the use of various models of ethical decision-making, are of great significance.

It is important to note that the professional functions and mission of a music therapist differ from that of a music teacher (see Fig. 2.5). At the same time, common positions in their professional activities are as follows: client-orientation (personality oriented approach), use of various tools and means; enjoyment of music.

During a Music Therapy session, music therapists conduct various types of activities aimed at expressing emotions through playing an instrument; writing and recording songs; adapting music lesson; song discussion; adding instruments/music to creative play; selection of playlists for a certain mood; relaxation to music; creation of musical images; drawing to music; concentration of attention to different styles of music; reproduction of various movements to music, etc.

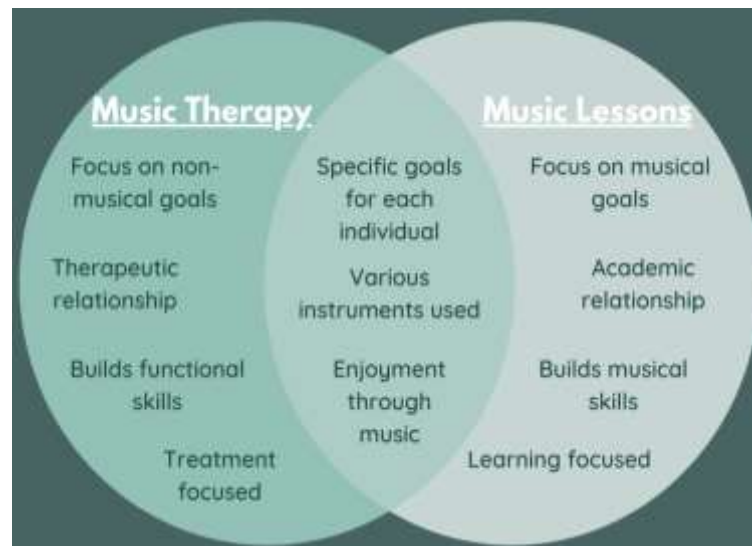


Fig. 2.5. Music therapists VS Music Teachers

During a Music Therapy session, music therapists conduct various types of activities aimed at expressing emotions through playing an instrument; writing and recording songs; adapting music lesson; song discussion; adding instruments/music to creative play; selection of playlists for a certain mood; relaxation to music; creation of musical images; drawing to music; concentration of attention to different styles of music; reproduction of various movements to music, etc.

Taking into account the specific spheres of personality that need Music Therapy, the following can be distinguished: rehabilitation, motivation and emotions; self-expression, communication, cognitive skills, social/emotional functioning.

The field of therapeutic services indeed approaches human needs through a broad, interdisciplinary lens. This comprehensive focus encompasses both prevention and remediation, aiming to enhance the overall quality of life for the population. Music therapists play a pivotal role in this system by not only ensuring high-quality direct services but also striving to improve accessibility, accountability, and coordination. Their efforts involve collaboration with professionals, agencies, and social organizations to provide necessary resources and services to individuals, thereby strengthening the overall framework of therapeutic support and making it more effective and inclusive (Knight, LaGasse, & Clair, 2018). The communicative component of Music Therapy activity enables a specialist to successfully perform

coordination, advisory, socialization, management, career guidance, and educational functions, is a necessary condition for successful activity and involves the ability to navigate professional communication situations, master its verbal and non-verbal means, establish emotional and business contacts and achieve the goal of communication in the process of professional interaction, reflects the level of development of communication ties with other people, which ensures mastery of social reality with the help of communicative mechanisms and makes it possible to effectively influence one's own behaviour and the behaviour of others in the communicative environment (American Music Therapy Association, 2020, 2021a) (see Fig. 2.6.).

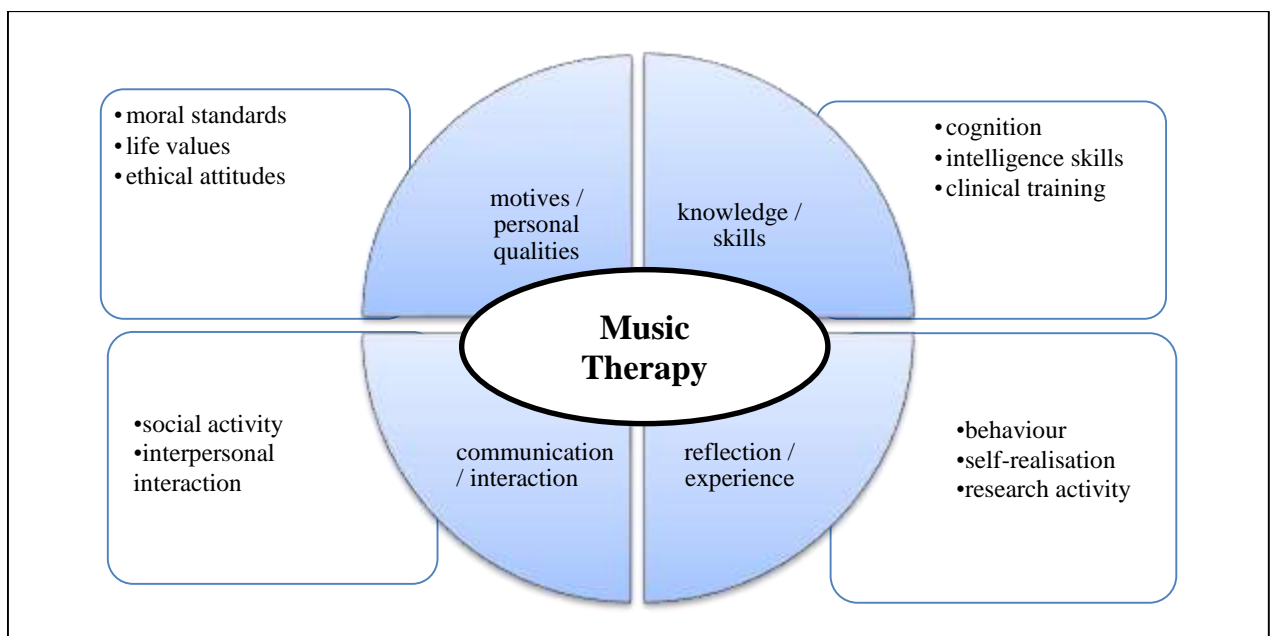


Fig. 2.6. Fields of activity and key competencies of music therapists (developed by the author)

Therefore, the function of a music therapist is to create optimally comfortable conditions in which clients can maximize their potential through self-awareness, self-knowledge, self-determination, self-realization, and self-affirmation.

According to the studies of American scientists, the leading socially significant motives of Music Therapy activity include: awareness of one's own inner potential and definition of a personal mission; social vocation and a sense of the social significance of professional activity; a sense of involvement in the general social usefulness of the matter; affirmation in life values; awareness of responsibility to society and the

individual; sense of duty; humanistic attitudes, values of communication and prosocial ethical behaviour, etc. In this sense, the professional activity of music therapists is always social, objective and conscious.

As we can see, in modern conditions, the mission of Music Therapy activity and the professional functions of a music therapist have an interdisciplinary nature of a rehabilitation movement aimed at activating the protective properties of a person, developing his or her active life position, and the professional competence of a specialist is the leading personal resource of professional activity.

In the professional activity of music therapists, various models of improvisational Music Therapy are used: Creative Music Therapy, Free Improvisation Therapy, and Analytic Music Therapy (Nordoff, & Robbins, 2007). The diversification of models is justified by scientists as adaptation to different groups of customers (Bruscia, 1987). Creative and improvisational models of Music Therapy require an adaptive response and flexibility of a music therapist in the use of methods of perception and reflection on the music created for the client (Wigram, 2004).

Music therapists work with clients who have a wide range of problems and therefore need to know how to adapt music experiences to a range of client needs and abilities (Richardson, 2011). Clinical improvisation allows client and therapist to communicate with each other through music, and this way of communicating requires musical flexibility. The music therapist must be able to shape his music to work with the client's strengths and limitations, avoidance and resistance (Pavlicevic, 2003). Physical therapists are also required to consider the needs of the client, including their cognitive, motor, and social competence, to engage the client at their own level of functioning and facilitate increased access to musical activities (Ruud, 1998). Thus, the music therapist must also be able to diagnose pitch/frequency, tempo/pulse, rhythm, intensity/volume, duration, melody, and harmony in order to create music that best suits each client's needs (Wigram, 2004).

It is worth mentioning that there are differences between musical and clinical improvisation. Musical improvisation is the process by which musicians create a musical product that often has an aesthetic value. Clinical improvisation is an

interpersonal dimension which is primary. Clinical improvisation is different from improvisation as an art form. It is a process by which the therapist and client improvise together for the purpose of therapeutic diagnosis and treatment (Wigram, 2004). Typically, clinical improvisation comprises the use of musical improvisation in a trusting and supportive environment that is designed to meet the client's needs. Clinical improvisation reflects the nature of the interpersonal dimension, as well as the presence of specific states, emotions and sensations. In this context, according to Baker (2007), the ability to make the right decisions regarding the clinical use of music ("clinical reasoning skills") is important for music therapists. "The skill of making decisions about the clinical use of music forms part of a music therapist's "clinical reasoning skills" (Baker, 2007, p. 28).

Clinical reasoning skills include the integration of theoretical knowledge with the skills of previous clinical experience, the presence of critical thinking, problem-solving skills, and reflection. To make thorough decisions about which clinical interventions are most likely to achieve effective and qualitative therapeutic change, music therapists must assess the situation, ascertain the client's clinical needs, and define therapeutic goals. This clinical approach must be exploratory, consistent, and adaptive.

Scholar Wigram (2004) notes that improvised music represents the past and present of the individual. Past influences include the musical culture from which a person comes, the musical skills they have acquired, musical tastes and preferences that are associations with past life events (p. 33). Current life influences include musical interests, life events, moods, or emotional states that reflect current status and needs. These facets and influences combine to form a musical identity that emerges during improvised music-making. Both client and music therapist develop a musical identity. The skill of a music therapist lies in the ability to show flexibility within the limits of one's own musical identity, which determines the level of communication with the client through music. Because the client's involvement in Music Therapy is independent of their musical training (experience), the music therapist must be able to read and interpret what the client brings as music and engage them in the creation of music. In the creative Music Therapy model, improvisation is a means of engaging others in

communication in order to build musical relationships. In the work of Wigram (2004), it is substantiated how the musical identity of the therapist affects the development of the musical identity of the client, which requires a high level of development of special skills for interaction with clients through the environment. Wigram (2004) writes how “the musical identity of the therapist meets and engages the musical identity of the clients, and this calls for highly developed and advanced specialised skills in interacting with the clients through this medium” (p. 34).

Research by Moore and Peebles (2021) demonstrated the specificity of reimbursement of music therapist services by the state and private insurance companies. In particular, it is stated that “Music Therapy services are currently being reimbursed through state and private insurance funding streams, yet to date, there is no known systematic exploration on Music Therapy reimbursement practices. Such information would be helpful to include when communicating with third-party payers and can assist in tracking reimbursement trends. Thus, we sought to provide baseline information on how Music Therapy services are currently being reimbursed in the United States, with a focus on approved treatment parameters, referral sources, Current Procedural Terminology (CPT) codes used, and types of music interventions and Music Therapy experiences implemented” (Moore, & Peebles, 2021, p. 69).

The conducted research confirms that the effectiveness of the Music Therapy process depends on the qualification and level of professional competence of a music therapist, the quality of professional training, etc.

2.2. Individual educational trajectory of the master of Music Therapy

The high efficiency of the US higher education system is a crucial determinant of the socio-economic and intellectual development of the nation. The USA is a country that holds high world rankings regarding the level of human capital development (the 10th place), the index of global competitiveness (the 9th place), the index of the development of information and communication technologies (the 4th place), etc. The strategy of the development of American society is the main direction of the socio-

economic and educational policy of the state, which makes it possible to take maximum of the advantages of the socio-economic system of human civilization.

The US Constitution (1781) regulates the priority of education, its orientation towards satisfying the educational needs of the individual according to the principles of accessibility and equality, academic freedom, humanism, democracy, flexibility, diversity, preservation of centuries-old national educational traditions, intellectual and spiritual potential of the nation, provision of the needs of the state and society in qualified specialists ready for innovative creative activity, education of true citizens of their country (The Constitution of the United States: A Transcription. National Archives, 2020).

The analysis of research by Ukrainian scientists on issues of higher education in the USA (Авшенюк, 2018; Бідюк, 2024; Горохівська, 2022; Khvalyboha, 2021; Mukan, Stoliarchuk, & Martsikhiv, 2024; Скиба, 2018; Сторонська, & Кравець, 2024; Теренко, 2019) makes it possible to interpret it as a pedagogical system that is highly developed, multifunctional, multi-level, multi-profile, open, independent, flexible, is in the process of permanent reformation and modernization, creatively uses the world's leading experience, includes interconnected system-like components that ensure its dynamic and anticipatory development. The fundamental scientific works of American researchers (Biggs, & Tang 2011; Carnell, 2007; Darrow, 2008; Goodman, 2011; Peters, 2000; Wright, 2009) on the problems of the development of Music Therapy are important for our research.

The characteristic features of higher education in the USA include its regional construction, multi-level structure, and decentralization of management. The U.S. education system is indeed notable for its diversity, encompassing a wide array of higher education institutions. These institutions vary in their functions, tasks, academic standards, prestige, status, and funding sources. This diversity allows for a broad range of educational opportunities, catering to different needs and preferences. From community colleges and liberal arts colleges to research universities and vocational schools, each type of institution plays a unique role in the educational landscape, contributing to the overall richness and adaptability of the U.S. higher education

system. This variety not only supports a wide array of academic pursuits but also helps meet the diverse needs of a highly industrialized and dynamic society.

Educational programs in Music Therapy at the master's level in US universities are unique, because their content is based on the principles of integration of knowledge from music, psychology, biology, social and behavioural sciences, inclusive pedagogy, art pedagogy, medicine, rehabilitation, etc. (American Music Therapy Association, 2022; Hahna, & Schwantes, 2011). The content of educational programs in Music Therapy focuses on in-depth study of issues related to the clinical, professional, and academic training of music therapists, usually in conjunction with established research methods.

In Fig. 2.7. the educational route for obtaining the “music therapist” qualification is presented. As you can see, to obtain a master's degree in Music Therapy, the applicant must have a bachelor's degree in Music Therapy (or its equivalent).

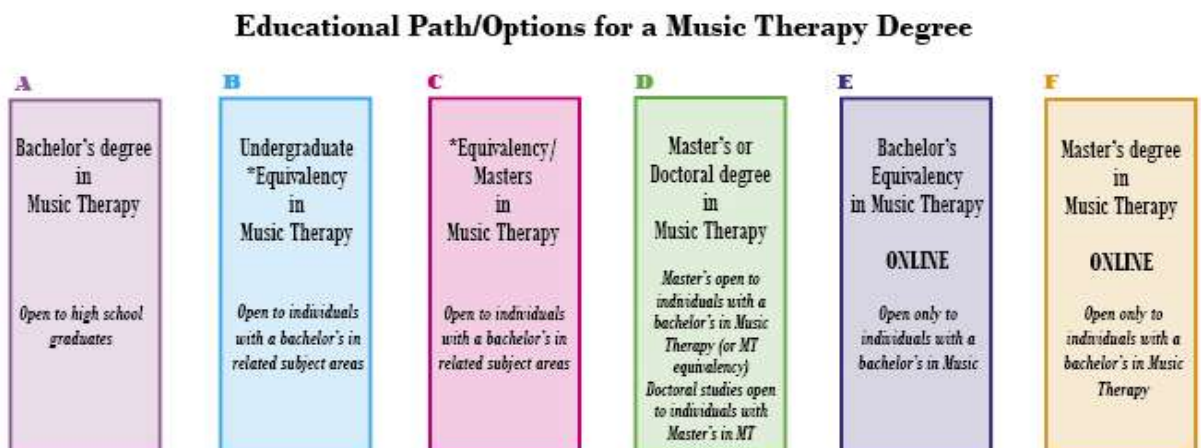


Fig. 2.7. The educational trajectory of obtaining the qualification of a music therapist in the USA (developed by the author)

Option A involves entering a bachelor's degree program after completing general secondary education. Options A and B are also suitable for a bachelor's degree if the applicant already has a bachelor's degree in a related subject (education, psychology, etc.). In this case, students accomplish coursework in Music Therapy, which is compulsory for the formation of professional competencies in Music Therapy. Individuals with a bachelor's degree in music are also eligible to earn a master's degree

in Music Therapy (option C) through educational programs accredited by the American Music Therapy Association (AMTA). Applicants are required to complete undergraduate coursework in Music Therapy, including an internship (essentially the equivalent of Music Therapy), and subsequently complete a master's thesis. It is worth mentioning that if the applicant has a Bachelor of Music degree, he can take option B, C or E (online). With a bachelor's degree in Music Therapy, the applicant is eligible for a master's degree in Music Therapy (option D or F (online)). The presence of significant musical experience/or musical ability (but no music degree) entitles option A.

The master's degree in Music Therapy allows to expand the range of specialized knowledge and clinical skills of the students in various fields: education, medicine, psychology, supervision, administration, social protection of the population, sports and physical rehabilitation. Through this experience, the music therapist goes beyond didactic knowledge to integrate theories, treatments, and the use of the self to support the client's development. Building on a comprehensive understanding of the integration of therapy theory and practice, the experienced music therapist plays a dominant and autonomous role in the client's treatment.

Mastering the content of the educational program, master's students learn to conduct diagnostics (Assessment), which involves a comprehensive assessment of a person's strengths and requests with the help of musical reactions in motor, cognitive, communication, social, emotional, behavioural, sensory and musical abilities. The next stage is drawing up a treatment plan (Treatment Plan) with the definition of functional, therapeutic goals, implementation of which is aimed at motor, cognitive, communication, social, behavioural, sensory, and emotional spheres of a person. Future music therapists also learn the skills of therapeutic intervention (Treatment Intervention), which allow to encourage the client to actively participate in singing, playing musical instruments, dancing and movement, learning through music, improvisation and other therapeutic activities aimed at achieving specific non-musical goals. This is often accompanied by fading musical cues to help generalize the skills learned during therapy. The next step is the development of master's students' ability

to predict (Ongoing Evaluation) the consequences of treatment and their correction. Graduate students in Music Therapy programs acquire essential skills for assessing client needs, developing and implementing treatment plans, and evaluating and documenting clinical progress. It is crucial to apply this knowledge – ranging from terminology and communication strategies to methodology – while collaborating within an interdisciplinary team of specialists.

Of course, in addition to educational qualifications, it is important to develop the personal and professional qualities of a music therapist: interest in people and the desire to help others expand their opportunities; empathy, patience, creativity, imagination, openness to new ideas, experience of volunteering and working in social services and rehabilitation centres, camps for children with disabilities; love of music.

After finishing their academic training and internship, a master's student can take the certification exam administered by the Certification Board for Music therapists (CBMT) (see Fig. 2.8).



Fig. 2.8. Professional training and career of a music therapist (on the example of Music Therapy St. Pete, LLC (MTSP) <https://mtsp.com/>)

To practice Music Therapy at the professional level, you must successfully graduate from a Music Therapy education program at a college or university accredited

by the American Music Therapy Association (AMTA). A bachelor's degree in Music Therapy equips students with a solid foundation in music fundamentals, clinical basics, and the specific practices and principles of Music Therapy. Advanced degrees, such as master's and doctoral programs, delve deeper into clinical practice, research, and education, further refining the skills and knowledge needed for professional excellence in the field.

It is interesting that the educational standard of the bachelor's level provides for the volume of 120 credits: provision of fundamental basic training in the following areas: musical foundations (45%), clinical foundations (15%) and foundations and principles of Music Therapy (15%), humanities, physical sciences (25%), electives (5%) (American Music Therapy Association, 2021b). Students acquire theoretical knowledge and practical skills from four areas of training:

- the 1st area – musical basics (Music theory, Composition and arrangement, History of music and literature, Applied music, Ensemble, Functional piano, guitar and singing);

- the 2nd area – clinical basics (Exceptionality and psychopathology, Human development, Principles of therapy, Therapeutic relationships);

- the 3rd area – basics of Music Therapy (Basics and principles, Assessment and evaluation, Methods and techniques, practice and internship, Psychology of music, Music Therapy research, Influence of music on behaviour, Music Therapy for different population groups);

- the 4th area – general training (English language, mathematics, social sciences, art, etc.) (American Music Therapy Association, 2021b).

Master's level training requires a minimum of 1,200 hours of clinical training, including a six-month internship under the supervision of a full-time supervisor (American Music Therapy Association, 2021b).

The general educational and professional trajectory of a music therapist's professional development is presented in Fig. 2.9.

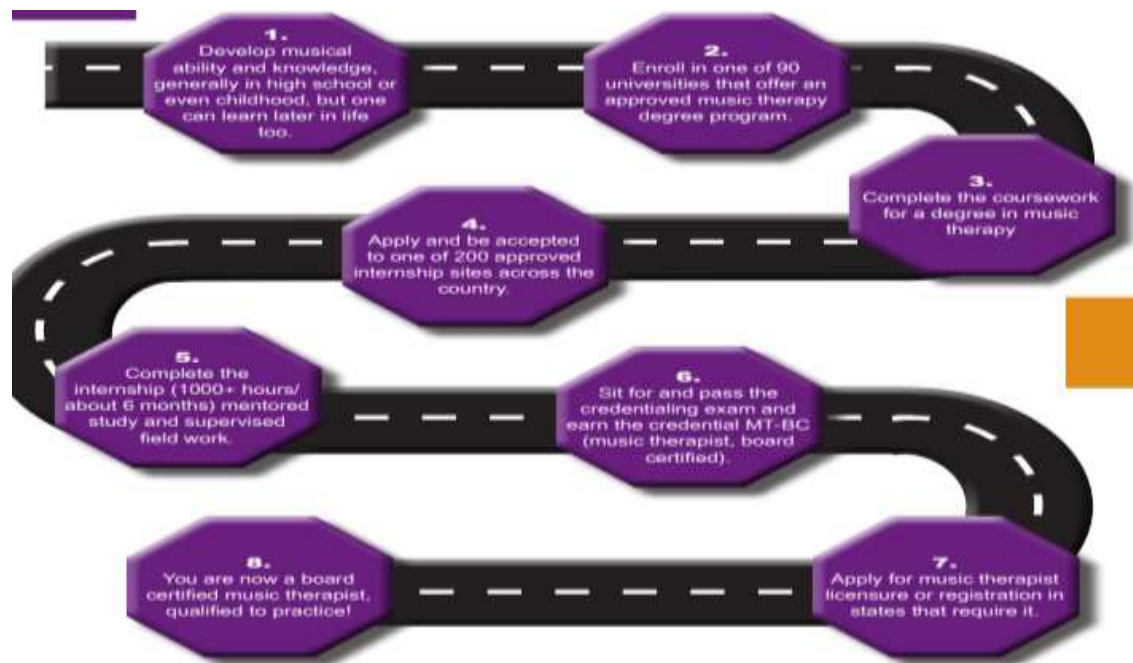


Fig. 2.9. Educational and professional road map of the professional development of a music therapist (A Career in Music Therapy, 2022)

After obtaining the degree and internship, the candidate can take the National Board Certification exam to obtain the MT-BC (Music therapist – Board Certified) certificate. MT-BC certificates are issued by the Certification Board for Music therapists (CBMT), an accredited organization separate from AMTA.

Certified music therapists must adhere to the Code of Ethics, Scope of Music Therapy Practice, Standards of Clinical Practice, and AMTA’s Professional Competencies (American Music Therapy Association, 2015). To maintain a professional level and career growth, music therapists must be tested every five years or demonstrate continuous self-education (continuing education), for example, through final coursework, conference attendance, research publications, and other opportunities.

On the AMTA end, the Standards for Education and Clinical Training (American Music Therapy Association, 2017) state that training programs should help students develop “competencies in functional keyboard, guitar, voice, percussion, and improvisation”. The AMTA Professional Competencies document is a bit more detailed, listing specific (and arguably basic) music, conducting, and compositional skills a professional music therapist should be able to complete, with a focus on guitar,

piano, voice, and percussion (American Music Therapy Association, 2013). The most detailed is the Music Therapy Board Certification Domains – 2020 which under section III.A.5 lists 34 distinct mostly-musical skills a board certified music therapist should be able to demonstrate to achieve therapeutic goals (Music Therapy Board Certification, 2020).

2.3. The content of music therapists' training at the master's level

In the United States, 1919 brought the first courses in Music Therapy at Columbia University in New York (Peters, 2000), a few decades before the first academic programs were developed. The first Music Therapy program started in 1944 at the Michigan State and was closely followed by other institutions, including the University of Kansas, Chicago Musical College, College of the Pacific, and Alverno College. Since the 1940^s Music Therapy degree programs have been established across the country. As of March 2015, there were 68 undergraduate, and 35 graduate AMTA approved Music Therapy degree program in the United States. At the doctoral level, eight programs exist with a Music Therapy focus, but tend to be classified under music education (Jensen, & McKinney, 1990).

Currently, there are 35 AMTA approved Music Therapy master's programs in the United States. Appendix A provides the list of the top 20 universities and degree programs that offer masters degrees in Music Therapy. The following indicators serve as criteria for the popularity of educational programs: recommended and accredited by the American Music Therapy Association; average cost of tuition per year; the number of entrants to the educational program; the level of professional competence of undergraduate graduates; list of students and teachers; introduction of educational innovations and technologies in the training of specialists; correspondence of the content to the needs of the industry and the labour market; employment of program graduates (American Music Therapy Association, 2010).

A pilot study by the AMTA conducted in 1998 with the aim of identifying and establishing the level of graduates' (103 music therapists with Master's degree)

satisfaction with Music Therapy undergraduate or equivalency education and clarifying the key reasons for continuing education in a master's program has practical value.

Upon receipt of the completed surveys, the reasons cited were classified into six categories: a) professional advancement, b) advanced clinical training and education, c) eligibility for undergraduate teaching, d) equivalency completed concurrently with master's degree, e) interest in learning research methods, and f) personal reasons.

The cumulative return rate was 89%. Over 70% of respondents agreed that their undergraduate or equivalency education adequately prepared them for a Music Therapy job, as assessed on a Likert-type scale. Forty percent of the sample completed an equivalency concurrently with their Master's degree. (Wyatt, & Furioso, 2000).

Wyatt and Furioso (2000) found baccalaureate-prepared music therapists sought out AMTA-approved master's programs less often than those who had completed Music Therapy equivalency. They found that only 23% of participants held a bachelor's degree in Music Therapy, 33% completed an equivalency program before returning for a master's degree, and 44% completed an equivalency program alongside a master's degree in Music Therapy. Wyatt and Furioso (2000) questioned, "If the equivalency is completed simultaneously with the master's degree, can the master's degree truly be considered an advanced credential?" (p. 108). Similarly, Cohen and Behrens (2002) found only 17.4% of participants with a master's degree in Music Therapy had an undergraduate degree in Music Therapy. With the low numbers of baccalaureate-prepared music therapists seeking master's degrees in Music Therapy, there is likelihood that either many of them do not return for an advanced degree or that they pursue advanced education outside of Music Therapy (Sevcik, 2015).

Since the 1950s, there have been calls for change in the Music Therapy curriculum, with scholars citing its fullness and stating they struggle to meet AMTA and NASM demands. Decreasing "studies in music" (i.e., music theory) requirements could make room for other areas and skills music therapists desire in the curriculum. Universities offering an undergraduate degree in Music Therapy were gathered from the AMTA directory and divided by AMTA region (Reuer, 1987). 83 universities offer

an undergraduate degree in Music Therapy. The universities require approximately 7 traditional theory courses (TTCs) and approximately 15 theory credit hours (TCHs) on average, but most commonly required 8 and 16, respectively, across the US. This reflects requirements established in 1952. Surprisingly, the minimum/maximum TTCs required across the US was between 3 and 12, with a range between 4 and 25. Although many universities follow the same theory sequence established in 1952, many universities have interesting variations to their theory sequence. It is possible to alter universities' theory sequence in a variety of ways that could benefit Music Therapy students and in turn, the profession (Johnson, 2022).

American universities provide a range of integrated interdisciplinary programs in the field of Music Therapy (see Table 2.1). Studying under such programs significantly expands the spectrum of employment of music therapists, as well as opportunities for their professional development.

Table 2.1

Integrated educational programs of the master's level in Music Therapy
(developed by the author)

#	University	Name of the educational program Website
1	Florida State University	Master of Science in Music Therapy Music Therapy - Florida State University College of Music (fsu.edu)
2	SUNY at Fredonia	Master of Music in Music Therapy https://www.fredonia.edu/academics/colleges-schools/school-music/program/music-therapy-mm
3	University of Missouri-Kansas City	Master of Arts in Music: Music Therapy Emphasis Music Education and Music Therapy Conservatory University of Missouri - Kansas City (umkc.edu)
4	University of Kansas Lawrence, Kansas	Music Education in Music Therapy https://catalog.ku.edu/music/mme/
5	Lesley University Cambridge, Massachusetts	Clinical Mental Health Counselling: Music Therapy Specialization https://lesley.edu/academics/graduate/clinical-mental-health-counseling-music-therapy-specialization
6	Loyola University New Orleans, New Orleans, Louisiana	Counselling and Master Music Therapy https://www.loyno.edu/programs-degrees?level=66
7	Illinois State University	Master of Music in Music Therapy Music Therapy Masters Wonsook Kim College of Fine Arts - Illinois State
8	University of Minnesota-Minneapolis	Master of Arts, Music Education-Music Therapy Masters Equivalency Track Graduate Music College of Liberal Arts (umn.edu)

9	Nazareth College- Rochester	Master of Science in Creative Arts Therapy Music Therapy Degree Program, M.S. Nazareth University, Rochester NY
10	University of Miami- Coral Gables	Master of Music Degree in Music Therapy Master of Music Degree in Music Therapy Frost School of Music University of Miami
11	University of Miami, Florida	Music Therapy with Undergraduate Equivalency https://bulletin.miami.edu/graduate-academic-programs/music/music-therapy/music-therapy-undergraduate-equivalency-mm/
12	Drexel University Philadelphia, Pennsylvania	Music Therapy and Counseling https://drexel.edu/cnhp/academics/graduate/MA-Music-Therapy-Counseling/
13	Colorado State University-Fort Collins	Master of Music, Music Therapy Specialization Music Therapy - Music (colostate.edu)
14	Ohio University-Athens	Master of Music in Music Therapy School of Music Ohio University

Universities undertake the mission of creating a new socio-educational environment where the atmosphere of pedagogical creativity of teachers and students prevails. This requires a qualitative update of the content of education, ensuring a continuous process of formation and harmonious development of a creative personality. The new educational environment involves a new content of education, new technologies of learning and education, development of students' intellectual abilities, in order to bring everyone to the education of a culture of health care and critical thinking. Against this background, the question of organizing the educational process on the basis of a competency-based and interdisciplinary approach arises.

The conducted research proves that the following principles are the basis for structuring the content of the master's training in Music Therapy in the USA: socialization; practical orientation; pragmatism; integration; freedom of choice; variability; career orientation; modularity; availability; succession; flexibility; socio-economic determinism; self-organization and self-learning; life and professional prospects, etc. The balanced use of scientific approaches and principles contributes to increasing the effectiveness and quality of education (see Fig. 2.10).

The curriculum is organized into three major sections: Approaches Adapted from Music Education, Psychotherapeutic Approaches to Music Therapy, and Medical Approaches to Music Therapy (Darrow, 2008).

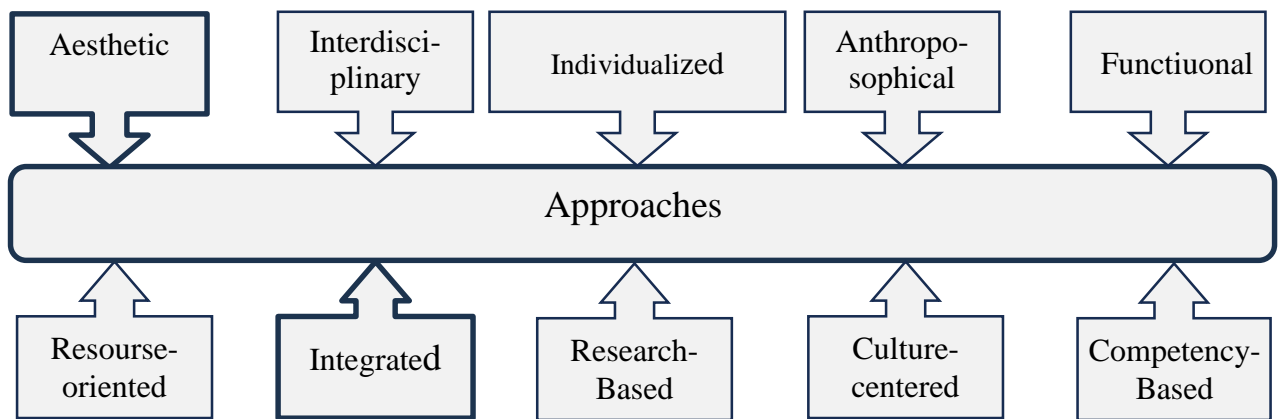


Fig. 2.10. General Approaches to Curriculum Design
(developed by the author)

Studies in music include music courses such as general music theory, music history and literature, private voice/instrument lessons, ensembles, conducting, etc. These courses are meant for the advanced development of general musicianship allied with competence in an area of specialization. According to NASM's Competency Standards for Music Therapy majors the list of competencies includes 5 areas: Performance, Musicianship Skills and Analysis, Composition/Improvisation, History and Repertory, Synthesis [of all information in musical application] (National Association for Schools of Music, 2022).

The competencies required for Music Therapy majors specifically include: "advanced keyboard skills, including the ability to play at sight, accompany, transpose, and improvise; ability to sight-sing and take aural dictation; skills in voice, especially as related to group singing. Ability to communicate using a basic repertory of traditional, folk, and popular songs in several keys, with or without printed music; guitar skills sufficient to accompany self and ensembles. Ability to perform a basic repertory of traditional, folk, and popular songs in several keys, with or without printed music; knowledge of and performance ability on percussion and other instruments sufficient to facilitate rhythm-based musical experiences for individuals and groups; conducting skills adequate to the therapist's needs in providing repertory and leadership to small and large vocal/instrumental ensembles; composition and arranging skills sufficient to compose songs with simple accompaniment; and to arrange, transpose, and simplify music compositions for small vocal and non-symphonic

instrumental ensembles; movement skills to direct and move expressively in structure rhythmic and improvisatory movement experiences; knowledge of the basic principles of normal human development, exceptionality and psychopathology, principles of therapy, and the therapeutic relationship; knowledge of the basic foundations and principles of Music Therapy, including history and philosophy, the psychological, physiological, and sociological bases for the use of music as therapy, Music Therapy methods, techniques, and materials with their appropriate applications to various client populations; knowledge of various client populations, client assessment, treatment planning, therapy implementation and evaluation, clinical documentation (both oral and written) and termination/discharge planning; knowledge of professional standards of clinical practice, professional role and ethics' interdisciplinary collaboration in designing and implementing treatment programs, supervision and administration; knowledge of research methods to be able to interpret information, demonstrate basic knowledge of historical, quantitative research, and to apply research findings to clinical practice in Music Therapy” (National Association of Schools of Music, 2021, p. 119).

The analysis of the content of the master's educational programs of Music Therapy (Lesley University, Drexel University, New York University, Temple University, Colorado State University, etc.) showed that the development of the professional competence of music therapists concerns their ability and willingness to think critically, use state-of-the-art digital technologies, constantly develop one's intellectual potential, reflect on mistakes, self-develop and improve oneself, preserve one's health and the health of others, etc. The choice of universities is related to the specificity of educational programs, in particular their interdisciplinary nature and integrated approach to the formation of their content.

The professional training of masters in Music Therapy encompasses thorough professional and practical training. The content of the training includes mandatory and optional components. Professional training is represented by general professional disciplines and special concentration disciplines (for obtaining specialization in the integrated program). In addition, students have the opportunity to expand their worldview thanks to optional courses (Wyatt, & Furioso, 2000).

The implementation of the competency-based approach to structuring the training content involves the formation of general competencies, namely: interpersonal communication skills; sociocultural skills; basic skills of social rehabilitation; counselling skills; psychological skills; research skills; management and administration skills; general pedagogical skills; critical thinking.

For example, let's analyse the content of the integrated educational program "Master of Arts in Music Therapy" (New York University, Steinhardt School of Culture Education and Human Development Department) (Appendix B).

The degree is approved by the New York State Education Department and qualifies you for Licensure in Creative Arts Therapy (LCAT) after graduation and 1,500 hours of post-graduate supervised practice. The degree is also approved by the American Music Therapy Association (AMTA) and upon graduation qualifies a student to apply for national certification in Music Therapy (MT-BC). After finishing degree graduates also receive advanced specialization in an area of music psychotherapy. These specializations can be identified by age (e.g., children, adults, seniors), clinical condition (e.g., psychiatry/psychotherapy, medical conditions, problems of aging), or setting (e.g., hospitals, schools, forensic). The course combines fundamental theoretical and practical clinical experiences; proposes advanced course work in Music Therapy methods, theory, and research; focuses on personal growth

The program ranges from 48 to 60 units, based on students' experience and background, interests and career success. Students can choose to study full or part time depending on their schedule.

Students learn how to design and implement a treatment plan for clients across the life span with a diversity of physical, cognitive, and emotional challenges; how to employ a wide range of methods employing improvised and composed music to meet the needs of clients in individual and group therapy; and how to work within a music psychotherapy framework to meet the holistic needs of clients in medical, educational, and rehabilitative settings (New York University, 2024b).

The program emphasizes clinical music competencies, particularly in clinical improvisation. Basic courses in theory, methods, and clinical training are supplemented

by specialized courses in essential contemporary topics such as cultural humility, Music Therapy technology, and verbal aspects of Music Therapy.

The structure of the program includes the following components: Major courses (17-29 credits), which form Professional Competency, specialization courses (27 credits), which form Advanced Competency, as well as Culminating Experience internship (2 credits) (New York University, 2024a) (see Fig. 2.11).

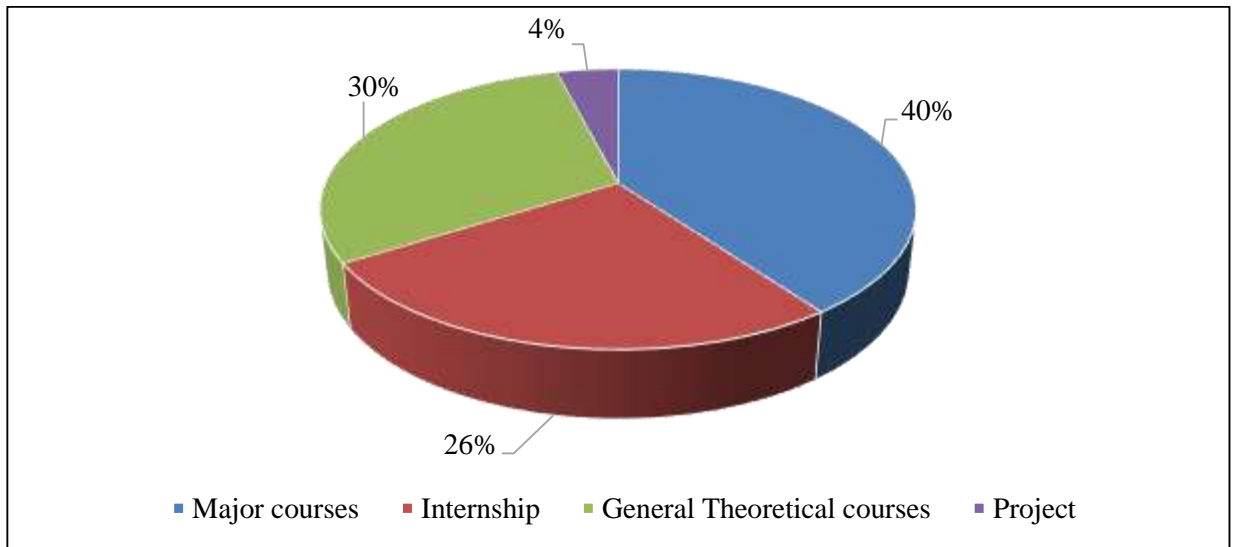


Fig. 2.11. The curriculum structure (developed by the author)

Students must demonstrate proficiency in Music Theory, Aural Skills, and Music History through a diagnostic exam or the completion of appropriate coursework in addition to degree requirements.

Table 2.2. presents the curriculum of integrated master’s training in Music Therapy.

Table 2.2

Curriculum of integrated master’s training in Music Therapy
(The NYU Music Therapy MA Curriculum, 2024b)

Plan of Study Grid		
Semesters/terms		Credits
The 1st Semester/Term		
MPAMT-GE 2934	Clinical Improvisation in Music Therapy	2
MPAMT-GE 2947	Group Music Therapy I	2
MPAMT-GE 2043	Music Therapy Practicum: Children & Adolescence	3
MPAMT-GE 2931	Mus Therapy: Adv Methods	3
MPAMT-GE 2951	Current Issues in Music Therapy	3
Total		13

The 2nd Semester/Term		
MPAMT-GE 2939	Cultural Humility in Music Therapy Practice	1.5
Total		1.5
The 3rd Semester/Term		
MPAMT-GE 2093	Verbal Aspects of Music Therapy	1.5
MPAMT-GE 2062	The Voice in Music Therapy	2
MPAMT-GE 2932	Mus Therapy: Adv Methods	3
MPAMT-GE 2948	Group Music Therapy II	2
MPAMT-GE 2053	Music Therapy Practicum: Adults and Elderly	3
MPAMT-GE 2938	Key Concepts in Music Therapy I	3
Total		14.5
The 4th Semester/Term		
MPAMT-GE 2094	Digital Technology in Advanced Music Therapy Practice	3
Total		3
The 5th Semester/Term		
MPAMT-GE 2947	Group Music Therapy I	2
MPAMT-GE 2935	Internship in Music Therapy I	5
MPAMT-GE 2942	Key Concepts in Music Therapy II	3
MPAMT-GE 2940	Theory and Application of Improvisation in Music Therapy	3
Total		13
The 6th Semester/Term		
MPAMT-GE 2948	Group Music Therapy II	2
MPAMT-GE 2936	Internship in Music Therapy II	5
MPAMT-GE 2943	Theory Development in Music Therapy	3
MPAMT-GE 2933	Music Therapy Research	3
Total		13
The 7th Semester/Term		
MPAMT-GE 2949	Music Therapy Final Project	2
Total		2
Total Credits		60
<i>Students with a prior degree in Music Therapy may be waived from up to 12 credits from among these courses. Students take 2 credit course twice.</i>		

While maintaining an introspective dimension, the focus has been increased on social and cultural factors affecting people's psychological health and behaviour. More attention is also paid to the study of the structure and functions of Music Therapy, technologies of effective provision of advisory and clinical services to culturally diverse population groups. Additionally, students begin apprenticing with leading professionals in music psychotherapy from their first semester, continuing throughout the entire program. They apply their theoretical knowledge through supervised internships and observation opportunities at local schools, medical and psychiatric hospitals, shelters, drug rehabilitation centres, prisons, and specialized facilities for the

homeless, elderly, developmentally disabled, and terminally ill. The coursework integrates practical skills with theoretical foundations and research.

The faculty maintains connections with agencies, social institutions, clinics, research laboratories that provide internships and field experience. Among the faculty, there are active clinicians who continuously innovate and contribute to the profession through conference presentations and publications. Their extensive experience informs their teaching, preparing students for long-term success beyond graduation. Additionally, students have access to the Nordoff-Robbins Centre for Music Therapy, where they can engage with cutting-edge clinical and research practices.

The program is highly selective in order to keep classes small and the training individualized. Class size varies from 5 to 18 students according to the design and goals of each course (New York University, 2024).

As we can see, the mentioned educational program is based on the principle of integration of theoretical and practice-oriented training, as well as individualization and differentiation of training, which make it possible to gain practical experience and build an individual educational and professional trajectory. Despite the concentration of content on mental health, other directions have been developed, which include social work, organization and planning of social rehabilitation in communities, analysis of social policy; administration; gerontology; prevention and treatment of abuse; social protection services; primary education.

We consider it appropriate to characterize the innovative interdisciplinary Expressive Therapies master's degree program "Master of Arts (MA) in Clinical Mental Health Counselling: Music Therapy Specialization" (Lesley University, Department of Expressive Therapies) (Lesley University, 2024; Lesley University, Department of Expressive Therapies, 2024).

The goal of the Expressive Therapies master's degree program is to provide students the knowledge, skills, and experience needed to practice in a range of professional settings, including health care facilities, schools, community agencies, and private practices. The program meets the academic and field training requirements for mental health counsellor licensure (LMHC) in Massachusetts. Specialization tracks

prepare graduates for certification or registration by their respective professional associations. As a music therapist students discover therapeutic applications for music and the creative process, as well as counselling theories and techniques. Students also receive mentorship from world-recognized faculty and are prepared for careers in inpatient and outpatient care facilities, hospitals, community centres, private practice, schools, and community organizations (Lesley University, 2024).

The content of the program is aimed at the acquisition of clinical experience by students, so students have the opportunity within the field practice (12 credits) to develop clinical skills regarding the use of Music Therapy techniques in ensuring human mental health. The program is designed to support an inclusive, critically informed atmosphere in which intellectual development, research, and collaboration with artists, performers, and scholars from diverse disciplines can thrive.

The structure of the program includes the following components: admission requirements, compulsory core courses (30 credits), electives (3-6 credits), compulsory Music Therapy courses (12-15 credits), field experience (12 credits) (see Fig. 2.12).

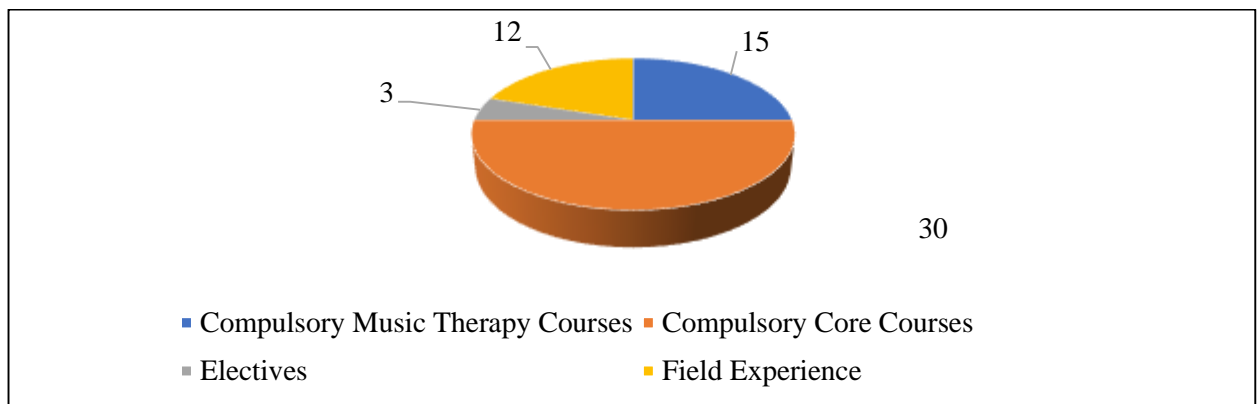


Fig. 2.12. Credit structure of the educational program (developed by the author)

The core courses cover 10 fundamental disciplines of 3 credits each, namely: “Orientation to Expressive Therapies”, “Group Counselling: Music Therapy”, “Human Development Across the Lifespan”, “Professional Counselling Orientation and Ethical Practice”, “Examining Power Privilege & Oppression in Clinical Practice”, “Research and Program Evaluation”, “Psychopathology and Clinical Practice”, “Theories of Mental Health Counselling”, “Assessment and Testing in Mental Health Counselling”, “Vocational and Career Counselling” (Lesley University, 2024).

Field experience covers 4 types of practice for 3 credits each: “Clinical Skills and Applications”, “Music Therapy as Trauma-Informed Practice: Supervision I”, “Supervision in Music Therapy and Counselling II”, “Supervision in Music Therapy and Counselling III” (Lesley University, 2024).

The courses contain 4 disciplines of 3 credits each: “Theories in Music Therapy”, “Clinical Musicianship”, “Clinical Voice through Improvisation”, “Composition & Technology”, “Clinical Methods Development” (Lesley University, 2024).

The elective courses are presented with 4 courses of 3 credits each. The students choose only 2 courses (6 credits). These optional courses include: “Principles and Practices of Expressive Arts Therapy”, “Marriage and Family Therapy”, “Treatment of Substance Use Disorders and Addictions”, “Thesis Seminar” (Lesley University, 2024).

Students can also complete a 3-credit specialization or non-specialization elective course in consultation with their advisor. Elective courses are mainly aimed at the development of art therapy and inclusive competences.

The content of the program is structured according to the principle of continuity of knowledge to ensure a powerful integrated learning experience. The use of the principle of knowledge integration makes it possible to integrate separate aspects of the use of music and psychotherapeutic technologies to provide quality counselling services (Lesley University, 2024).

A Low-Residency model is available for students who are unable to attend courses according to the traditional on-campus schedule. Students in this program complete a three-week community practice each year, while also completing research assignments (e.g. Orientation to Expressive Therapy, Clinical Music, Psychopathology and Clinical Practice) (Lesley University, 2024). The goals and program results of training are presented in Table 2.3.

As we can see, the mission of the educational program is to train specialists in Music Therapy of the integrated type (integration of the arts in the practice of psychotherapy) to provide Music Therapy and psychotherapy services to various categories of the population in order to improve their life and mental health (Lesley

University, 2024).

Table 2.3

The goals and program results of training

	Program Goals	Learning Achievements
1	Dual Identity as a Clinical Mental Health Counselor and Expressive Therapist	Students demonstrate a dual identity as a clinical mental health counselor and expressive therapist, and an understanding of the ways in which the professions enhance and complement one another.
2	Professional Orientation and Ethics	Students demonstrate an understanding of the counseling profession and their modality profession; the capacity to provide counseling services within the ethical codes of the counseling profession and their modality specializations, and with an understanding of legal issues.
3	Clinical Mental Health Counseling Theory	Students gain substantial knowledge of core counseling theories as applied to individual and group processes, skills, and approaches.
4	Human Development Across the Lifespan	Students assess and cultivate an understanding of human growth and development throughout the lifespan, including an understanding of arts-based development, and the connection between developmental theory, clinical issues. Students are able to design interventions, as well as apply considerations of environmental, biological, and cultural factors.
5	Clinical Skills and Helping Relationships	Students demonstrate counseling skills and techniques which exhibit awareness of self and other in the therapeutic relationship; the ability to document and evaluate progress towards treatment goals.
6	Diversity, Equity, and Inclusion	Students develop a critical multicultural lens of the sociocultural foundations in the counseling and expressive therapy process, including developing an awareness and knowledge of power, privilege, and oppression at the micro, macro, personal, and interpersonal levels; develop strategies to identify and eliminate cultural barriers, prejudice, and discriminatory practices.
7	Career Development	Students demonstrate knowledge of vocational counseling theory and apply career development methods to individual professional development.
8	Group Process in Counseling and Expressive Therapies	Students develop a theoretical and embodied understanding of group process and dynamics, theory, skill, and approaches.
9	Assessment	Students gain knowledge and skills in understanding and utilizing formal assessment instruments and information gathering techniques, used in case conceptualization, treatment planning. Students are also able to analyze and critique assessment tools regarding ethical usage and multicultural competency.
10	Research and Program Evaluation	Students develop the ability to locate, read, critique, and evaluate research to inform clinical practice. Through this activity, students contribute knowledge to the profession of counseling and their modality specializations

11	Psycho-diagnostics and Treatment	Students gain an understanding of the broad spectrum of psychopathology and diagnostic criteria utilized in the current DSM 5 and ICD 10 to inform ethical clinical practice and evaluation within a diverse context.
12	Trauma and Crisis Intervention	Students demonstrate trauma-informed skills within clinical practice, including knowledge of crisis intervention, and risk and suicide assessment. Students understand current research and application in how the arts are used in trauma-informed practice, including individual, community, cultural, and systemic complex trauma across the lifespan.
13	Embodied, Experiential and Creative Clinical Practices	Students are able to articulate, embody, and apply the transformative nature of creativity and the arts intrapersonally, interpersonally, and clinically, demonstrating the integration of knowledge and skills within practice
14	Mental Health and Community Systems	Students demonstrate knowledge and apply skills associated with working in diverse communities and multi-disciplinary teams. Students critically analyze methods of treatment, referral, and interdisciplinary collaboration from a global health perspective.
15	Personal Growth, Insight, and Congruence	Students develop and engage in multifaceted processes which foster self-awareness, and awareness of others' experiences with cultural sensitivity; develop and begin to articulate and evidence, in their scholarship and clinical practices, their theoretical orientation.

Currently, the curriculum for Music Therapy is still “bursting at the seams” and many Music Therapy educators, students, practicing music therapists, and clinical/internship directors have expressed that there are many other areas and skills outside of the standard curriculum that music therapists want education/training in for contemporary practice (Johnson, 2022).

It is worth mentioning, that among the mandatory requirements for admission to the program there are 6 credits in Psychology (grades of B or better), one three-credit course in “Principles and Practices of Music Therapy”, as well as listening to music as part of the interview.

The final attestation of learning outcomes is based on the implementation of a complex interdisciplinary study.

Graduates of the program are able to carry out professional activities in various fields: social rehabilitation, physical therapy, counselling, psychological examination of human resources, medical support, inclusive education, gerontology, etc.

Massachusetts and Greater Boston have a large concentration of medical, healthcare, and mental health-related organizations. Graduates find careers in a range

of places (see Fig. 2.13., 2.14.)



Fig. 2.13. Directions of a music therapist’s career development (developed by the author)

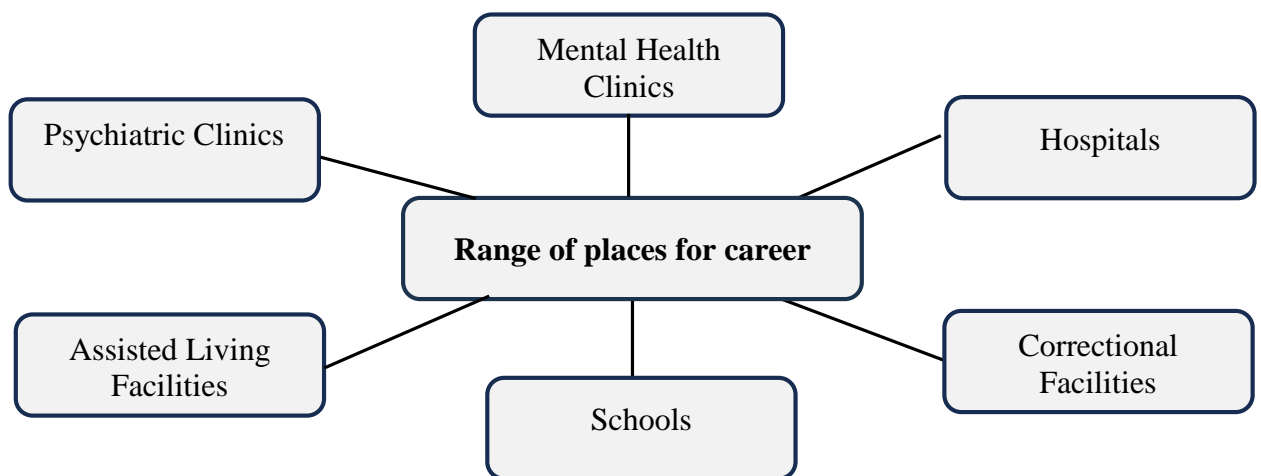


Fig. 2.14. Range of places for career (developed by the author)

The concept of the “Music Therapy” educational program at Temple University provides two tracks of advanced study, with a variety of course offerings in each track:

- The Music Medicine Track provides didactic and experiential training in how music and the client-therapist relationship are used to facilitate mind-body communication and health.
- The Music Psychotherapy Track provides didactic and experiential training in how music and the client-therapist relationship are used to promote emotional and interpersonal growth.
- A broad range of clinical populations, orientations, practices and research paradigms is presented, and opportunities for self-directed learning are provided through independent study projects. Emphasis is given to integrating professional and personal development through self-experiences in Music Therapy.

The program in Music Therapy is led by four world-renowned music therapists (Temple University, 2024).

The learning outcomes of the program include: the ability to demonstrate a comprehensive theoretical understanding of the qualitative and quantitative characteristics of Music Therapy; the ability to draw conclusions and predict the possible consequences of using Music Therapy in different social, rehabilitation and multicultural contexts; the ability to solve problems using evidence-based strategies; justify the choice of technologies; the ability to critically reflect on interdisciplinary knowledge, develop concepts and plan scientific research based on a critical analysis of literary sources and methodology; the ability to implement management decisions and solve social problems from the standpoint of scientific thinking; the ability to use creative, receptive, recreational and verbal methods of Music Therapy; the ability to use and integrate these methods in medical and psychotherapeutic settings and with a wide range of clients; the ability to apply theoretical knowledge in practice; and understanding of ethical issues in practice and research (Appendix C).

The assessment of knowledge and learning outcomes is carried out on the basis of the performance of scientific work (experimental research) or project. The experiential components of the research encourage students to explore the impact of their personality on the client, music, and the therapy process, as well as identify ethical issues. Research issues are focused on solving various problems in the medical and psychotherapeutic spheres by using the means and technologies of Music Therapy. For example: “Impact of new Music Therapy services in the medical setting”, “Neurodevelopmental outcomes of preterm infants receiving Music Therapy”, “Improving developmental outcomes of young children with developmental disabilities”, “Impact of Music Therapy services for people of all levels of ability”, “Improving psychosocial needs of long-term caregivers for older adults”, “Holistic approaches to care and treatment of older adults”.

The implementation of the content of the educational program is ensured on the basis of the principle of flexibility and accessibility, since training takes place in a mixed mode, which makes it possible to rationally and optimally allocate time to

various types of educational activities. Online education is organized in accordance with the requirements of standards of academic excellence and success, which are outlined for academic programs in the mode of full-time education. Teaching is conducted by practitioners (experts) and scientists, which ensures interprofessional and interdisciplinary educational interaction. Students complete the program as a group, which not only ensures timely completion of the program, but also maximizes interaction with faculty and colleagues. The cohort format also facilitates the formation of valuable and lasting social relationships after graduation. From application to graduation, students receive individualized support from an assigned program coordinator and faculty member.

Music Therapy/Combined Master's Equivalency Program, which is the option available to an applicant who has a bachelor's degree in Music, but is not certified in Music Therapy and must complete Music Therapy core courses. This program integrates core courses in Music Therapy required for entry-level certification with the master's program (63 credits).

Graduates typically find employment in a variety of areas, including community mental health agencies, day care facilities, educational institutions, general and psychiatric hospitals, rehabilitation centres, nursing homes, and private practice. Graduates may combine clinical work with research in the above areas of practice. The program also provides preparation for doctoral study in Music Therapy and related disciplines (Temple University, 2024a, 2024b).

The Hugh Hodgson School of Music (University of Georgia, Athens) offers the educational program "The Master of Music (M.M.) with an Area of Emphasis in Music Therapy" (University of Georgia, 2023; Graduate Training in Music Therapy, 2024). The program aims to prepare students for therapeutic activities, successful performance of tasks related to ensuring normal life activities, solving problems caused by personal, social and environmental stress.

The Master of Music (M.M.) with an Area of Emphasis in Music Therapy provides in-depth study of the practice of Music Therapy, including research, clinical applications, and current developments in Music Therapy theory and practice. The

program is comprised of a diverse set of in-person academic and clinical experiences including advanced Music Therapy practicum placements, supervision of Music Therapy undergraduate students, development and implementation of research studies, and courses on current trends and issues in the field of Music Therapy. In addition, students accomplish coursework in related topics of music theory, music history/ethnomusicology, music studies, and electives outside of music that are selected by the student to further develop their knowledge in an area of their interest. Many of these courses can be selected to fulfil an additional graduate certificate (i.e. Gerontology, Non-Profit Leadership and Management, Substance Use Counselling, Marriage and Family Therapy, and Disabilities Studies) offered by the University of Georgia (University of Georgia, 2023).

Students study the professional functions of a music therapist; characteristics of human development; personal, social and environmental factors affecting personality development; peculiarities of the activity of medical services; skills; ethical, legal and multicultural issues affecting the profession (Olsen, 2017).

Among the advantages of the program we distinguish the practice-oriented content of training aimed at the development of clinical skills, immersion in working conditions, familiarization with the experience of expert practitioners, improvement of musical skills, skills of planning scientific research, etc.

Graduates have the opportunity to work in a wide variety of institutions that provide services to people with mental health problems, disabilities, substance abuse, aging (gerontology), domestic violence, criminal justice, health care, vocational rehabilitation, school placement, etc.

The training program (see Fig. 2.15) provides for 33 hours of full-time individual training per week, which are divided from 1 to 6 hours per course. The courses are grouped into two areas: compulsory (“major”) and optional (“minor”). Studying and mastering the specified courses optimizes the formation of reflective, personal, communicative, pedagogical, therapeutic and musical competences. The courses “Trends and issues in Music Therapy”, “Seminar in Professional Music Therapy Practice”, “Advanced Music Therapy Practicum”, “Music Education”, “Applied

Music” present the areas of concentration of the educational program.

The clinical aspect of the educational program content aids in understanding the significance and value of healthcare competence during the learning process. Students develop a sense of professional identity and gain knowledge and confidence in their professional activities by applying general learning skills under the guidance of experienced, qualified professionals. Most of the program graduates are employed in public or private companies and services in management positions.

Certificate educational programs for professional development of Music Therapy specialists deserve attention.

For example, California State University, Northridge offers a certificate program in Music Therapy. The program’s mission is to train competent, ethical, data-driven, cultured, and dedicated professional music therapists who are aware of and understand systemic change and reform in the medical and arts fields.

MM in Music Therapy	
I. Major Area of Concentration	15 hours
Trends and issues in Music Therapy	2 hours
Research in Music Therapy	3 hours
Seminar in Professional Music Therapy Practice	3 hours
Advanced Music Therapy Practicum	1 hour
Graduate Professional Project in Music Therapy	6 hours
II. Other Studies in Music	9 hours
To be selected from:	
Music Theory (required minimum 3 hours)	
Music History/Ethnomusicology (required minimum 3 hours)	
Music Education	
Applied Music	
Ensemble	
III. Electives in Related Studies*	9 hours
Total Minimum Hours:	33 hours

*Students may take any graduate-level course in any subject (including non-music subjects) to fulfill electives. Courses are chosen based on the student’s specific area of interest in consultation with an advisor. With these electives, students have the opportunity to complete an additional graduate certificate in an area of their interest.

Fig. 2.15. The weekly curriculum of the educational program “The Master of Music (M.M.) with an Area of Emphasis in Music Therapy” (University of Georgia, 2023)

The content of the certificate program (34 credits) involves deepening the knowledge and skills of students in the following aspects: approaches and techniques of Music Therapy in mental health programs and other uses; Music Therapy utilization skills, including song materials and song-leading activities; models of improvisation in Music Therapy; psychology of music and abnormal psychology; developmental differences and implications for educating students with disabilities (California State University, Northridge, 2023).

The content of the program presents various professional aspects: professional orientation and ethical practice, social and cultural differences, personality development, career development, mutual assistance, working in groups, monitoring and research of programs (California State University, Northridge, 2023).

The results indicated that five programs (14.71%) led to a dual degree in Music Therapy and counselling, four (11.76%) offered Music Therapy degree programs that satisfied mental health counselling licensure laws in their respective state, and five (14.71%) fulfilled the requirements as a Licensed Creative Arts Therapist (LCAT) in the State of New York (Goodman, 2011).

The Master of Arts in Music Therapy & Counselling dual program (The College of Nursing and Health Professions (CNHP) of Drexel University) prepares students with beginning skills and knowledge to apply theoretical and relevant art therapy practices. To do this, classroom didactic learning and individual to small group supervisions dynamically support the students' applications of informal to formal assessment and treatment planning, health care and related documentation, and contemporary ethical practices. The intercultural impacts of health and relational contexts, discrimination and stress, and wellness and resilience are emphasized as well as the value of media and materials discernment in forming therapeutic relationships and connections. Students combine art therapy and counselling methods within multiple systems of care for engaging diverse individuals, groups, and families for collaborative goals. The program, at a minimum, aims to prepare competent entry-level Art Therapists in the cognitive (knowledge), psychomotor (skills), and affective (behaviour) learning domains (Drexel University's College of Nursing and Health

Professions, 2023).

The program includes the following key components:

1. Advanced education in the theoretical and applied foundations of art psychotherapy; art as therapy; open studio approaches; counselling theories and micro-skills; social action, advocacy, and ethics of care; and systems perspectives within community-based, preventive initiatives, and wellness.
2. 2-3 supervised field placement opportunities, beginning with practicum and developing over experience into a more independent internship, with a range of populations in a variety of systems of care including medical and psychiatric hospitals, outpatient and interdisciplinary behavioural health facilities, schools or other educational supports, assisted living care facilities, recovery-focused systems, community health centres, shelters, foster care, and more.
3. Emphasis on cultural humility skill acquisition including understanding and articulating how intersectional identities and social positionality (privileged and oppressed) can impact and augment therapeutic relationships and goals of therapy;
4. Counselling courses that have integrated learning across the CATs (Creative Arts Therapies or Art Therapy, Dance/Movement Therapy, and Music Therapy).
5. Master's culminating project that is creative based scholarship disseminated via an end of academic year online community platform.
6. Experiential art-making processes that inform both classroom and didactic learning to support the students' sequential field education (practicum & internship) experiences (Drexel University, 2024).

While earning a master's degree, students acquire active listening skills, study counselling theory, verbal, non-verbal and other related subjects. Specialized education is a good choice, under which music therapists can familiarize themselves with the specifics of their future professional activity in more detail.

The development and structuring of curricula is carried out on the basis of a combination of educational, research and practical components, which allows to actively influence social policy and social practice in society; the use of practice-

oriented final certification, which assumes an assessment of the students' assimilation of the educational material based on the projects (grants) created by them and actually operating and programs of work with a certain category of the population; maximum use of the socio-pedagogical potential of the educational institution and other stakeholders; adaptation of the best world experience of combining art therapy and counselling.

Comparing educational programs for training masters of Music Therapy in US universities, we conclude that their content emphasizes the maximum attention to the development of professional competences in the field of therapeutic services aimed at providing assistance to individuals and social groups, holding seminars, classes, consultations and preventive programs that contribute improvement of vital skills in a complex society. This makes it possible to perform the following professional functions after graduating from the university: therapeutic, diagnostic, communicative, mediation, organizational, human rights protection, prognostic, preventive, warning-preventive, psychotherapeutic, social-pedagogical, informational, research, correctional-rehabilitation (American Music Therapy Association, 2022).

A successful graduate can hold positions in health care institutions, social service institutions, counselling centres on various social issues, educational and health care institutions, etc. At the same time, special attention is paid to the development and formation of tolerant communications and a tolerant attitude towards people, the development of a high level of general culture, humanistic values, and moral qualities.

Therefore, the content of the master's training in Music Therapy is formed in accordance with academic and professional standards, the educational policy and strategy of the university, structured on the basis of a competency-based and practice-oriented paradigm, the principles of interdisciplinary, knowledge integration, flexibility, electivity, professionalization; correlates with the requirements and needs of the health care service of the American society. Educational programs have highly specialized areas of training and an applied nature, which expands employment opportunities in the social and humanitarian sector. The philosophical foundations of the content of the programs reflect a combination of social constructivism and justice,

rights and opportunities. This philosophy is based on the principles of valuing human dignity, social justice and providing assistance throughout life, which is a prerequisite for social and personal changes; provision of consultations; integration of emotional, behavioural, cognitive aspects that form a personality, contribute to its self-realization.

2.4. The forms and methods of training music therapists in the American experience

In the search for ways to increase the effectiveness of teaching, related to the new culture of thinking, which affects the distribution of emphasis in the content part and is actively reoriented to the ability to understand one's own actions (development of reflexivity), a stable deepening of innovative educational processes can be traced in universities.

The development of professionalism of future music therapists depends on the choice of forms, methods and teaching technologies in a higher educational institution.

In the broader field of higher education, a vast amount of literature is published about effective teaching methods including student-centred learning and appreciative approaches. Music Therapy pedagogues have identified general teaching methods and approaches and instructors may be applying effective teaching approaches. However, there is minimal evidence for specific techniques how these approaches and techniques are being implemented (Ravaglioli, 2022).

Findings on characteristics linking effective teaching and student learning revealed that learning is transparent, dialogue facilitates learning, and a community of learners creates knowledge (Carnell, 2007). Biggs and Tang (2011) suggest that one of the most important ways of improving teaching is to shift the focus from the teacher to the learner. Wright (2011) speaks to the role of the teacher stating, "students are the centre of the educational enterprise, and their cognitive and affective learning experiences should guide all decisions as to what is done and how" (p. 93). Learner-centred approaches allow for students to take responsibility for their own learning, which may alter the traditional

balance of power (Bloom, Hutson, He, & Konkle, 2013; Blumberg, 2009; Wright, 2011).

Studying the peculiarities of the organization of music therapist's training, it was found that master's training takes place in two forms: online and offline. The degree program can be completed on a full- or part-time basis.

In the methodological experience of training music therapists, various training models are used: traditional, practice-oriented, reflective, facilitative, comprehensive, hands-on learning, interprofessional, clinical supervision (see Fig. 2.16).

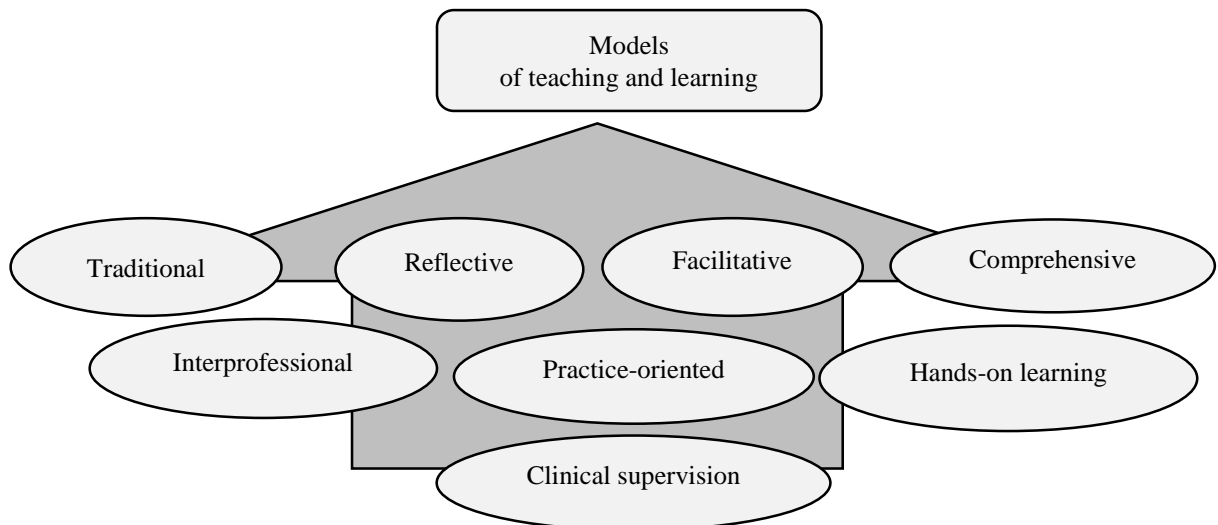


Fig. 2.16. The models of music therapists' training (developed by the author)

Preference is given to the practice-oriented model, the conceptual idea of which is the holistic professional and personal formation of a music therapist as a subject of the educational process throughout the entire period of study and further professional activity.

The Centre for Interprofessional Clinical Simulation and Practice (CICSP) at Drexel University is a cutting-edge, experiential learning environment that offers an effective teaching and learning model for graduate students. It simulates various clinical and community settings where students can refine their clinical decision-making and leadership skills to become practice-ready clinicians. The team of simulation specialists and faculty fosters a psychologically safe learning atmosphere where mistakes are treated as learning opportunities, encouraging students to engage

in critical self-reflection to develop their clinical and leadership expertise (Drexel University, 2024).

The comprehensive, experiential learning model creates the ideal setting for students to build foundational skills, learn from errors, and become ready to practice as clinicians and leaders in their fields. The interprofessional approach offers various learning experiences with different professions. By preparing future clinicians to work and communicate effectively in teams and appreciate various perspectives, it equips them with the necessary skills to care for future patients and clients (Drexel University, 2024).

At Colorado State University, students can collaborate on projects in the Brainwaves Research Lab with peers from other CSU programs such as Occupational Therapy, Psychology, and Neuroscience. Additionally, they have the chance to engage in research within the Music Therapy Research Academy, where faculty members conduct studies on a wide range of topics and address various needs in the field of Music Therapy. This multidisciplinary approach provides students with valuable hands-on experience and broadens their understanding through collaboration and research.

The model of practice-oriented training includes not only traditional and acceptable elements in many educational institutions (such as familiarization, educational and industrial practice, internship and practice within the limits of specialization), but also significant changes and additions to theoretical (“academic”) courses: performance of laboratory tasks, practical and course works related to elements of practice conceptually, substantively and organizationally; specially developed trainings and seminars; exchange of experience and scientific-practical and methodical conferences; volunteering in various social, medical and educational institutions, as well as in professional associations and public associations.

Clinical Skills Labs aim to develop expert healthcare clinicians through a supportive and deliberate practice model with dedicated faculty. These labs focus on building foundational skills in physical examination, procedures, and medication

administration. Learners gain proficiency in essential skills, fostering health equity for all individuals (Drexel University, 2024).

It is important also to note the model of clinical supervision, as supervision is a primary component in Music Therapy clinical education (Summer, 2001). “Clinical supervision is the construction of individualized learning plans for supervisees working with clients” (Leddick, 1994). Multiple supervisory approaches have been applied to Music Therapy supervision including competency-based approach, feminist approach, culturally responsive supervision, analytical Music Therapy-oriented supervision, and music-centred supervision (Goodman, 2011).

According to the identified training models, pedagogical technologies and teaching methods are presented as traditionally didactic (demonstration, survey, answering questions), problem-searching (discussions, problem situations, conversations), interactive (“round table”, “brainstorming”, “case studies”, simulations, modelling, etc.), reflective (portfolio) (Sandness, McGuire, & Cohen, 1995).

The activation of the cognitive activity of masters in Music Therapy, the development of intellectual, professional, special, practical and general abilities and skills is facilitated by the following reflexive and innovative learning technologies: real-time feedback, research learning, laboratory-based learning.

The main forms of educational activities organization are as follows: interactive lectures (debriefing lecture, item list lecture, multilevel coaching lecture, shouting match lecture), seminars (live seminar, live-webcasts seminar, on-demand seminar), educational conferences, research studies, trainings. Their effectiveness is ensured by the following innovative methods: reverse brainstorming, concept mapping, collaborative learning, service learning, problem-based learning, distributed learning, project based learning.

Music Therapy pedagogues have identified successful methods of teaching, including lecture and discussions, collaborative learning, experiential methods, music-centred approaches, and the use of instructional technology (Bruscia, 2013; Goodman, 2011; Hiller, Belt, Gardstrom, & Willenbrink-Conte, 2021). Goodman (2011) expands on Music Therapy education by discussing a variety of teaching and learning theories,

some of which include cognitive and social constructivism, Bloom's Taxonomy, types of learning styles, and developmental levels of academic engagement. While methods of teaching and learning theories are acknowledged by Music Therapy educators, a study prepared by the U.S. Department of Education about teacher training in 2001 found "that there is no research that "directly assesses what teachers learn in their pedagogical preparation and then evaluates the relationship of that pedagogical knowledge to student learning or teacher behaviour" (Wilson, Floden, & Ferrini-Mundy, 2001, p. 11). However, it is unknown to what extent Music Therapy faculty are aware and/or utilizing these pedagogical methods and techniques.

In the practice of training music therapists in higher education institutions in the USA, the following most effective types of lectures are used: lecture-visualization, lecture with planned errors, binary lecture (lecture in pairs), lecture-press conference, which, in our opinion, contribute to the development of a music therapist. However, in our opinion, it is worth talking here not about the type of lecture, but about the method of its teaching: a problem-based lecture – is based on a problem method; binary (lecture in pairs) – dialogue method; lecture-visualization – visualization method; a lecture with planned errors – the method of finding errors; lecture press conference – question-answer method.

A review of selected teaching and evaluation techniques relevant to Music Therapy include lecture and discussions, collaborative learning, experiential learning, and music-centred teaching. In lecture and discussion formats of teaching, it is recommended that two or three major points be kept in mind, with a flow from general to specific, expanding on what the student already knows, and providing clinical cases from personal experience. If the students are set up in a round-type, discussion and questions are more accessible, as students can comfortably make eye contact and engage in group dynamics. In facilitating discussion, the types and quantity of questions are also important to note. For instance, questions should not be too abundant, and should be an appropriate challenge that investigate motives, call for conclusions, expand on discussion, or relate ideas and events (Goodman, 2011).

Problem Based Learning (PBL), a training technique used in related fields, is one method to enhance clinical reasoning skills. PBL moves away from lecture-based transmission and towards student-generated learning through problem solving (Savin-Baden, & et al., 2011). In a mixed methods design, Baker (2007) found that using a problem-based learning activity enhanced students' ability to justify clinical decisions, source appropriate literature to support decisions, and enhanced confidence and competence.

In practice, each lecture can be conducted using the specified methods. For example, on the basis of the problem-based method, a so-called problem-based lecture / "case study" is conducted. During this lecture, new knowledge is communicated through the difficulty of a question, task, or situation. The process of student learning in cooperation and dialogue with the teacher approaches research activity. The content of the problem is revealed through the organization of the search for its solution or the summation and analysis of traditional and modern views. It is important that the description of the situation not only reflects the practical problem, but also actualizes the complex of knowledge that must be mastered to solve this problem. Case study scenarios are often used in PBL, and are thought to enhance development of critical reasoning skills and strong decision-making (Williams, 2001).

The use of the case-study method develops the following skills and abilities of students: analytical – the ability to distinguish data from information, classify, separate essential and non-essential information, analyse, search it, think clearly; practical – the reduction, compared to the real situation, of the level of complexity of the problem presented in the case, which will contribute to the easier formation of the skills of using theory, methods and principles, overcoming the barriers of complexity (the creative skills of solving one logical situation cannot be formed, it is necessary creative problem solving skills); communication skills – the ability to lead a discussion, to convince others, to defend one's own opinion; social skills – the ability to listen, argue different positions; self-analysis – awareness and analysis of other people's thoughts and one's own. Consequently, the case-study method is important for the formation of communicative competence of specialists.

A so-called lecture-visualization is built on the basis of the visualization method. This is a form of presentation of lecture material by means of IT or audio and video equipment. Conducting this type of a lecture is accompanied with short commenting on visual materials (natural objects – people in their actions and deeds, in communication and conversation; minerals, reagents, machine parts; paintings, drawings, photographs, slides; symbolic, in the form of diagrams, tables, graphs, models).

Based on the dialogic approach, a binary lecture is arranged – a type of lecture in the form of a dialogue between two university teachers (or a scientist and a practitioner, a teacher and a student, etc.).

On the basis of the error-finding method, a so-called lecture with pre-planned errors is designed to stimulate students to constantly monitor the information offered (error-finding: substantive, methodological, methodical, spelling). At the end of the lecture, the students are diagnosed and the identified errors are analysed.

The lecture-conference is prepared on the basis of the method of questions and answers. It is conducted as a scientific and practical class, with a set problem and a system of reports lasting 5-10 minutes. Each performance represents a logically completed text prepared in advance within the framework of the program proposed by the teacher. The set of presented texts will make it possible to broadly cover the problem. At the end of the lecture, the teacher summarizes the students' autonomous work and performances, supplementing or clarifying the proposed information, and formulates the main conclusions.

Among the forms of training organization of music therapists in the USA there are various types of seminars. The most effective, in our opinion, are the following: seminar-conversation, reflective seminar, seminar-dispute, seminar-press-conference, seminar-brainstorming.

Seminar-conversation does not require the preparation of essays, written speeches and reports, but requires the students' knowledge of actual material on one or another issue and the ability to present this knowledge.

A reflective seminar is one of the types of seminars, during which the results of previous classes are discussed, methods of educational activity of students and peculiarities of the information obtained are analysed. A reflective seminar is held after a series of classes, where the problems faced by future music therapists in their professional activities were partially discussed. Students form small groups and briefly express their opinions on the outlined issues. The seminar coordinator is chosen from among the students, who, together with the group leaders, records the generalized results of the students' reflection. Then all together students discuss the leading problems identified in the process of individual and group presentations (Johnson, & Johnson, 2003). When music therapists use a reflective inquiry, they have a deepened sense of the strengths they bring to their practice in the areas of advocacy, leadership, ethics, cultural impact, and potential areas for growth.

The seminar-dispute consists in the fact that the discussion of the issues brought to class is held in the form of a discussion. Students, speaking in class, can approach the issue from different positions and express different views, debate, confirm their opinions with relevant facts.

The seminar is structured in such a way that one student presents a report on each question, who does not reveal it completely, but leaves time for additions, polemics, and further discussion. At the same time, in the coverage of the issue, there may be various views, different assessment of phenomena. The teacher's task is to direct the discussion, to give the correct interpretation of the theses, facts and phenomena discussed in class.

Speaking about the seminar-press-conference it is worth mentioning that a few students prepare messages on problematic and debatable issues related to the relevant issues, while the rest of the students join in their discussions and try to defend their opinion.

During the seminar-brainstorming session students familiarize themselves with important problems that need to be solved in advance. During the seminar, specific proposals are made to solve the problem. All proposals are recorded, systematized and the most appropriate are determined. Problem tasks should have a specific scientific,

industrial, and social orientation. This type of seminar has a particularly effective effect on their intellectual development, contributes to their social development as participants in professional activities in various spheres of life.

Laboratory classes are an important form of training organization for most of the training courses of practical training programs for music therapists. It is worth noting that the higher education institutions of the USA have highly technical equipment of educational laboratories. In addition to audio and video technology, computer technology and equipment, students have the opportunity to work with the latest software. In classes, video recording of classes or individual activities of students (such as role-playing games, presentations, debates) is often practiced for the purpose of further review and discussion of work results.

It is mentioned, that “the innovative experiential learning lab allows faculty to immerse learners in domain-specific skills training, experience patient or client encounters in the community (a simulated apartment), outpatient care settings and inpatient care settings including operating rooms. Learners can experience patients and families, portrayed by actors, moving throughout the healthcare continuum. Clinical Skills Labs help learners gain competency in core skills to promote health equity for all people” (Drexel University, 2024).

For instance, Clinical Skills Lab in Drexel University’s College of Nursing and Health Professions is equipped with: “a simulated apartment; 2 fully equipped operating rooms; 14 standardized patient rooms; 6 fully immersive simulation rooms for any acute care hospital setting; 2 large flex spaces that can be designed to support complex events, like disaster simulation or skills training; 30 bed clinical skills laboratory; 18 bed health assessment lab” (Drexel University, 2024).

The educational conference is also an organizational form of training that ensures pedagogical interaction of a teacher and a student. It is aimed at expanding, consolidating and improving knowledge. Preparation for the conference begins with defining the topic, selecting questions that reveal the chosen topic. The main thing in the conference is a free, frank discussion of the main issues. The conference in its

features is close to the seminar and presents its further development, therefore the method of conducting conferences is similar to the method of conducting seminars.

The development of portfolio as a teaching method is widely used in the training of future music therapists. The creation of a portfolio helps the student to critically evaluate his or her own professional training for therapeutic activities, to identify advantages and to draw conclusions regarding the correction of shortcomings. In the portfolio, students collect facts that illustrate their professional and personal qualities, aspects of practical activity in a diverse environment, professional development and improvement of academic and clinical achievements.

In Music Therapy, there is some overlap between collaborative learning and experiential methods, as many experiential methods involve collaboration. Some examples of experiential methods in Music Therapy that Goodman (2011) describes are role-playing, experiential self-inquiry, Music Therapy training groups, psychology of music labs, video recorded feedback, performing Music Therapy plays, and field trips. The last form of Music Therapy pedagogy explained is music-centred experiential approaches. As music therapists and Music Therapy educators, music should play a primary role in education, as music is a music therapists' tool, and educators should continuously model. Some forms of implementing music-centred experiences into the classroom include referential and non-referential improvisation, instructional technology, video/audio playback of Music Therapy documentaries, and garage band or other similar software (Goodman, 2011).

The self-study comprises at least 2/3 of the student's total study time. It is envisaged to receive the necessary consultation of a teacher or tutor. Students' autonomous learning is presented in group projects, solving specific clinical situations, teamwork, portfolio creation, student conferences, etc. All the necessary conditions have been created for the effective performance of individual tasks for students – from computerization and informatization of education to provision of modern teaching aids (textbooks, media presentations, lecture notes, virtual learning environment, etc.).

The expert method involves meetings with experts that allow the student to observe patient examinations and interventions first-hand. Future specialists can ask

doctors and psychologists questions that help clarify aspects that are unclear to them, and hear different opinions on solving the discussed problems.

The leading role in the training of future Music Therapy specialists is played by the method of practice-based learning, which involves learning in the workplace. On the basis of this method, students are able to apply the theoretical knowledge acquired at the university, practically modify it, taking into account the needs of patients, as well as develop and strengthen professional skills. Practice-oriented training involves the wide use of the method of training with the help of patients (patient-oriented, patient-centred learning), where the patient is in the “centre” of the training process and appears as a full-fledged partner (tells about the specifics of his problem, shares positive and negative experience of the course of one’s own therapeutic process); the method of experience-based learning, when knowledge is obtained through the transformation of practical experience. The creative combination of knowledge, experience and reflective observation present the learning outcomes (Petrie, 1989).

Nolan (2005) posited the need for music therapists to understand and integrate verbal techniques in their practice because verbal interactions help clients make sense of the non-verbal reactions and interaction with music. Even with this call to utilize verbal techniques in conjunction with Music Therapy techniques, few studies have aimed to define and understand their use by music therapists. Some of the most common verbal techniques used by music therapists have been found to be redirection, reinforcement, validation, questions, and humour (Sehr, 2011; Silverman, 2007).

The method of interprofessional interaction in training (inter-professional learning) deserves special attention, as far as it helps further employment and competitiveness of graduates in the labour market. Interprofessional training is designed to enrich the experience of students, to prepare them for the main professional role – a key specialist in a multiprofessional team for therapeutic care and practice in a wider social environment. Teachers and scientists notice the positive results of interprofessional training, which can change negative professional stereotypes; deepen students’ awareness of the work of other specialists; promote interprofessional communication; prepare students for work in an interprofessional environment. Joint

interprofessional practice demonstrates the key factors of successful cooperation, and the professional skills acquired in the process of the training develop a specific vision of the “whole picture” of the client’s problem. The model, scope and terms of interprofessional training are outlined based on the individual educational trajectory of the student and the content of the interdisciplinary educational program.

The project method involves the implementation of project work that combines theoretical and practical research. Students choose a community or social institution where they will conduct research and carry out a project. To improve work on the project, experts are invited to conduct consultations and advisory meetings. During the semester, students write articles in which they reflect on their experience in Music Therapy. It forms the ability to develop and test hypotheses; recognize gaps in own knowledge and skills; apply practical skills; observe oneself, one’s behaviour, assumptions, feelings, prejudices, etc.; the ability to set goals for one’s own learning and success; the ability to work systematically to achieve goals; the ability to observe others; the ability to criticize one’s own and other activities. In each of the written tasks (essays), students focus not so much on what they did during practice and internship, but on their thoughts about their experience.

The culminating project is designed an integrated applied experience for students, and serves as one of the final requirement for graduation in the Masters of Music Therapy Program. The goal of the project is for students to demonstrate knowledge and proficiency in a specific area of interest. Students will integrate knowledge and skills acquired through their academic course-work and apply these principles and ideas to a particular problem or situation similar to that found in a professional work setting or through writing a professional research or opinion paper suitable for publication in a peer-reviewed journal. Project-based ideas that can be recorded and documented may also be considered.

The capstone project is the culmination of all other activities and will be completed over the final two semesters of coursework. The project must represent high standards of scholarly inquiry, technical mastery, and literary skill, and should be consistent with the student’s professional interests. The capstone project is completed

under the guidance of the Graduate Music Therapy Program Director (Alverno College Music Therapy Graduate Program, 2024).

Below we present the typical criteria for qualitative evaluation of the results of a research project: criticizes and evaluates oneself and others; sets goals and monitors progress towards them; carefully observes situations and people, including oneself; reflects on emotions; reflects on own strengths and weaknesses, recognizes and eliminates personal prejudices; raises questions and seeks to answer them; develops hypotheses and tests them; demonstrates ethical sensitivity and awareness; meaningfully connects experience with academic coursework; demonstrates personal growth and self-awareness, critical thinking. Simultaneously, attention is paid to personal qualities and behaviour, namely: reliability, efficiency, commitment, desire to learn, initiative, flexibility. The format of the project involves six stages: data collection from objective experience; self-reflection; combination of experience with academic knowledge; study of contradictions; formulation of the hypothesis; development of the plan.

Based on the study of the experience of training future music therapists, we can identify the main forms and methods of training, which are presented in Fig. 2.17.

The forms of training organization and methods of teaching music therapists are mainly reduced to two directions: shifting attention from ensuring the proper level of teaching to creating conditions for revealing the individuality of each student (principle of learner-centred learning) and using group, joint, collective, interprofessional forms of training.

It is believed that ensuring the individual development of students contributes to the development of self-study skills and the creation of the conditions under which students consciously seek to acquire new knowledge, continuously improve their qualifications and general culture.

Learner-centred teaching) is provided in a variety of ways: the absence of strict time limits, which allows the student to receive and assimilate knowledge that corresponds to his or her abilities; the strict requirement of complete mastery of the material by the student and the possibility of transition to a new one only after

mastering the previous one; drawing up the study program directly by the student with the help of the teacher; using lectures as a stimulating form of learning, rather than the main way of transmitting information; organization of multiple knowledge tests, which allows the teacher to be aware of the student's work, to manage it.

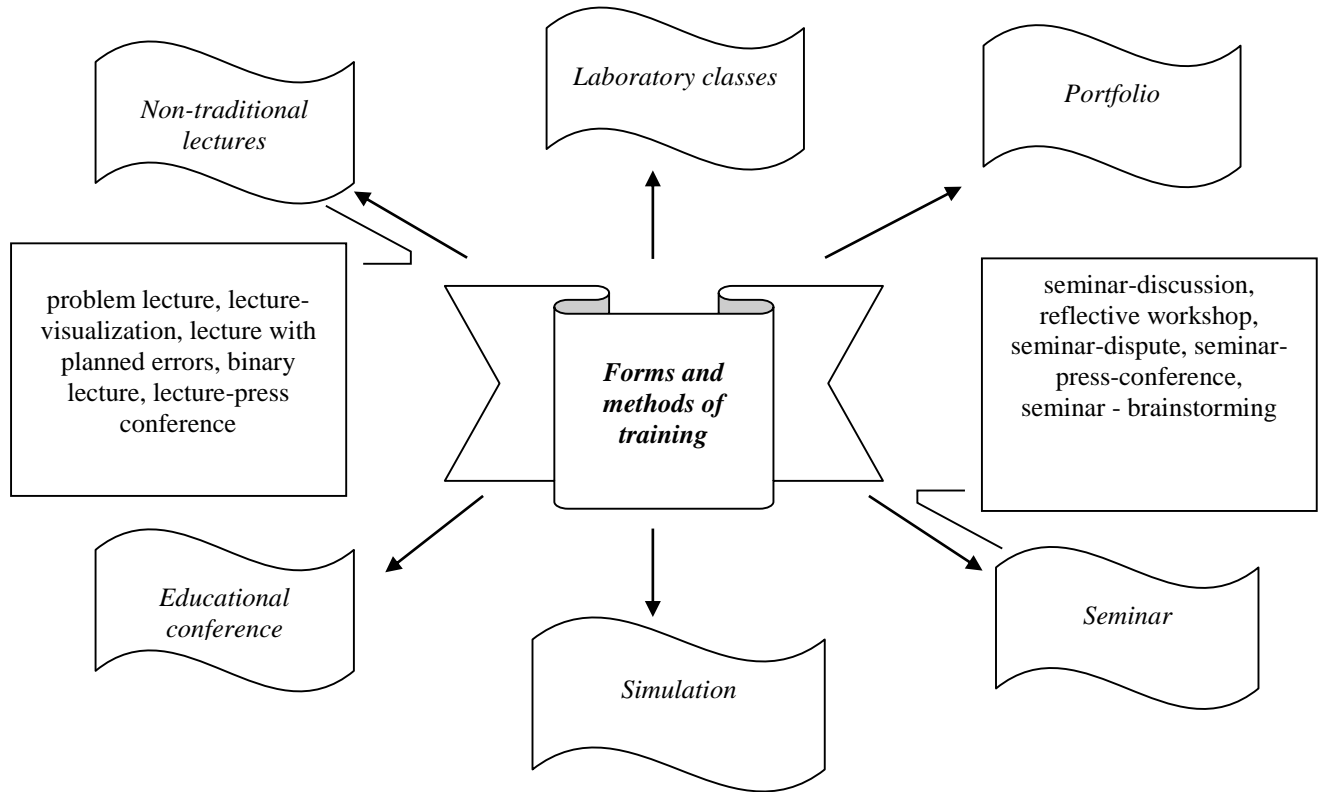


Fig. 2.17. The forms and methods of training music therapists (developed by the author)

Case studies, discussions in small groups, role-playing games, modeling of situations, simulations, etc., proved to be effective among the teaching methods.

Successful decision-making is a skill for competency-based training that is often not met through traditional teaching methods. Development of clinical reasoning skills is vital to an effective Music Therapy practice, and often lacking in students (Baker, 2007; Braswell, Maranto, & Decuir, 1979a, 1979b). In a mixed methods design Baker (2007) found that using a problem-based learning activity enhanced students' ability to justify clinical decisions, source appropriate literature to support decisions, and enhanced confidence and competence.

Cases present a real practical situation, the analysis of which enables students to apply the theoretical knowledge acquired in training, to reveal creative abilities,

individual flexibility of thinking and personal leadership qualities, as well as psychologically prepare for practical therapeutic activities.

The Master of Arts (MA) in Music Therapy programs offer combination of supportive psychology and research courses including courses in assessment, clinical improvisation techniques, group Music Therapy (experiential and client centred), and teaching and supervision.

A comprehensively educated and developed music therapist is able to be competitive in the current and future labour markets, successfully solve problems, relying on the skill of communication and cooperation with different categories of the population. Therefore, one of the most urgent problems in the field of professional training of future music therapists in higher education institutions of the USA is the development of various aspects of the technological, informational, communicative culture of professional communication. It is important to use a wide and diverse repertoire of modern and traditional idioms within the framework of improvisation, playback, song writing and receptive Music Therapy in order to enhance creative and therapeutic processes. Techniques for modifying Music Therapy based on knowledge of the role and meaning of music in different cultures are effective.

Virtual / electronic learning tools provide the creation of a virtual environment and open up wide opportunities in educational and cognitive activities.

The social learning environment has the potential to support online Music Therapy education in the following ways: a space to create simulations of Music Therapy sessions through role-playing and/or the use of “robot” avatars simulating clients; increased exposure to a range of clients with disabilities who utilize social learning as social software; exposure to multicultural issues and music of various cultures; a platform to practice session planning and receive feedback from peers; a more immersive environment to create presence and community for on-line educators; a tool for problem-based learning and development of clinical reasoning skills through student community discussion of experiences (Story, 2014).

Professional training of music therapists using electronic learning tools is a multifaceted educational and cognitive process aimed at mastering and acquiring

professional knowledge, abilities, skills and personal qualities based on the use of electronic textbooks, electronic tests, electronic publications, virtual learning tools, etc.

Monitoring and controlling students' knowledge is a crucial aspect of the educational process as it stimulates learning and influences student behaviour. Various forms of assessment consider all connections between professional knowledge, skills, and abilities, ensuring the quality of developed competencies and readiness for professional activity. Typically, quality monitoring and controlling are conducted through ongoing and intermediate assessments (formative) and final assessment (summative). Current and intermediate control have the same purpose, they can go through individual assessment, review of educational projects, performance of tests, etc. Each university selects its own methods for performance assessment, combining traditional written and oral exams with computerized assessments, report writing, essays, and testing. Students are informed about the control stages and assessment criteria before beginning each module, aiding in early preparation. Students gain knowledge and skills in understanding and utilizing formal assessment instruments and information gathering techniques, used in case conceptualization, treatment planning. Students analyse and critique assessment tools regarding ethical usage and multicultural competency. The assessment strategy is in line with university policy and is aimed at ensuring learning outcomes (Silverman, 2007).

For the final attestation, a diagnostic toolkit is used, which includes typical tasks, tests, educational and research projects, and dissertation. The best method of checking the professional competence of a future specialist is testing. The final attestation is implemented through the writing and defence of a research project or dissertation, which aims to test the ability of students to use the acquired knowledge, skills and abilities during the independent performance of professional tasks, the level of their professional and general competence, professional presentation of special information, scientific argumentation and position protection. The topics of the projects involve deepening knowledge of the profession supplemented by specialized

courses in essential contemporary topics such as: cultural humility, Music Therapy technology, verbal aspects of Music Therapy, journaling, experiential and didactic learning, NMT training, trauma-informed care, end of life practices and MATADOC training.

There is a compulsory system of external and internal examiners to check the academic progress of students in universities. External examiners are reputable colleagues from other universities. At the end of the academic year, the graduate's diploma (project) work is analysed by the Board of Examiners, which includes internal and external examiners. A large number of centres enable students to carry out individual (independent) projects. This assessment system helps to deeply and objectively assess the knowledge and development potential of each specialist. In addition, it provides mutual control over educational activities without the intervention of state bodies.

The portfolio contributes to the analysis of the student's professional development and has several advantages: students become more self-aware and motivated by observing their own progress and capabilities, they learn throughout their lives; it is easier for teachers to evaluate student works, characterize goal achievement, etc. To create student web portfolios as a new means of learning, electronic resources are used, which make possible the simultaneous work of several students in an electronic document. The skills of teamwork are formed, and the teachers trace the stages of the students' work and correct it.

Media presentations, which students prepare during various stages of their studies, are common among the means of training. Presentations develop and "sharpen" communication skills, promote virtual interaction with objects of knowledge displayed on the screen. This helps to create an informational and visual image of the researched object, to simulate reality. Multimedia presentations are prepared using Microsoft Power Point, as well as specialized editors: Macromedia Flash, Picasa, Photodex Pro Show, etc. For example, using Picasa, students can easily upload images to web albums, extract various images from the network (static or

dynamic), design slide shows and educational films, add text and audio comments to the educational project, create collages from static images, etc.

American educators employ interactive technologies, such as group, game-based, reflective, combined, integrated, project-based, and information and communication methods. These techniques emphasize cooperative, partnership-based, and dialogic learning. The effective implementation of these interactive methods fosters student engagement, critical thinking, independence, and the development of a professional worldview. Additionally, they promote self-reflection on educational and cognitive activities, simulate real-life situations, and create a sense of community and collaboration.

2.5. The features of music therapists' practical training

The formation and comprehensive personality development, providing conditions for self-determination and self-realization is the main goal of the education field. The training of highly qualified specialists is the main task of higher education institutions in the USA. One of the main tasks of practical training is the formation of professional (clinical) skills of students (Braswell, Maranto, & Decuir, 1980).

Practical experience is integral to the training of music therapists and is most successfully integrated throughout the training program, beginning with the first year of study. Usually, the practical training of a music therapist comprises research work, internships and clinical practice under the guidance of experts, which allows to gain work experience (Bruscia, Hesser, & Boxill, 1981). Programs are designed to meet the certification and licensing requirements of the American Music Therapy Association.

The experienced teachers of a higher education institution and specialists in the field who work in the organization or institution where the internship takes place are involved in the supervision of students' practicum.

Future specialists in the field of Music Therapy in the USA spend up to 65% of the entire training time in practicum (Petrie, 1993). Higher education institutions in the USA use, in addition to practical and seminar classes, clinical practice and internships

as the main types of practical training of students for professional activities, which is provided by the educational system. Throughout an internship or clinical practice, students must participate in all possible activities provided by the curriculum. “The Music Therapy interventions may include music improvisation, receptive music listening, song writing, lyric discussion, music and imagery, singing, music performance, learning through music, music combined with other arts, music-assisted relaxation, music-based patient education, electronic music technology, adapted music intervention, and movement to music. Music Therapy clinical practice may be in developmental, rehabilitative, habilitative, medical, mental health, preventive, wellness care, or educational areas” (American Music Therapy Association, 2021b).

The clinical practice is aimed at accomplishing the following learning outcomes: “rehabilitation for individuals with neurologic disease and disorders; maintain functioning with older adults; improvement the communication, academic performance, and social skills of children with disabilities; promotion of cognition and enhance memory; facilitation of motor development in children with disabilities; improvement treatment outcomes” (Colorado State University, 2024).

Toward the end of the program, students are prepared to engage in advanced work in a variety of settings, in accordance with the AMTA Advanced Competencies (Colorado State University, 2024).

Music therapists who function as practicum/internship supervisors comprehensively rely on their personal student experience in this regard. Memories and impressions of one’s own practice or internship and one’s mentor will be especially relevant in this situation (Prefontain, 2006). As evidenced by numerous surveys of music therapists and supervisors, almost all of them are inclined to the opinion that the most significant component of specialists’ professional training in the field of Music Therapy is the practice/internship itself, and in the course of it, the relationship that develops between the student and the supervisor of the practice/internship. The majority of students believe that communication and cooperation of a student with a supervisor of practice/internship, who is able to demonstrate examples of practical activity, have a greater effect than attending lectures or following instructions.

Therefore, the success of the practice/internship largely depends on the relationship constructed by the supervisor and the student. This interaction affects not only the positive outcome of the practice/internship, but also the further professional development of students, turning them into confident, competent and independent music therapists.

It is important for supervisors and practicum/internship teachers to discover their own learning styles, as the choice of correct teaching methods is an integral component of successful practicum/internship students. Knowledge of learning styles can help the supervisor and his students create the most favourable environment for learning: improve the psychological climate, optimize the process of practice through the wider use of such activities as observation and discussion, preparation and holding of conferences, participation in role-playing games.

Students undertake over 1,200 hours of graduate clinical practicum and internship experiences, all supervised by a board-certified music therapist. These placements span a variety of settings, including paediatric and adult psychiatric and general hospitals, recovery and wellness programs, therapeutic day care, preschool intervention programs, rehabilitation centres, long-term care facilities, forensic settings, schools, and community Music Therapy programs.

Students embark on their clinical experience immediately upon entering the program, with their clinical education further supported by 3 to 3.5 hours of individual and group supervision each week. In the first year, students acquire both practical and theoretical knowledge about various clinical populations through two placements assigned by the Director of Field Education. During supervised practicum experiences, led by on-site board-certified music therapists, students are involved in observation, assisting, and co-leading Music Therapy sessions in preparation for their second-year internship. The clinical internship spans the entire second year, allowing students to mature and refine advanced skills with one or, sometimes, two populations. The internship is selected by the student with guidance from the Director of Field Education and is approved by the Music Therapy Program Director. These practicum and internship experiences satisfy the clinical training requirements set by the American

Music Therapy Association (Colorado State University, 2024).

Students must complete all clinical practice requirements. The University of Tennessee at Chattanooga (UTC) monitor the growth, development and achievement of all facets of academic and clinical training for each Music Therapy student seeking the degree, Bachelor of Music, Concentration in Music Therapy or it's equivalency through the implementation of the Music Therapy Individualized Training Plan (MTITP). Each individual student's progress within academic courses, clinical training experiences and achievement of AMTA entry-level professional competencies will be tracked throughout the Music Therapy program.

Specific areas of progress and achievement documented included: academic courses related to music foundations, clinical foundations and Music Therapy; academic grades related to music foundations, clinical foundations and Music Therapy; functional musicianship; pre-internship clinical experiences; pre-internship clinical hours; internship clinical experiences; internship clinical hours; achievement of AMTA Professional Competencies (University of Tennessee at Chattanooga, 2020). The detailed information on the organization of practical training content is provided in Appendix D.

Specific internship requirements are communicated to each intern in accordance with the training program or upon request. The manager at the place of practice/internship provides all the necessary assistance to organize an effective practice/internship. Students are responsible for observing ethical principles during practice or internship.

During the practical experience, each intern/trainee is assessed on their behaviour in a professional environment. This assessment is continuous and takes place during the internship and twice per academic semester during the internship. There are several noteworthy behavioural categories that are considered integral components of professional functioning. Here are the most important of them:

1. Professional behaviour: demonstration of reliability (for example, punctuality in submitting documents and completing tasks, meticulous attitude to the organization of meetings with clients, etc.); taking responsibility for one's own work; high-quality

performance of assigned tasks; use of all possible sources of assistance;

2. Intrapersonal behaviour: demonstrating mature and responsible behaviour; demonstration of independent living skills; demonstrating a respectful and non-hostile attitude; development of internal criteria for evaluating one's own activities.

3. Interpersonal behaviour: cooperation and respectful attitude towards the environment; effective use of feedback; development and maintenance of good relations; development of effective working relationships with managers and advisors; showing tolerance to different personalities; appropriate and emotional communication with the environment; demonstration of ethical responsibility; easy adaptation to new situations.

Students are expected to demonstrate awareness in the areas of professional, intrapersonal, and interpersonal behaviour. Failure to demonstrate professional conduct may result in disciplinary action, student remedial action (repetition of internship assignments, another internship, additional hours, etc.) or expulsion from the program.

The supervisors of Masters of Music Therapy program confirm that students are ready for a practicum or internship as a music therapist, and provide students with the guidance on applying for a practicum/internship.

According to the curriculum, the internship is planned during the winter semester beforehand. To be eligible to register for an internship, students must be enrolled in a higher education institution and have a minimum GPA of 2.5 at the time of registration.

The practicum/internship coordinator, who acts as an intermediary between the student and the institution providing the place for the clinical practicum/internship, submits all necessary documents to a specially appointed Staff Board. Once the coordinator receives confirmation from the Staff Board, he informs the student about it, after which the student calls the person responsible for the practice/internship and agrees on the date and time of the first interview. During the interview, the student agrees on the days and hours when he will perform the practical/internship tasks.

The student must fill out the Form at the place of practice/internship (see Appendix E) and sign it with the supervisor at the place of practice/internship, and then

submit it to the supervisor from the university no later than before the first class of practice/internship.

Students and supervisors of practice/internships must fill out relevant educational and methodical evaluation documents by the time of completion of the practice/internship: demonstration of professional behaviour and skills during practice/internship. Student evaluation form (to be filled out by the supervisor); evaluation form for the place of practice/internship (to be filled out by the student); form of assessment of acquired skills as a result of practice/internship.

Institutions participating in the organization of clinical practices/internships are selected according to their programs and needs for practical training of music therapists. Furthermore, the employees of these institutions are highly qualified workers who are ready to take responsibility for the training of future professional music therapists. Practitioners are not only professionals in their field, they are also receptive to new ideas emerging in the field of Music Therapy.

The practice/internship coordinator has the following responsibilities: to organize and hold meetings to acquaint students with the requirements and conditions of clinical practice/internship; to collect and check the documents necessary to complete an application for clinical practice/internship; to fill out internship/internship requests for institutions and report results to students; to act as an intermediary between students and the coordinator of obtaining practical experience; in other districts, to act as an intermediary between students and institutions during the registration of practices/internships; to hold meetings with teachers and students of the university in order to agree on the place and date of practice/internship; to evaluate practice/internship placements based on the needs of students, faculty, and administration; to act as a person who, in the case of a problem at the place of clinical practice/internship, will solve it.

The place of clinical practice is chosen taking into account the needs and strengths of the student, in addition to the special needs of the institution where the clinical practice will take place. The student must demonstrate a high level of professionalism during the practice tasks. The duties of a student-intern are as

following: to fill out the Form at the place of practice and agree the practice plan with the head of the institution. The practice plan should contain an appendix with a detailed description of the actions and tasks that students will have to perform during clinical practice; to meet the competencies specified in the list of responsibilities of a music therapist (Appendix F); to keep a daily and weekly journal of gaining practical experience after each class of clinical practice. The journal must contain general information for the week (hours worked) and be signed by the head of the institution; to attend all classes scheduled by the supervisor from the university (three hours every other week) and work under the supervision of the supervisor from the university (one hour every other week).

The duties of the student during the internship are as follows:

- to fill out the Form at the place of practice and agree the internship plan with the head of the institution. The internship plan should contain an appendix with a detailed description of the actions and tasks that students must complete during the internship. The student is expected to submit the plan to the supervisor from the university for review no later than the second class from the beginning of the internship;
- to demonstrate satisfactory mastery of therapeutic care skills;
- to keep a daily and weekly journal of gaining practical experience after each training session. The journal must contain general information for the week (hours worked) and be signed by the manager;
- to present at least two separate cases of students performing the duties of a music therapist during internship. One of the cases must be accompanied by an audio recording and a five-minute video recording;
- to read thematically oriented articles and posts from professional magazines for music therapists based on the recommendations of supervisors.

Among the student's responsibilities during practice and internship, there are those that coincide: under the guidance of a mentor from the institution, to perform relevant functions that include direct contact with representatives of different cultures, socio-economic strata and persons with special needs; to familiarize oneself with the

requirements of the standard and student achievements; if necessary, to consult with the practice/internship manager; to conduct constant work in the direction of improving one's skills, adequately responding to criticism and remarks of the manager; to fill out all initial internship evaluation forms before the end of the internship; to meet the ethical standards of the American Music Therapy Association.

Consequently, the student acquires and improves general competencies, which is a scrupulous and serious process that begins during clinical practice and ends with an internship as a music therapist. The head of the institution fills in the Student Evaluation Form, where he indicates the positive changes of the student at various stages of obtaining practical experience. At the end of the internship, the student acquires the following: skills in the field of data integration (for example, interviews, behavioural observations) in order to conduct an accurate analysis of the problem, to enable the person who asked for help to find alternative solutions to the problem that has arisen, and to provide assistance to the person in developing action plan; skills of individual and group counselling. Audio recordings of these meetings are listened to and studied during the internship; skills to perform all duties of a music therapist listed in the internship plan. In addition, he must submit a daily/weekly log of all planned activities during clinical practice and internship to the university supervisor for review and signature; skills to demonstrate ethical and professional behaviour in accordance with the Code of Ethics and AMTA standards. Mastering this competence is possible only as a result of successful internship; skills to demonstrate knowledge and successful mastery of the round-the-clock practice of providing therapeutic care by filling out a portfolio and the necessary documentation.

Before starting clinical practice/internship, the students consider and evaluate own personal qualities, realize his readiness to perform the duties of a music therapist.

Having worked out the requirements for the theoretical and practical training of music therapists in US universities, we came to the conclusion that music therapists who have successfully accomplished practical training should have the following personal characteristics:

- humanity, decency, sense of humour and recognition of sensual aspects of one's life, which is proof of emotional stability;
- demonstrating interest in working with people, having sufficient knowledge to solve problems related to the client's individual and social sphere;
- possession of verbal and non-verbal skills necessary for recognizing, understanding and solving problems through logical approaches. Intelligence conducive to the development of mature judgment and behaviour is essential;
- the presence of certain obligations that, in their opinion and beliefs, affect the behaviour of both music therapists and ordinary people;
- they are tolerant of uncertainty and do not allow it to disorganize their professional activity and life;
- they are flexible enough to be aware, understand and deal, using psychological approaches, with all types of human behaviour, without showing authoritarianism and social pressure, in order to improve the behaviour of persons who are provided with Music Therapy services;
- possess the skills of formulating and testing hypotheses in the pursuit of knowledge and its application for the benefit of the individual;
- act as a change agent and promote awareness of future music therapists and those seeking their help;
- possess personal qualities that facilitate their work with people of different ethnic, cultural and religious groups.

The internship process may vary according to the needs of each student and the internship location.

The responsibilities of the institution that provides the opportunity for students to undergo an internship are as follows: to assign a manager to each intern who will provide the services listed above; to familiarize students with the rules, ethical and legal issues that every student needs when working with people seeking help; to provide each student-intern with sufficient workplace, study materials and support from their employees; to provide the opportunity for students to perform the direct duties of music therapists; periodically participate in the evaluation of trainees' work, which consists in

a written official evaluation during training and until the end of the internship.

After examining the curricula of universities that train music therapists in the United States, we concluded that universities are guided by the requirements of the Standard (see Appendix G). Managers from institutions play an important role during the internship. The combination of theory and practice through practice-oriented learning can be one of the most interesting and useful practices in Music Therapy.

For instance, the University of Missouri-Kansas City distinguishes the following learning outcomes:

- Graduate students initiate the skills of community contact, planning, and collaboration in order to complete an advanced clinical experience within the community for 1-2 semesters prior to finishing their degree;
- Graduate students demonstrate advanced knowledge of a selected population and/or clinical area of practice as evidenced by treatment plan and implementation that are informed by a theoretical framework and the therapeutic function of music by the end of their advanced clinical rotation(s);
- Graduate students use advanced clinical musicianship in practice as demonstrated by the use of bar chords and advanced strumming and fingerpicking techniques on guitar, and advanced accompaniment patterns on piano, as well as composition for therapeutic effectiveness by the end of their advanced clinical rotation(s);
- Graduate students demonstrate an understanding of a theoretical framework to inform practice and research in an area of specialty before completing their degree;
- Graduate students develop a project that supports translational research before completing their degree (University of Missouri-Kansas City, 2024).

Perhaps in response to dissatisfaction with practical training, as well as the rapid realization that the training which music therapists receive does not prepare them for field work, many music therapists are forced to pursue continuing education. Although the length and quality of professional development is limited in many states, most music therapists receive hands-on training beginning in the early years of their careers, and the vast majority (89%) are certified or licensed by the state department of

education. Previous research shows that music therapists tend to focus on leadership development, presentation skills, student engagement, and core clinical skills and techniques. As a result, they want to get all this from their studies.

Thus, as a result of the conducted research, we came to the conclusion that the practical training of music therapists in US universities is a vital component of their professional competence. Practical activities, such as clinical practice and internships, immerse future music therapists in real-world professional environments. These experiences enable them to hone their professional skills and abilities, as well as develop crucial management, organizational, and clinical competencies. Through hands-on practice, students gain valuable insights and confidence, preparing them to excel in their careers as music therapists. We have made sure that music therapist training programs focus on applying theoretical skills in practice under the guidance of professional experts.

Conclusion for chapter 2

Chapter 2 “The organisation of professional training of masters in Music Therapy in US universities” presents the peculiarities of professional activity and professional requirements for music therapists in American society. It presents the individual educational trajectory of the master of Music Therapy. The content of music therapists’ training at the master’s level, as well as the forms and methods of training music therapists in the American experience are analysed. The features of music therapists’ practical training are characterized.

From a theoretical analysis of American scientific publications and educational programs, it has been concluded that the professional training of masters in Music Therapy is a deliberate and continuous learning process. Its goal is to develop professional competence, alongside professionally important and socially significant personal qualities, in future music therapists. This comprehensive approach ensures they attain the level of professional qualification required for effective practice in Music Therapy. According to actual data, professional training in colleges and

universities that offer formal (academic educational programs) and non-formal education (certificate programs) in various forms and modes of study.

The content of the educational programs for training masters in Music Therapy is formed in accordance with national standards developed by the American Music Therapy Association. The content of the educational programs is practically oriented and aimed at the development of the ability to: carry out client diagnostics (analysis, diagnosis, recording, dissemination of information for the provision of therapeutic services); integrate knowledge about the cultural diversity of clients; jointly develop an effective and clear support plan through diagnosis of customer needs, selection of measures; use knowledge and resources to organize therapeutic care; communicate (change intervention / change agent); maintain clinical documentation, etc.

According to the standard, the guideline in the development of the content of education at the master's level is an interdisciplinary and practice-oriented approach to learning, the integration of specific theories, knowledge and skills (sociology, social work, psychology, counselling, political science, adult education, clinical practice), concentration around basic philosophy of rehabilitation. Educational programs are developed taking into account the needs and requirements of employers, constant updating of diagnostic procedures and mechanisms of prompt response to the challenges of society and changes in social policy, trends in the development of the profession. The key competencies include the following: general educational, sociocultural, interpersonal, managerial, client-centred, self-educational, organizational-planning, diagnostic. The development of ethical behaviour skills, value professional orientations, awareness of human values and cultural prejudices, etc. is important.

Undoubtedly the professional and personal qualities are important (adaptability, flexibility, tolerance, positive behaviour, organizational skills, leadership, non-conflict, punctuality, proactivity, mobility, quick response to requests, politeness, willingness to work impartially, regardless of religion or culture, gender or nationality).

The educational programs are distinguished by a significant share of independent research (dissertation, abstracts, reports, essays, experimental work, self-studies), clinical practice and professional career growth. Graduates get opportunities for wide

employment in various social institutions, clinics, marriage and family departments; post-traumatic and crisis counselling centres; population rehabilitation departments, educational institutions, etc.

The majority of educational programs are accredited by specialized professional organizations and are aligned with standards. One of the preferences of studying in an accredited program is related to the fact that potential employers give preference to graduates of accredited programs. Social services, government institutions, health care, management, education, and others are recognized as the most popular fields of internship and further employment.

It was established that the content of the training includes compulsory and optional components, general and professional training. General training is represented by social and humanitarian courses, and professional training is represented by special disciplines of specialization. The development of professional competences is facilitated by a number of professional (clinical) courses, clinical practices and internships.

In the methodical experience of training music therapists, various training models are used: traditional, practice-oriented, reflective, facilitative, comprehensive, hands-on learning, interprofessional, clinical supervision. According to the identified learning models, pedagogical technologies and learning methods are presented as traditionally didactic (demonstration, survey, answering questions), problem-searching (discussions, problem situations, conversations), interactive (round table, brainstorming, case studies, simulations, modelling, etc.), reflective (portfolio).

The activation of the cognitive activity of masters in Music Therapy, the development of intellectual, professional, special, practical and general abilities and skills is facilitated by the following reflexive and innovative teaching technologies: real-time feedback, research learning, laboratory-based learning.

The main forms of educational activities organization are as follows: interactive lectures (debriefing lecture, item list lecture, multilevel coaching lecture, shouting match lecture), seminars (live seminar, live-webcasts seminar, on-demand seminar, educational conferences, research training, trainings). Their effectiveness is provided with the following innovative methods: reverse brainstorming, concept mapping, collaborative

learning, service-learning, problem-based learning, distributed learning, project-based learning.

Practical training contributes to the acquisition of work experience in an interdisciplinary team of specialists.

The materials of this chapter are covered in the following publications: Li, 2024c, 2024d.

CHAPTER 3

THE POSSIBILITIES OF USING THE CONSTRUCTIVE IDEAS OF THE AMERICAN EXPERIENCE OF TRAINING MASTERS IN MUSIC THERAPY IN UKRAINIAN EDUCATIONAL PRACTICE

Chapter 3 “The possibilities of using the constructive ideas of the American experience of training masters in Music Therapy in Ukrainian educational practice” explains the state of training masters in Music Therapy in higher education institutions of Ukraine. The comparative analysis of certain aspects of the professional training of masters in Music Therapy in Ukraine and the USA is carried out. The possibilities of using the constructive ideas of the American experience into the educational practice of Ukraine are substantiated.

3.1. The current state of Music Therapy as an educational phenomenon development in Ukraine

In modern socio-cultural conditions in Ukraine, a transformation of social trends is observed: a change in the nature and forms of social relations, an increase in social tension among many citizens: a loss of social status, a vision of the prospects of one’s life and one’s future. Therefore, the representatives of most social groups have growing social problems in society, there are population groups that need medical assistance, psychological protection and legal support, treatment of physical, mental, intellectual and social disorders.

The qualified support and help for the specified categories can be provided by a responsible and professionally trained specialist in the field of Music Therapy. Therefore, the significance of Music Therapy as a professional type of activity is actualized. Music Therapy treatment takes place within the framework of a therapeutic relationship, the goal of which is to alleviate or eliminate symptoms, change painful attitudes and behaviours, and maintain or restore health. Music

Therapy is closely related to other scientific disciplines such as psychotherapy, psychology, medicine, musicology and pedagogy.

The use of Music Therapy allows:

- to speed up the therapeutic process. Subconscious conflicts and inner experiences are sometimes easier to express with the help of rhythm and sound, sound and musical expression, than in conversation during verbal psychotherapy.

Non-verbal forms of communication allow to avoid conscious censorship;

- to obtain material for interpretations and diagnostics in the course of therapy. Creative products, the creative process, given their reality, cannot be denied by the patient. The content and style of artistic work or creative expression provide the therapist with enormous information, in addition, the author himself can contribute to the interpretation of his own compositions;

- to work with thoughts and feelings that seem overwhelming. Sometimes non-verbal means of musical improvisation and expression are powerful tools that reveal and clarify intense feelings and beliefs;

- to strengthen the feeling of one's own personal value. An additional product of Music Therapy is the satisfaction that arises as a result of discovering hidden skills and their development;

- to develop and strengthen attention to sensations. Music arises as a result of a creative act that gives the opportunity to clarify and give voice to feelings, which allows you to experiment with them;

- to provide an opportunity to express aggressive feelings in a socially acceptable manner. Music and rhythm, creative expression in the form of a game are safe ways to release tension;

- to contribute to the emergence of a sense of internal harmony and order. Music and rhythm lead to the possibility of organizing one's internal rhythm and general state.

Socio-economic changes in society, an increase in social groups that need medical protection, actualize new requirements for the professional training of specialists in the therapeutic field. The need to study the educational field of

therapeutic training, integration and modernization of higher education is increasing, which leads to the modernization of the currently existing system of professional training of specialists in the therapeutic field of health care, namely physical therapists, occupational therapists, art therapists, music therapists.

Music Therapy is a relatively new, but rapidly developing industry in Ukraine. It is based on the idea that music has a powerful effect on the psycho-emotional state of a person and can be used to support the treatment of various disorders, both mental and physical.

According to the analytical data, the main areas of Music Therapy development in Ukraine include:

1. *Psychological rehabilitation*: In recent years, mainly after the start of the war in Eastern Ukraine and the full-scale war in 2022, Music Therapy has become a significant tool for working with veterans, displaced persons and victims of hostilities. Music helps people process traumatic experiences, reduce anxiety and depression.

2. *Educational programs*: In some Ukrainian universities and specialized institutions, there are Music Therapy training programs. Such courses make it possible to train specialists in this field, which significantly increases the quality of providing therapeutic services.

3. *Inclusion*: Music Therapy is actively used to work with children with special needs. It helps to improve their communication, coordination and socialization. Children's rehabilitation centres and schools are beginning to integrate these methods to improve the quality of education and social integration.

4. *Institute of Music Therapy*: There are several organizations and initiatives aimed at the popularization and development of Music Therapy. For example, the Association of Music therapists of Ukraine (NGO "AMU"). The Association of Music therapists of Ukraine works to spread knowledge and create standards for this practice in Ukraine.

5. *Cooperation with international experts*: Ukrainian music therapists often cooperate with European and American colleagues to exchange experience and

conduct trainings.

Indeed, the development of Music Therapy in Ukraine is crucial, particularly for providing social and psychological support to the population amid prolonged conflicts and stress. Music Therapy can play a vital role in helping individuals cope with trauma, reduce anxiety, and foster a sense of community and resilience. Expanding access to trained music therapists and integrating Music Therapy into broader health and wellness programs can significantly enhance the well-being of individuals affected by these challenging conditions.

Socio-economic changes in society, the increase of social groups of the population that need social-psychological protection, actualize new requirements for the professional training of specialists in the therapeutic field. The need to study the educational field of art therapy and Music Therapy, integration and modernization of higher education is increasing, which leads to the modernization of the currently existing system of professional training of specialists in the therapeutic field.

The introduction of Music Therapy into the content of modern university education in Ukraine can be carried out only on the basis of a study of the effectiveness of Music Therapy, an analysis of the reaction of students, a certain level of theoretical and practical training of university teachers.

The success of Music Therapy is determined by the level of professionalism of specialists in this field, their personal qualities, empathy, the ability to establish psycho-emotional contact with the client, the level of mastery of musical instruments, and the ability to interact in groups and individually. Unfortunately, the developed programs and methods for Music Therapy have not yet been widely implemented in the Ukrainian pedagogical and psychotherapeutic practice. Therefore, on the basis of the above mentioned, it is possible to draw conclusions about the prospective development of issues correlated to the development and implementation of the new programs for the introduction of Music Therapy into modern Ukrainian university education, the introduction of teacher training programs for Music Therapy, into the system of professional and post-graduate pedagogical art education of Ukraine.

In December 2006, the Cabinet of Ministers of Ukraine adopted Resolution No. 1719 “On directions of training specialists in higher education institutions at the educational and qualification level bachelor”, according to which the specialty Human health was assigned to the field of knowledge 0102 Physical education, sports and health of a human (Кабінет міністрів України, 2006).

And from September 1, 2015 the resolution of the Cabinet of Ministers of Ukraine entered into force (dated April 29, 2015 No. 266 “On approval of the list of fields of knowledge and specialties for which higher education students are trained”), which approved the new list of fields of knowledge and specialties for which higher education students are trained. According to this resolution, the specialty 227 Physical therapy, occupational therapy is assigned to the field of knowledge 22 Health care, within the scope of which training takes place in two specialties – Physical therapy and Ergotherapy (Кабінет міністрів України, 2015).

Since 2022, this specialty has the name 227 Therapy and rehabilitation, and belongs to the field of knowledge 22 Health care. Since 30 August, 2024, specialty I7 Therapy and rehabilitation (by specializations) was assigned to the field I Health care and social security.

This is one of the few specialties in the field of knowledge Health care and social security, where one can get a higher medical education relatively quickly – in 3 years and 10 months for a bachelor’s degree, and then separately enrol for a master’s degree. In most other medical specialties, the study lasts longer, since it is not possible to study separately at the bachelor’s level, instead, admission takes place immediately at the master’s level.

Simultaneously, it should be taken into account that graduates of specialty 227 Physical therapy, occupational therapy are not doctors who can diagnose diseases and prescribe treatment. Therapy and Rehabilitation graduates are professionals who help patients recover from illness and regain movement as well as self-care skills. That is why this specialty is offered not only by medical universities, but also by other universities: pedagogical, humanitarian, physical culture, etc.

Future therapists and rehabilitators are taught to restore patients’ physical

functions lost due to illness; to prescribe correct rehabilitation exercises and tools, and to develop disease prevention programs.

The following disciplines prevail in the training plans of Therapy and Rehabilitation specialists: anatomy, pathology, physiology, kinesiotherapy, biochemistry, biophysics, occupational therapy. A lot of attention during training is given to practicing practical skills in specially equipped training centres, halls with rehabilitation equipment, simulators and mannequins, and massage rooms.

All competencies and skills of graduates of educational programs are collected in The standard of higher education in specialty 227 Physical therapy, occupational therapy (Міністерство освіти і науки України, 2018а) (the name of the specialty is indicated according to the Standard adopted in 2018).

Based on the generalization of the research results, it was found that in Ukraine, the training of specialists in the therapeutic field is offered in two specialties of the field of knowledge 22 Health care: Physical therapy and Ergotherapy. In 2024, 48 higher education institutions of Ukraine offered 81 master's degree programs in 227 specialty Physical therapy, occupational therapy.

Most of the educational programs are developed in the specialty Physical therapy (53 master's level programs). In the integrated specialty Physical therapy, occupational therapy there are 19 programs at the master's level. There is no training of specialists in the specialty Music Therapy in Ukrainian higher education institutions. The professional training of health care specialists in Ukraine is regulated by the standards of higher education, which contain goals, the list of competencies and learning outcomes, certification forms and ensuring the quality of educational activities. Emphasis is placed on the training of highly qualified specialists capable of solving complex specialized tasks and applied problems of a research and/or innovative nature in the field of physical therapy or occupational therapy according to specialization.

Fig. 3.1 presents the dynamics of changes in the number of educational programs and the number of higher education institutions training health care specialists in Ukraine in 2020-2024.

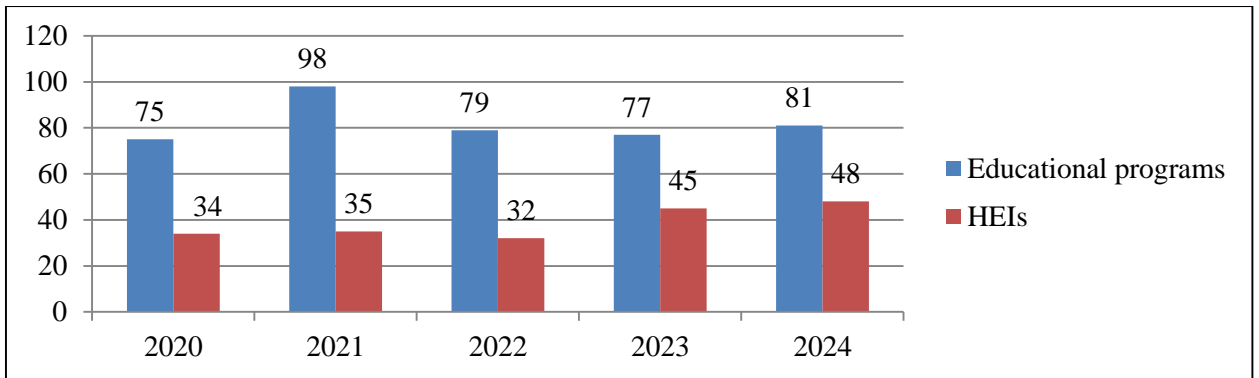


Fig. 3.1. The number of educational programs and higher education institutions that train health care specialists in specialty “Therapy and rehabilitation” in Ukraine (developed by the author)

Among the ten best higher education institutions of Ukraine that train specialists in Therapy and Rehabilitation specialty there are the following: Vinnytsia Mykhailo Kotsiubynskyi State Pedagogical University, Ternopil Volodymyr Hnatuk National Pedagogical University, Uzhhorod National University, Kherson State University, Dragomanov Ukrainian State University, Khmelnytskyi National University, Sumy State University, Bohdan Khmelnytsky National University of Cherkasy, Ivan Franko National University of Lviv. The academic rating of higher education institutions of Ukraine that train specialists in the specialty Therapy and rehabilitation is called Top-200 Ukraine 2024 and it is presented in Appendix H.

One of the main trends in the ranking of universities was finding a balance between the creation of new, critical knowledge, the results of research and innovation and the practical transformation of these developments into the development of modern society.

After analysing the educational programs (EP) of the second (master’s) level of higher education, specialty 227 Physical therapy, occupational therapy (specializations 227.1 Physical therapy, 227.2 Occupational therapy) in the field of knowledge 22 Health care, it was found that the purpose of the programs is to prepare highly qualified, competitive, integrated into the European and global scientific and educational space of specialists in physical therapy and occupational therapy, possessing the entire complex of specialized conceptual knowledge, abilities and skills for the successful performance of tasks of professional activity, independent conduct of scientific

research and development of substantiated proposals for solving problems in the field of physical therapy and occupational therapy.

Educational programs are coordinated with:

- recommendations of the project on aligning the structure of European higher education and the requirements of professional associations (World Confederation for Physical Therapy, 2013);
- the requirements of professional standards “World Confederation for Physical Therapy: Policy statement: Standards of physical therapist practice; Education” and “World Federation of Occupational Therapists: Minimum Standards for the Education of Occupational Therapists”;
- requirements of qualification characteristics for the position of Physical therapist, occupational therapist (Міністерство освіти і науки України, 2018b).

Graduates of the programs can work by profession in accordance with the National Classifier of Professions DK 003:2010: 2229.2 – Physical therapist; 2229.2 – Occupational therapist.

A graduate has the right to hold the following positions: teacher of higher education institutions, head of rehabilitation and health care institutions, an instructor-methodologist in physical rehabilitation in preschools, boarding schools, orphanages, educational rehabilitation centres, preventive clinics and other institutions, the specifics of which are related to physical therapy and occupational therapy.

The educational program for masters in the specialty 227 Physical therapy, occupational therapy (specializations 227.1 Physical therapy, 227.2 Occupational therapy) in the field of knowledge 22 Health care is offered by higher education institution of Ukraine. It presents the level 7 of the National Qualifications Framework (NQF), the second cycle of the Qualifications Framework of the European area of higher education (FQ-EHEA) and 7th level European Qualifications Framework for Lifelong Learning (EQF-LLL). The term of study for the Master’s educational and professional program lasts 1 year and 4 months. This program contains 90 credits ECTS, and for the educational and scientific program – 1 year 9 months (120 credits ECTS).

The standards of higher education, as well as educational programs, define program competences of health care specialists, namely: integral competence, general competences, special professional competences. The analysis of the curricula of higher education institutions of Ukraine showed that the area of compulsory courses ensures the development of general and special professional competencies. Within the area of fundamental training, which ensures the development of special professional competences, the following courses can be distinguished: Methodology and organization of scientific research, Psychological and pedagogical foundations of professional activity, Information technologies (by professional direction), a cycle of courses of medical and therapeutic direction, practice and attestation.

The generalized structure of the masters' educational program in the specialty 227 Physical therapy, occupational therapy (specializations 227.1 Physical therapy, 227.2 Occupational therapy) in the field of knowledge 22 Health care is presented in Table 3.1

Table 3.1

The structure of the educational program in the specialty 227 Physical therapy, occupational therapy (specializations 227.1 Physical therapy, 227.2 Occupational therapy) in the field of knowledge 22 Health care

The content of training	Educational and professional program	Educational and scientific program
Master's level		
<i>Compulsory courses:</i>		
the area of general training	2-4 courses (9-12 credits)	3-6 courses (12 -32 credits)
the area of professional training	4-5 courses (40-60 credits)	4-5 courses (58-60 credits)
<i>Elective courses</i>	4-5 courses (23-35 credits)	5-6 courses (30 -50 credits)
<i>Practice:</i>		
scientific and research	6 credits	9-15 credits
scientific and pedagogical	6 credits	6-9 credits
pre-diploma practice	9-15 credits	15 credits
<i>Master's thesis</i>	9-15 credits	15 credits
Total	90 credits	120 credits

According to the experience of Vinnytsia Mykhailo Kotsiubynskyi State Pedagogical University, Ternopil Volodymyr Hnatuk National Pedagogical University, Uzhhorod National University, Kherson State University, Dragomanov Ukrainian State University, Khmelnytskyi National University, Sumy State University, Bohdan Khmelnytsky National University of Cherkasy, Ivan Franko National

University of Lviv, the educational process is based on the principles of scientificity, systematicity, student-centred and problem-oriented learning, continuity of self-education.

It should be noted that in the modern educational space of Ukraine there is no Music Therapy specialization. Today in Ukraine, the development of Music Therapy as an educational direction is at the initial stage. However, several universities have already introduced or are considering introducing specialized programs or courses for the training of music therapists.

Dragomanov Ukrainian State University offers several courses in Music Therapy within the framework of the Department of Psychology and Music Pedagogy. The program focuses on the use of music in educational and rehabilitation processes. The course “Music Therapy in the educational space” has been introduced into the educational process of the university (Строгаль, 2017). Its aim is defined as follows: familiarization and mastering of modern research in the field of Music Therapy in the educational space, methods and forms of work to ensure optimal conditions for comprehensive mental, social and cultural development of participants of the educational process.

The leading specialists of Dragomanov Ukrainian State University and T. H. Shevchenko National University “Chernihiv Collegium” developed a Music Therapy syllabus for high schools, which was approved by the Ministry of Education and Science of Ukraine (Гуральник, Мороз, Безклинська, Бондаренко, 2017). This program is about the implementation of Music Therapy in a high school. The authors identified the main goal of the course as prevention of emotional and stressful states, disclosure of students’ intellectual and creative potential, and development of communicative culture. And although the tasks of the course include encouraging students to consciously use music for psycho-emotional self-control, expanding and deepening children’s ideas about the physical, mental, social and spiritual health of a person through musical art (Гуральник, Мороз, Безклинська, Бондаренко, 2017). This syllabus, in our opinion, is mainly aimed at popularization of Music Therapy in the socio-cultural space of Ukraine.

In the educational process of Lesya Ukrainka Volyn National University, the “Synergistic Interactive Music Therapy” technique is implemented. It is based on “the interpretation of M. Lüscher’s color test – on sound-colour simultaneity, as well as verbal psychodiagnostic tests to establish the correspondence between various musical works and psycho-emotional states of a person” (Драганчук, 2016, p. 159-160).

This technique is built on the unity of auditory, kinesthetic and visual senses. The psychophysiological basis of this synthesis is the amphoteric (bifunctional) unity of the left and right hemispheres of the human brain.

Special attention is drawn to the study of Драганчук (2013), who developed a training program and training manual for future specialists in the artistic field to use Music Therapy in their professional activities. The author paid attention to the influence of Music Therapy: on the psyche, physiology and modelling of the emotions of students. The researcher implemented methodical improvements into the educational process of Lesia Ukrainka Volyn National University. She also published a study guide on music psychology and therapy for students of the “Musical Art” specialty as well as syllabus of the compulsory course “Music Therapy” (Драганчук, 2013).

To introduce Music Therapy into modern university education in Ukraine, an educational project was implemented with the support of the Association of Waldorf Initiatives in Ukraine. Also in Ukraine, with the support of the Art Therapy Association, the Ukrainian Academy of Music Therapy “EGUILIBRIUM” has been operating for some time, and an all-Ukrainian scientific and practical seminar “Cultural and pedagogical aspects of the introduction of Music Therapy tools into the system of preschool, school and higher art education” is held annually at Hryhoriy Skovoroda University in Pereyaslav under the leadership of I. Malashevskya.

At Ivan Franko National University of Lviv, the Faculty of Pedagogical Education has introduced courses related to the use of music in therapy into the educational process, in particular within the courses related to psychological assistance and inclusive education. The course “Music Therapy in education” reveals the basic principles and regularities of the influence of music, presents basic techniques for

working with people of diverse ages. Students of this university learn the theoretical foundations and characteristics of Music Therapy as one of the types of art therapy, they get acquainted with the basic categories, patterns of work and the structure of corrective and developmental Music Therapy classes. The course forms the skills and abilities to use Music Therapy in working with children's anxieties and fears, contributes to the formation of the child's values and contributes to his spiritual development and the development of the ability to emotionally perceive music. The training course forms an attitude towards the use of Music Therapy as a form of effective psycho-rehabilitation and psycho-prophylaxis.

The university also introduced the study of the compulsory course of the specialty "Art therapy in education". The basic concepts, principles of art therapy and features of its application in the work of social workers, psychologists with children and various categories of the population are the subject of study.

The purpose of the course is to encourage the versatile development of students' personalities; preparing them for the implementation of art therapy approach in the practical activities of social pedagogues and social workers.

As a result of studying this course, the students are expected to know the essence, types, areas of application and limits of effectiveness of art psychotherapy; application principles, procedural features and psychotechnical techniques of art therapy; areas of application and competence of this therapeutic method; be able to orientate in the variety of art therapy approaches; analyse and interpret art therapy material; select a complex of adequate art therapeutic methods for diagnosis and effective development, correction and therapy; develop art therapy trainings.

At Ivan Franko National University of Lviv, Music Therapy is becoming an important part of interdisciplinary research and practice, especially in the context of social work, pedagogy and psychology. Although the university does not have programs in specialty Music Therapy, this method is actively used in courses and programs related to psychological rehabilitation, inclusive education and social adaptation.

The university cooperates with various rehabilitation and art therapy centres for

the practical implementation of Music Therapy. This cooperation allows students to acquire practical skills and use music as a therapeutic tool in real conditions. Thus, Ivan Franko National University of Lviv actively uses Music Therapy in various fields of study and research, training specialists able to use this method in their practice.

Zaporizhzhia National University promotes social and psychological rehabilitation by means of music in the master's training program in the specialty "Social Pedagogy", for which the masters study the course Music Therapy. The main tasks of teaching this course are as follows: the familiarization with the main Music Therapy forms and methods of the specialist's work, with the content of the main types of Music Therapy, its forms and methods, practical application of Music Therapy in the work of a social pedagogue with different representatives of the population.

Bohdan Khmelnytskyi State Pedagogical University of Melitopol offers the educational and professional master's training program "Social work. Art therapy in the social sphere". Its purpose is to train highly qualified competitive specialists in the field of social work; to form competences regarding the application of art therapy in the social sphere with an emphasis on critical thinking and practical skills of research, implementation of innovations and preservation of cultural ideals and values, principles of freedom (Мелітопольський державний педагогічний університет, 2024).

The specificity of this program lies in the fact that it is aimed at the formation of the ability to practically apply art therapy technologies in socio-cultural activities, the ability to timely identify negative effects on the person in the social environment, their prevention and correction by means of art therapy; the ability to carry out diagnostic, consultation, training, art therapy and other activities in the social sphere using scientifically verified methods and techniques. The development of art therapy competencies is provided by the courses "Art therapy in coaching practices", "Modern technologies of art therapy training". The educational program provides for a final attestation in the form of a certification exam on the use of art therapy in the social sphere.

The majority of these courses are part of broader programs in psychology,

pedagogy, art history or social work. In many cases, Music Therapy is integrated into programs of art therapy or psychological and pedagogical rehabilitation. The integration of Music Therapy into the programs of psychology, social work, pedagogy and art therapy in Ukraine occurs through an interdisciplinary approach, when music is used as a tool to support mental health, rehabilitation and social adaptation.

In psychology programs, Music Therapy is used as a means of working with emotional and mental disorders. For instance, in Ukraine, at Taras Shevchenko National University of Kyiv the Faculty of Psychology includes Music Therapy in courses related to psychotherapy methods. Music is used as a means to reduce stress, treat depression and post-traumatic stress disorders. The Department of Psychology of Dragomanov Ukrainian State University integrates Music Therapy into rehabilitation psychology courses, especially while working with children and adolescents.

In social work programs, Music Therapy becomes part of complex social support that helps people adapt to new social conditions. In social work courses at the Ivan Franko National University of Lviv, Music Therapy is used as a rehabilitation tool for socially vulnerable groups of the population, such as the unemployed, internally displaced persons, and the elderly. Cherkasy Bohdan Khmelnytskyi National University also develops similar programs to support veterans, victims of violence and other socially vulnerable groups.

Music Therapy is actively integrated into pedagogical programs, especially in the context of inclusive education and work with children with special needs. Dragomanov Ukrainian State University has courses where Music Therapy is used to develop speech and communication skills of children with hearing, vision or autism disorders. Teacher training programs of Kharkiv H. S. Skovoroda National Pedagogical University include training in the use of music as part of techniques for working with children who have cognitive or emotional disabilities.

Music Therapy is a vital component of art therapy, which uses various forms of art for psychological help and rehabilitation. Kyiv National University of Culture and Arts offers art therapy courses where music is one of the key elements. It allows to use sound and rhythm to relieve emotional tension and create a safe space for expressing

feelings. The Ukrainian Catholic University in Lviv has educational programs in art therapy, where music is part of a comprehensive approach to therapy for working with children and adults who have experienced psychological trauma.

Some universities and rehabilitation centres in Ukraine also integrate Music Therapy into medical and psychological rehabilitation programs. Music helps in the treatment of patients after operations or during periods of recovery after strokes and heart attacks. Incorporating Music Therapy enhances the quality of care and rehabilitation, fostering a more comprehensive interdisciplinary approach to treatment and social adaptation. It is beneficial for both children and adults throughout the rehabilitation process.

So, we conclude that the main directions of integration of Music Therapy in Ukraine are as follows:

- In inclusive education programs, Music Therapy is used to support children with special needs. It helps to improve cognitive and emotional skills, and also promotes the development of communication skills;
- Music is used as a teaching tool for children with various disabilities, including autism and speech disorders;
- Music Therapy is part of courses related to psychotherapeutic techniques and rehabilitation psychology. It is used to reduce stress, anxiety and depression;
- Also, Music Therapy is used in work with people who have experienced traumatic events, in particular, participants in hostilities and displaced persons;
- Music Therapy is a tool for social adaptation and rehabilitation for vulnerable populations such as orphans, the elderly, and people with disabilities. It helps to improve their psycho-emotional state and promotes integration into society.

In order to reveal the problem of training specialists in the field of health care (specialty “Therapy and rehabilitation”) in the higher education institutions of Ukraine and to determine the main trends in the development of their training, special attention should be paid to the organizational forms of the educational process. In Ukrainian higher education institutions, there is a predominance of traditional types of educational classes, with the help of which specialists are trained – classical lectures,

seminars, self-study. The educational process in higher education institutions involves the use of such organizational forms as lectures and seminars, practical, laboratory and individual training classes, consultations, self-study, coursework, etc. Teachers use both traditional and innovative teaching methods in accordance with the interests of students and the requirements of the educational program.

Lecture is one of the principal organizational forms in the training of healthcare specialists. With the help of a lecture, the teacher provides students with structured, necessary and relevant information. It should be noted that in Ukrainian higher education institutions that train specialists in the therapeutic field, it is possible to observe the use of not only classical lectures, but also lecture-discussions, video lectures, online lectures, etc. Paying attention to the organization and conduct of seminar classes during studies on the specialty “Therapy and Rehabilitation” in Ukrainian higher education institutions, we note that they are conducted in the form of presentation of prepared material by the student, discussion of lecture material, as well as by introducing discussions and dialogue with the teacher and the audience. Seminar classes provide an opportunity for a more in-depth study of the subject.

As for the forms of control and assessment of knowledge, abilities and skills of future specialists in the field of Health care in Ukrainian higher education institutions, they, first of all, ensure the performance of such functions as educational, motivational and stimulating, organizational, educational, prognostic. Each university uses, as a rule, a 100-point cumulative assessment scale, which is developed in accordance with the ECTS scale and the National assessment scale. Traditionally, the organization of the educational process comprises the following types of control: introductory, current during the semester, tests, individual tasks, term control papers, final semester control; attestation of students.

The scope, duration and terms of practice are determined by the curricula and schedules of the educational process of higher education institutions. The goal of practice is to master modern technologies and forms of work organization in the field of Physical therapy and Occupational therapy by future specialists in the field of Health care.

In master's programs, various types of internships are provided in the last semester (the 3rd semester for educational and professional programs, and the 4th semester for educational and scientific programs). Attestation work is planned in the same semester.

Considering the current state of professional training of future specialists in the field of Health care in the system of higher education of Ukraine, it is necessary to note problematic moments and those that require development and improvement.

Firstly, this is the problem of the dominance of theoretical training of specialists over practical training. Practical training is an essential component of the professional training of healthcare specialists, which is implemented by students completing various practices in institutions of the social sphere. However, the duration of internships (2-3 weeks per academic year) is insufficient for the effective development of a full range of practical skills of a future Health care specialist. In addition, the authorities and specialists of institutions where future therapists undergo practice cannot entrust students with part of their responsibilities, which also does not contribute to the development of practical skills.

Secondly, the problem of combining humanitarian and professional courses in curricula. On the one hand, the university system of training needs universality, on the other hand, today the therapeutic field and society need practice-oriented specialists of an integrative type who possess not only basic values and functions, but also have clear knowledge and practical skills to solve various problems of physical therapy and occupational therapy.

Graduates of master's programs in "Therapy and Rehabilitation" are assessed in all higher education institutions by defending a qualifying master's thesis. The master's work is carried out by every student autonomously and is a completed research work aimed at solution of actual tasks determined by the features of master's training, namely: a complex specialized task or problem in the field of health care, accompanied by research and/or application innovative approaches. The work must testify to the author's mastery of modern methods of scientific research and independently conduct scientific research that has theoretical and practical significance, serves to reveal the

level of theoretical and practical training of a master's student in the field of health care, able to apply the skills and abilities of critical thinking, scientific research, processing, analysis, generalization and systematization of data, finding one's own solution for solving a scientific task, etc.

Thus, the state of professional training of health care specialists in higher education institutions of Ukraine substantiated in this chapter indicates that Ukrainian higher education institutions stand for a modern model of professional training, which is based on the best Ukrainian and foreign approaches to understanding the specifics of health care. Future specialists in Therapy and rehabilitation master various disciplines of general and professional training, which allows them to work in various health care institutions and organisations.

In chorus, due to the need to cover various aspects of the formation of general and professional competences in educational programs for the training of therapy and rehabilitation specialists, these programs pay insufficient attention to modern aspects of therapy in all its forms of practical implementation. Coordination of learning outcomes with the practical professional activities of future health care professionals, the content and mechanism of implementation of the area of subjects of free choice of students need further improvement, since Ukrainian universities must meet the modern educational needs of students within the framework of the integration of higher education of Ukraine into the European educational space. In addition, the introduction of effective organizational forms and teaching methods, which will contribute to the sustainable development of the individual, and ensuring the quality of the pedagogical process is the key feature.

Simultaneously, it was found that the value of interdisciplinary educational programs (especially at the master's level) is underestimated in the higher education institutions of Ukraine, which would significantly expand the opportunities of students in the context of the realization of their social, pedagogical, managerial, and research potential, would create conditions for planning an individual route of professional and career development. Improving the quality of educational services for the formation of professional competence of specialists in the field of health care necessitates the

harmonization of pedagogical influences, modern educational and methodological as well as information support.

So, at the current stage, the question arises about the need for a substantial adjustment of educational programs with a much wider reflection in them of all issues related to therapy and rehabilitation, the introduction of educational programs specializing in Music Therapy.

3.2. The directions for the implementation of constructive ideas of the US experience in the professional training of music therapists in higher education institutions of Ukraine

Music Therapy practice involves clearly defined responsibilities for specialists who are well-educated, clinically trained, and certified. This practice adheres to the guidelines set by the American Music Therapy Association, which include standards for professional development, responsibility, and accountability (The American Music Therapy Association, 2021b).

Music Therapy involves the use of music-based interventions, supported by clinical evidence, to meet the unique goals of “individuals of all ages and abilities within a therapeutic relationship. Certified professionals who have completed an approved Music Therapy program create treatment plans tailored to each client’s needs and strengths. These plans can be implemented in individual or group settings. Music Therapy treatment plans are specifically designed for each client, with appropriate goals, objectives, and strategies for the client and the context. Interventions in Music Therapy can include activities such as musical improvisation, receptive music listening, song writing, text discussion, music and imagery, singing, musical performance, learning through music, combining music with other arts, musical relaxation, music-based patient education, electronic music technologies, adapted music interventions, and movement to music. The clinical practice of Music Therapy can be in developmental, rehabilitation, habilitation, medical, mental health, preventive, health or educational fields” (American Music Therapy Association, 2024).

The standards of practice in Music Therapy include:

- “receiving referrals for Music Therapy services from specialists in the field of medicine, development, mental health and education; family members;
- conducting an examination of the client with Music Therapy to determine the indications for treatment;
- development of an individual Music Therapy treatment plan for the client based on the results of the Music Therapy assessment;
- implementation of an individualized Music Therapy treatment plan that is consistent with any other developmental, rehabilitative, habilitation, medical, mental health, preventive, wellness, or educational services provided to the client;
- assessing the client’s response to Music Therapy and the Music Therapy treatment plan, documenting changes and progress, and suggesting modifications as necessary;
- develop a plan to determine when Music Therapy services are no longer needed, in collaboration with the client, physician, or other health care provider;
- collaborate with and educate the client and family about the needs addressed in Music Therapy and how Music Therapy meets those needs;
- using relevant knowledge and skills to inform practice, including using research, reasoning and problem-solving skills to determine appropriate actions in the context of each specific clinical setting” (American Music Therapy Association, 2024).

The assessment of precise Music Therapy, the process of treatment planning and implementation, taking into account diagnosis and history, are performed according to the client’s level of functioning and take into account the needs of the client in many areas (American Music Therapy Association, 2024).

In the USA a specialist in Music Therapy is expected to have sociological, psychological, pedagogical, legal, medical and musical training, possess certain methods of influencing the client, be able to establish contacts with the necessary state, political and public organizations and institutions. “A music therapist education is unique among higher education programs as far as it not only allows for a thorough study of music, but also encourages the study of self and others” (American Music

Therapy Association, 2024).

In the USA curricula should include “practical application of Music Therapy procedures and techniques learned in the classroom through mandatory fieldwork in community-based facilities and/or on-campus clinics. Students learn to assess client’s needs, develop and implement treatment plans, and evaluate and document clinical change. The curricula include coursework in Music Therapy, psychology, music, biological, social and behavioural sciences, disability, and general studies” (American Music Therapy Association, 2024).

It is obvious that “a music therapist with a bachelor’s degree in Music Therapy can pursue a master’s degree in Music Therapy to expand the depth and breadth of their clinical skills in advanced and specialized areas of study. Master’s programs offer a number of different specializations that directly relate to the content of curricula. For example, the Master of Science in Music Therapy masters in-depth studies of Music Therapy in the context of health care and the physical sciences, while the Master of Music Therapy conducts Music Therapy research in the context of research theory and practice in Music Therapy” (American Music Therapy Association, 2024).

According to American Music Therapy Association, “music therapists who earn a master’s degree in Music Therapy further expand the depth and breadth of their clinical skills. These skills, added to professional Music Therapy practice of sufficient duration and depth, allow the music therapist to gain a comprehensive understanding of the client’s clinical process and the therapist’s influence on that process. Through this experience, the music therapist goes beyond didactic knowledge to integrate rationales, theories, treatments, and the use of self to enhance client growth and development. Based on a comprehensive understanding and integration of theories and practices in assessment, treatment, evaluation, and cessation, the advanced music therapist plays a central and independent role in clients’ treatment plans” (American Music Therapy Association, 2024).

Taking into account the dynamics of the development of the field of Music Therapy in the USA and the expansion of its fields of application, educational programs for training masters in Music Therapy are constantly being improved, trying to prepare

highly qualified specialists in accordance with the global and social challenges of American society.

Due to American Music Therapy Association Standards for Education and Clinical Training, curricular structure contains three oriented degrees:

- *Practice-Oriented Degrees*. These degrees focus on the training of music therapists for advanced clinical practice.
- *Research-Oriented Degrees*. These degrees focus on the training of scholars and researchers in Music Therapy, preparing graduates for doctoral study.
- *Degrees Combining Research and Practice Orientations*. These degrees focus on the simultaneous development of the ability to produce research findings and utilize, combine, or integrate these findings within the practice of Music Therapy (American Music Therapy Association, 2017).

Master's programs in Music Therapy incorporate specific requirements and learning opportunities that align with the educational objectives of the degree. These programs include supporting studies in music and related disciplines and outline the learning outcomes, encompassing various areas of knowledge, skills, and abilities that graduates will acquire through the program.

Master of Science in Music Therapy programs establish competency objectives based on what knowledge, skills, and abilities graduates need to fulfil the various levels and types of responsibilities of a professional music therapist. Thus, programs must consistently reflect current practice in both treatment and prevention, disease, and recovery; cover a variety of models, orientations, and applications of Music Therapy; satisfaction of consumer needs; and to stimulate the growth of the discipline and the profession.

The curriculum structure for academic programs is developed based on the competency objectives and degree title. The curriculum structure of the Masters in Music Therapy provides an allocation of credits for broad areas of study (e.g., for the MM degree, 40% in Music Therapy, 30% in music, 30% in electives) (American Music Therapy Association, 2024).

Within the framework of master's programs, it is recommended to develop

specializations and courses on advanced topics based on the experience of teachers and other resources available at the institution. Therefore, the curriculum and requirements of each program must be tailored to the resources available, the mission of the institution, and the contribution they seek to make to the Music Therapy profession.

At least half of the credits required for the master's degree in Music Therapy must be in courses designed for the master's degree only. The Master's degree in Music Therapy involves advanced studies in Music Therapy in a musical context: 40% Music Therapy, 30% music, and 30% electives in related fields. The study of music may include coursework in a variety of disciplines (e.g., performance, ethnomusicology, advanced musicology, and analysis). A Master of Arts or Master of Music Education degree involves advanced studies in Music Therapy (Rambo, Boyd, & Marquez, 2016).

In the context of creative art therapy, expressive therapy, psychology, counselling, social sciences, education, arts, and/or humanities, the structure of the Master's degree in Music Therapy involves the following distribution: 40% Music Therapy, 30% specialization, and 30% electives (American Music Therapy Association, 2024).

Also, the Master of Science degree provides in-depth study of Music Therapy in the context of medicine, allied health and physical sciences: 40% Music Therapy, 30% scientific specialization and 30% electives. Electives consist of supporting studies that directly relate to the specific educational goals of the degree program.

Years of experience in the field of Music Therapy, addressing a wide range of tasks, has led to the development of a new model for an integrated specialist – a music therapist. Based on the experience of the USA, it is advisable to develop educational programs and start the specialty (specialization) of “Music Therapy” on the basis of partial integration of the specialties of “Physical Therapy” and “Ergotherapy”, and not specialties of a medical profile.

Since the content of the professional training of specialists in the therapeutic field is affected by the trends of global and regional development, changes in the labour market, we believe that at the moment it is urgent to introduce the specialty 227

Therapy and rehabilitation in the field of knowledge 22 Health care, specialization “Music Therapy” to the list of specializations according to the educational practice of the USA.

At the same time, the professional training of masters in Music Therapy should be aimed at the result, which is determined by increasing the level of scientific activity in the field of Health care, deepening professional knowledge of the theory and practice of health care.

Based on the analysis of the standards of professional training of masters in Music Therapy in the USA, we note that a master in Music Therapy is expected to have a wide range of knowledge, abilities and skills, possess professional competences by type of activity.

As clinical and research activities in Music Therapy make available new information, competency requirements must be reviewed regularly to ensure they are relevant to current trends and needs of the profession and to mirror the growing knowledge base of the profession. The association updates these competencies depending on what knowledge, skills and abilities are necessary to fulfil different levels and types of responsibilities for practice at the professional level:

- musical basics – theory and history of music; compositional and arranging skills; functional musical skills; conducting skills;
- clinical basics – therapeutic application (basic knowledge of causes, symptoms and basic terminology used in medical, mental health and education classifications); therapeutic principles (basic knowledge of the dynamics and processes of the therapist-client relationship, basic knowledge of recognised methods of the main therapeutic approaches); therapeutic relationship;
- Music Therapy – foundations and principles (the mental and physical aspects of how individuals engage with and experience music; philosophical, psychological, physiological and sociological foundations of music as therapy; use of modern technologies in assessment, treatment, evaluation and completion of Music Therapy); client assessment (selection and application of effective cultural methods to assess client’s strengths, needs, musical preferences, level of musical functioning and

development; determination of client's functional and dysfunctional behaviour, therapeutic needs through analysis and interpretation of assessment data); treatment planning (selection of Music Therapy that meets the client's goals; developing therapy goals and objectives for individuals and groups based on assessment results; identifying the primary needs of the client in Music Therapy; crafting strategies for Music Therapy tailored to these goals and objectives; coordinating treatment plans with other professionals; conducting therapy sessions by recognizing, interpreting, and responding to significant events as they arise; providing verbal and non-verbal instructions and prompts essential for effective client engagement; conducting or facilitating group and individual Music Therapy; implementing a Music Therapy program in accordance with treatment plan; recognizing and responding appropriately to the effects of the client's medications); evaluating therapy involves creating and using methods to assess and measure client progress and the effectiveness of therapeutic strategies. This includes setting realistic timelines for evaluating therapy outcomes, recognizing significant changes and patterns in client responses, and adjusting treatment approaches based on these responses. Additionally, maintaining professional ethics involves adhering to clinical practice standards and the Code of Ethics; interprofessional collaboration (basic understanding of professional roles and responsibilities, establishing working relationships with other professionals in clients' treatment programs; defining the role of Music Therapy in the client's overall treatment program).

In our opinion, the model of a Music Therapy specialist proposed by us is a fundamentally new step in the development of a system of comprehensive therapy and rehabilitation at the individual level. The need to introduce the position of a music therapist in the system of therapy and rehabilitation has been updated, which will contribute to the achievement of socially significant results that determine the overall effectiveness of the therapeutic work complex, the prestige of the health care service, and, accordingly, the social and educational policy in the state.

Therefore, the significant achievements and constructive ideas of the US experience make it possible to start the professional training of masters of Music

Therapy from the standpoint of socio-economic significance and interdisciplinary.

The comprehension of the peculiarities of the professional training of masters in Music Therapy in the USA convincingly proves that the Ukrainian system of therapeutic education should develop in an evolutionary way, combining both traditional national features (for example, a high level of fundamental education) and modern trends in the development of American education in the field of Music Therapy, which have a progressive character.

The study of ways to implement the constructive ideas of the US experience with regard to the professional training of masters in Music Therapy makes it possible to distinguish three options for using the American experience in the Ukrainian system of higher education:

- the modular changes – involve the development and approval of American short- and medium-term internship and professional development programs, individual modules or master's educational programs "Music Therapy";
- the introduction of American models – development of educational programs by American institutions of higher education with the assistance and sponsorship of international funds;
- the development of holistic educational models based on American approaches, which would be consistent with the educational realities of the country – the foundation of joint educational institutions responsible for the development and double approval of educational programs together with US universities.

Based on this, the promising directions of application of the positive American experience of professional training of masters in Music Therapy, vital for the practice of professional training of specialists in the therapeutic field at the strategic, organizational, methodical and research levels, are outlined.

At the strategic level, it is recommended:

- 1) to develop drafts of unified legislative and regulatory documents related to the development of health care, as well as professional training of Music Therapy specialists;
- 2) to make changes to the regulatory framework regarding the development of

training programs and professional development of Music Therapy specialists, internship services and certification of Music Therapy specialists;

3) to intensify cooperation with international professional organizations to promote development and expand participation in educational exchange programs;

4) to improve the mechanisms of financial support, educational support for the academic mobility of students and teachers;

5) to create inter-university, inter-branch, international educational programs for the training of music therapists.

At the organisational level, it is recommended:

1) to develop and implement new (interprofessional) models of therapeutic and rehabilitation training of specialists in higher education institutions;

2) to develop and implement interdisciplinary educational programs (specializations) “Music Therapy”;

3) to form and structure the content of the master’s training in Music Therapy with a focus on career growth and competence management;

4) to expand and modernize the range of elective disciplines (author’s courses) to satisfy the personal and professional interests of students, as well as the expansion of their professional functions;

5) to ensure the coordination of actions of all stakeholders in the educational process, especially actively involve employers in conducting classes and diagnosing students’ knowledge, abilities and skills;

6) to create optimal conditions for the exchange of scientific research results, methodological developments, programs, models, experience in the field of education of health care specialists;

7) to increase the volume and types of practical training of masters in Music Therapy in health care institutions; to develop criteria for the selection of practice bases;

8) to develop standards for practical training of masters in Music Therapy;

At the methodical level, it is recommended:

1) to provide a methodical basis for self-education and self-development of

masters of Music Therapy;

2) to develop and provide the system of integrated training involving the Internet;

3) to more widely apply the interdisciplinary approach and the principle of knowledge integration in education;

4) to focus on a proactive approach to finding out the professional knowledge, skills, and abilities that a modern Music Therapy specialist should possess;

5) to implement modern educational methods and teaching technologies.

At the research level, it is recommended:

1) to carry out an investigation of the specifics of the comprehensive professional training of masters in Music Therapy and its individual aspects with the aim of introducing innovations into the system of their professional training;

2) to implement the results of the research into pedagogical practice to improve the system of professional training of masters in Music Therapy.

3) to carry out co-operative research of students and teachers with the involvement of the community to study the needs for therapeutic and rehabilitation services.

The results of the research prove that the application of constructive ideas of the American experience in Ukrainian theory and practice of professional training of masters in Music Therapy will significantly improve the quality of training and increase their readiness to accept new global challenges.

It is also worth noting that the core and ultimate goal at each level of improvement of the professional training of masters in Music Therapy should be the individual, a well-formed and highly professional specialist, the realization of all his potential and the satisfaction of his needs, stimulating him to self-development and self-improvement. It is important that this approach is not formal, but is implemented comprehensively and gives positive results.

The training system for master's programs in Music Therapy, physical therapy, and occupational therapy in the USA and Ukraine is generally based on widely accepted principles of humanizing education and personalized learning. We believe

that certain aspects of professional training in the USA could serve as models for higher education institutions in Ukraine. As modern society becomes more democratic and Ukraine aligns itself with global values and integrates into the modern educational landscape, there is a need not only for disciplined practitioners but also for creative individuals who are capable of self-directed learning and continuous personal growth.

The professional training system for healthcare specialists (such as physical and occupational therapists) in Ukraine is marked by its interdisciplinary connections across various branches of scientific knowledge. Consequently, updating the professional training of specialists in the therapeutic sphere by incorporating educational programs for music therapists involves an interdisciplinary approach, intersecting pedagogical, psychological, legal, medical, and other fields. Achieving positive outcomes in introducing new specializations in the therapeutic field is supported by employing this interdisciplinary approach in professional training.

Education grounded in an interdisciplinary approach enables the synthesis of ideas, facts, and methodologies from various sciences, giving masters of Music Therapy a comprehensive worldview. Although these programs are time-consuming and demand collaborative efforts from educators, they are instrumental in cultivating the essential skills, abilities, and personal qualities required for Music Therapy professionals. These include critical thinking, communication, analytical and synthetic skills, the ability to build knowledge, creativity, idea generation, interpersonal skills, initiative, responsibility, and innovation.

The core principles of Music Therapy involve the clinical and evidence-based use of music interventions by certified professionals, who have completed approved Music Therapy programs, to achieve individual goals for people of all ages and abilities within a therapeutic relationship. Music therapists create treatment plans tailored to the specific needs and strengths of each client, whether they are seen individually or in groups. These plans include goals, objectives, and strategies that are appropriate for the client and their setting. Interventions can encompass musical improvisation, receptive listening, song writing, text discussion, music and imagery, singing, performance, learning through music, combining music with other arts, relaxation,

patient education, electronic music technologies, adapted interventions, and movement to music. Music Therapy can be practiced in various fields, such as developmental, rehabilitation, habilitation, medical, mental health, preventive, health, and education.

Conclusion for chapter 3

Chapter 3, titled “The possibilities of using the constructive ideas of the American experience of training masters in Music Therapy in Ukrainian educational practice” discusses the current state of training for Music Therapy masters in Ukrainian higher education institutions. It presents a comparative analysis of specific aspects of professional training for Music Therapy masters in both Ukraine and the USA. The chapter explores the potential for incorporating constructive elements from the American experience into Ukraine’s educational practice.

Based on the generalization of the results of the scientific search, it was found that in Ukraine, the training of specialists in the therapeutic field is offered in two specialties of the field of knowledge 22 “Health care”: “Physical therapy” and “Ergotherapy”. In 2024, 48 higher education institutions of Ukraine offered 81 master’s degree programs in 227 specialties “Physical therapy, occupational therapy”.

Most of the educational programs are developed in the specialty “Physical therapy” – 54 programs at the master’s level. There are 19 master’s level programs in the field of occupational therapy. There is no training for masters in Music Therapy in Ukrainian higher education institutions.

The professional training of specialists in the therapeutic field in Ukraine is regulated by the standards of higher education, which contain goals, the list of competencies and learning outcomes, forms of attestation and ensuring the quality of educational activities. Emphasis is placed on the training of highly qualified, competitive, integrated into the European and global scientific and educational space of specialists in physical therapy and occupational therapy, who possess the entire complex of specialized conceptual knowledge, abilities and skills for the successful performance of the tasks of professional activity, autonomous conduct of scientific

research and development of substantiated proposals for solving problems in the field of physical therapy and occupational therapy.

All at once, it was found out that there is no “music therapist” specialization at higher education institutions of Ukraine. Today in Ukraine, the development of Music Therapy as an educational direction is at an initial stage. However, several universities have already introduced or are considering introducing specialized programs or courses for the training of music therapists.

Most of these courses are part of broader programs in psychology, pedagogy, art history or social work. In many cases, Music Therapy is integrated into programs of art therapy or psychological and pedagogical rehabilitation.

The integration of Music Therapy into the programs of psychology, social work, pedagogy and art therapy in Ukraine occurs through an interdisciplinary approach, when music is used as a tool to support mental health, rehabilitation and social adaptation.

The state of professional training of health care specialists in higher education institutions of Ukraine substantiated in the chapter shows that Ukrainian higher education institutions embody a modern model of professional training, which is based on the best Ukrainian and foreign approaches to understanding the specifics of health care. Future specialists in therapy and rehabilitation master various disciplines of general and professional training, which allows them to work in various health care institutions and organisations.

At the same time, it was found that the value of interdisciplinary educational programs (especially at the master’s level) is underestimated in the higher education institutions of Ukraine, which would significantly expand the opportunities of students in the context of the full realization of their social, pedagogical, managerial, and research potential, would create conditions for planning an individual trajectory of professional and career development.

At the current stage, the question arises about the need for a significant adjustment of educational programs with a much wider reflection in them of all issues related to therapy and rehabilitation, the introduction of educational programs

specializing in Music Therapy.

Understanding the peculiarities of the professional training of masters in Music Therapy in the USA convincingly proves that the Ukrainian system of therapeutic education should develop in an evolutionary way, combining both traditional national features (for example, a high level of fundamental education) and modern trends in the development of American education in the field of Music Therapy, which have a progressive character.

The study of ways of implementing the constructive ideas of the US experience regarding the professional training of masters in Music Therapy makes it possible to distinguish three options for using the American experience in the Ukrainian system of higher education: modular changes; introduction of American models; development of holistic educational models based on American approaches that would be consistent with educational realities.

Based on this, promising directions of application of the positive American experience of professional training of masters in Music Therapy, important for the practice of professional training of specialists in the therapeutic field at the strategic, organizational, methodical and research levels, are outlined.

The results of the conducted research prove that the application of constructive ideas of the American experience in the Ukrainian theory and practice of professional training of masters in Music Therapy will significantly improve the quality of training of specialists and increase their readiness to perceive new global challenges

Based on the analysis of the standards of professional training of masters in Music Therapy in the USA, we note that a master in Music Therapy must have an extensive array of knowledge, skills, and competencies, possess professional competences by type of activity.

Many years of experience in the development of Music Therapy in the solution of completely diverse tasks necessitated the creation of a new model of an integrated type specialist – a music therapist. Based on the experience of the USA, it is advisable to develop educational programs and start the specialty (specialization) of Music Therapy on the basis of partial integration of the specialties of “Physical Therapy” and

“Ergotherapy”, and not specialties of a medical profile.

Therefore, the significant achievements and constructive ideas of the US experience make it possible to start the professional training of masters of Music Therapy from the standpoint of socio-economic significance and interdisciplinary.

The materials of this chapter are covered in the following publications: Mukan, & Li, 2024d.

GENERAL CONCLUSIONS

This study is devoted to solving the scientific task of performing a comprehensive analysis of the professional training of masters in Music Therapy at universities of the USA, defining and justifying the directions for the implementation of constructive ideas of the American experience into the system of higher education of Ukraine. After conducting research, we formulated the following conclusions.

1. It was found that the professional training of music therapists appears in the scientific literature as a multifaceted pedagogical problem. The analysis of scientific works on Music Therapy education made it possible to single out the following main thematic areas of scientific development of this problem: history of professionalization of Music Therapy activity; the history of Music Therapy education development; the current state of professional training of Music Therapy specialists; international activities and foreign experience of professional training of music therapists.

According to the results of the study of scientific and pedagogical literature on the theoretical basis of professional training of Music Therapy specialists is a synthesis of modern concepts of education, in particular behaviourism, cognitive constructivism, social constructivism, connectivism. The main methodological approaches to the professional training of Music Therapy specialists are as following: competency-based approach, which directs the system of Music Therapy education and training to the formation of the professional competence of a music therapist as an integrative quality of his personality, which integrates knowledge, skills, value orientations, qualities, etc. and on this basis ensures readiness to effectively perform professional duties; activity-based approach, which provides for the basis for the implementation of various forms of activity of future music therapists, their inclusion in numerous types of activities as prerequisites for successful professional growth; personality oriented approach, which requires directing the professional training of the future music therapist in the area of his personal development and the development of professionally significant traits of his character; cultural approach, which directs the professional training of a Music Therapy specialist to mastering the basics of both general and professional culture and

to his formation as their bearer and doer all at once; interdisciplinary approach, which is designed to provide a unified system of knowledge obtained within various branches of science, the mastery of which becomes the basis of successful mastery of the profession of music therapist; integrative approach, which focuses on combining into a single whole all components of professional Music Therapy education and training, its cycles, stages, levels, etc., to ensure systematic and consistent training of future music therapists for further professional activities.

2. The analysis of the content of the professional training of masters of Music Therapy through the prism of the requirements of American society was carried out. It was concluded that the professional training of masters in Music Therapy is a deliberate and continuous learning process. Its goal is to develop professional competence, alongside professionally important and socially significant personal qualities, in future music therapists. This comprehensive approach ensures they attain the level of professional qualification required for effective practice in Music Therapy. According to actual data, professional training in colleges and universities that offer formal (academic educational programs) and non-formal education (certificate programs) in various forms and modes of study.

The content of the educational programs for training masters in Music Therapy is formed in accordance with national standards developed by the American Music Therapy Association. The content of the educational programs is practically oriented and aimed at the development of the ability to: carry out client diagnostics (analysis, diagnosis, recording, dissemination of information for the provision of therapeutic services); integrate knowledge about the cultural diversity of clients; jointly develop an effective and clear support plan through diagnosis of customer needs, selection of measures; use knowledge and resources to organize therapeutic care; communicate (change intervention / change agent); maintain clinical documentation, etc.

According to the standard, the guideline in the development of the content of education at the master's level is an interdisciplinary and practice-oriented approach to learning, the integration of specific theories, knowledge and skills (sociology, social work, psychology, counselling, political science, adult education, clinical practice),

concentration around basic philosophy of rehabilitation. Educational programs are developed taking into account the needs and requirements of employers, constant updating of diagnostic procedures and mechanisms of prompt response to the challenges of society and changes in social policy, trends in the development of the profession. The key competencies include the following: general educational, sociocultural, interpersonal, managerial, client-centred, self-educational, organizational-planning, diagnostic. The development of ethical behaviour skills, value professional orientations, awareness of human values and cultural prejudices, etc. is important.

The professional and personal qualities of a music therapist are important (adaptability, flexibility, tolerance, positive behaviour, organizational skills, leadership, non-conflict, punctuality, proactivity, mobility, quick response to requests, politeness, willingness to work impartially, regardless of religion or culture, gender or nationality).

The educational programs are distinguished by a significant share of independent research (dissertation, abstracts, reports, essays, experimental work, self-studies), clinical practice and professional career growth. Graduates get opportunities for wide employment in various social institutions, clinics, marriage and family departments; post-traumatic and crisis counselling centres; population rehabilitation departments, educational institutions, etc.

The majority of educational programs are accredited by specialized professional organizations and are aligned with standards. One of the preferences of studying in an accredited program is related to the fact that potential employers give preference to graduates of accredited programs. Social services, government institutions, health care, management, education, and others are recognized as the most popular fields of internship and further employment.

It was established that the content of the training includes compulsory and optional components, general and professional training. General training is represented by social and humanitarian courses, and professional training is represented by special disciplines of specialization. The development of professional competences is facilitated by a number of professional (clinical) courses, clinical practices and internships.

3. The organizational forms and teaching methods, as well as the specifics of the

practical component of the professional training of masters in Music Therapy were studied and characterized. In the methodical experience of training music therapists, various training models are used: traditional, practice-oriented, reflective, facilitative, comprehensive, hands-on learning, interprofessional, clinical supervision. According to the identified learning models, pedagogical technologies and learning methods are presented as traditionally didactic (demonstration, survey, answering questions), problem-searching (discussions, problem situations, conversations), interactive (round table, brainstorming, case studies, simulations, modelling, etc.), reflective (portfolio).

The activation of the cognitive activity of masters in Music Therapy, the development of intellectual, professional, special, practical and general abilities and skills is facilitated by the following reflexive and innovative teaching technologies: real-time feedback, research learning, laboratory-based learning.

The main forms of educational activities organization are as follows: interactive lectures (debriefing lecture, item list lecture, multilevel coaching lecture, shouting match lecture), seminars (live seminar, live-webcasts seminar, on-demand seminar, educational conferences, research training, trainings). Their effectiveness is provided with the following innovative methods: reverse brainstorming, concept mapping, collaborative learning, service-learning, problem-based learning, distributed learning, project-based learning. Practical training contributes to the acquisition of work experience in an interdisciplinary team of specialists.

4. Based on the comparison of the experience of two countries, the directions for the introduction of constructive ideas of the American experience into the higher education system of Ukraine were determined and substantiated. It was found that in Ukraine, the training of specialists in the therapeutic field is offered in two specialties of the field of knowledge 22 “Health care”: “Physical therapy” and “Ergotherapy”. In 2024, 48 higher education institutions of Ukraine offered 81 master’s degree programs in 227 specialties “Physical therapy, occupational therapy”.

Most of the educational programs are developed in the specialty “Physical therapy” – 54 programs at the master’s level. There are 19 master’s level programs in the field of occupational therapy. There is no training for masters in Music Therapy in

Ukrainian higher education institutions.

The professional training of specialists in the therapeutic field in Ukraine is regulated by the standards of higher education, which contain goals, the list of competencies and learning outcomes, forms of attestation and ensuring the quality of educational activities. Emphasis is placed on the training of highly qualified, competitive, integrated into the European and global scientific and educational space of specialists in physical therapy and occupational therapy, who possess the entire complex of specialized conceptual knowledge, abilities and skills for the successful performance of the tasks of professional activity, autonomous conduct of scientific research and development of substantiated proposals for solving problems in the field of physical therapy and occupational therapy.

All at once, it was found out that there is no “music therapist” specialization at higher education institutions of Ukraine. Today in Ukraine, the development of Music Therapy as an educational direction is at an initial stage. However, several universities have already introduced or are considering introducing specialized programs or courses for the training of music therapists.

Most of these courses are part of broader programs in psychology, pedagogy, art history or social work. In many cases, Music Therapy is integrated into programs of art therapy or psychological and pedagogical rehabilitation.

The integration of Music Therapy into the programs of psychology, social work, pedagogy and art therapy in Ukraine occurs through an interdisciplinary approach, when music is used as a tool to support mental health, rehabilitation and social adaptation.

The state of professional training of health care specialists in higher education institutions of Ukraine substantiated in the paragraph shows that Ukrainian higher education institutions embody a modern model of professional training, which is based on the best Ukrainian and foreign approaches to understanding the specifics of health care. Future specialists in therapy and rehabilitation master various disciplines of general and professional training, which allows them to work in various health care institutions and organisations.

At the same time, it was found that the value of interdisciplinary educational programs (especially at the master's level) is underestimated in the higher education institutions of Ukraine, which would significantly expand the opportunities of students in the context of the full realization of their social, pedagogical, managerial, and research potential, would create conditions for planning an individual trajectory of professional and career development.

At the current stage, the question arises about the need for a significant adjustment of educational programs with a much wider reflection in them of all issues related to therapy and rehabilitation, the introduction of educational programs specializing in Music Therapy.

Understanding the peculiarities of the professional training of masters in Music Therapy in the USA convincingly proves that the Ukrainian system of therapeutic education should develop in an evolutionary way, combining both traditional national features (for example, a high level of fundamental education) and modern trends in the development of American education in the field of Music Therapy, which have a progressive character.

The study of ways of implementing the constructive ideas of the US experience regarding the professional training of masters in Music Therapy makes it possible to distinguish three options for using the American experience in the Ukrainian system of higher education: modular changes; introduction of American models; development of holistic educational models based on American approaches that would be consistent with educational realities.

Based on this, promising directions of application of the positive American experience of professional training of masters in Music Therapy, important for the practice of professional training of specialists in the therapeutic field at the strategic, organizational, methodical and research levels, are outlined.

The results of the conducted research prove that the application of constructive ideas of the American experience in the Ukrainian theory and practice of professional training of masters in Music Therapy will significantly improve the quality of training of specialists and increase their readiness to perceive new global challenges

Based on the analysis of the standards of professional training of masters in Music Therapy in the USA, we note that a master in Music Therapy must have an extensive array of knowledge, skills, and competencies, possess professional competences by type of activity.

Many years of experience in the development of Music Therapy in the solution of completely diverse tasks necessitated the creation of a new model of an integrated type specialist – a music therapist. Based on the experience of the USA, it is advisable to develop educational programs and start the specialty (specialization) of Music Therapy on the basis of partial integration of the specialties of “Physical Therapy” and “Ergotherapy”, and not specialties of a medical profile.

Therefore, the significant achievements and constructive ideas of the US experience make it possible to start the professional training of masters of Music Therapy from the standpoint of socio-economic significance and interdisciplinary.

The Prospects for further scientific research include the training of specialists in Music Therapy at the third (educational and scientific) level of higher education.

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APPENDICES

Appendix A

Top 20 US universities and Master's educational programs in Music Therapy

#	University	Educational Program Website
1	State University of New York at New Paltz	Master of Science in Music Therapy https://www.newpaltz.edu/ms-music-therapy/
2	Florida State University	Master of Science in Music Therapy Music Therapy - Florida State University College of Music (fsu.edu)
3	SUNY at Fredonia	Master of Music in Music Therapy https://www.fredonia.edu/academics/colleges-schools/school-music/program/music-therapy-mm
4	New York University	Master's in Arts in Music Therapy Music Therapy NYU Steinhardt
5	Appalachian State University-Boone	Master of Music Therapy Music Therapy Hayes School of Music Graduate Studies Appalachian State University (appstate.edu)
6	University of Missouri-Kansas City	Master of Arts in Music: Music Therapy Emphasis Music Education and Music Therapy Conservatory University of Missouri - Kansas City (umkc.edu)
7	Illinois State University	Master of Music in Music Therapy Music Therapy Masters Wonsook Kim College of Fine Arts - Illinois State
8	Temple University-Philadelphia	Master of Music Therapy Temple University Boyer College of Music and Dance
9	University of Minnesota-Minneapolis	Master of Arts, Music Education-Music Therapy Masters Equivalency Track Graduate Music College of Liberal Arts (umn.edu)
10	Molloy College-Rockville Centre	Molloy College-Rockville Centre Program Finder Molloy University
11	Nazareth College-Rochester	Master of Science in Creative Arts Therapy Music Therapy Degree Program, M.S. Nazareth University, Rochester NY
12	University of Miami-Coral Gables	University of Miami-Coral Gables Master of Music Degree in Music Therapy Frost School of Music University of Miami
13	University of Iowa-Iowa City	Master of Arts in Music Therapy Page not found School of Music - College of Liberal Arts and Sciences The University of Iowa (uiowa.edu)
14	Colorado State University-Fort Collins	Master of Music, Music Therapy Specialization Music Therapy - Music (colostate.edu)
15	Ohio University-Athens	Master of Music in Music Therapy School of Music Ohio University
16	Montclair State University-Upper Montclair	Master of Arts in Music Therapy John J. Cali School Of Music - Montclair State University
17	St. Mary-of-the-Woods College-St. Mary of the Woods	Master of Arts in Music Therapy Master of Arts in Music Therapy - Saint Mary-of-the-Woods College (smwc.edu)
18	Immaculata University-Immaculata	Master of Arts in Music Therapy Music Therapy, M.A., M.M.T.C. - Immaculata University

19	Augsburg College- Minneapolis	Augsburg College-Minneapolis Master of Music Therapy - Minnesota (augsburg.edu)
20	Maryville University of St. Louis-St. Louis	Master of Music Therapy Master of Music Therapy (maryville.edu)

Developed by the author based on the analysis of open Internet sources.

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Developed by the author based on the analysis of the documents of New York University, Steinhardt School of Culture Education and Human Development Department.

Appendix C
Master of Music Therapy (MMT)
at Temple's Boyer College of Music and Dance

Program Requirements

General Program Requirements: *Number of Credits Required Beyond the Baccalaureate:* 36 for the MMT; 63 for the Music Therapy/Combined Master's Equivalency Program; 12 to add the Licensed Professional Counselor option

Required Courses:

Master of Music Therapy

Core Courses		Credits
MUED 8601	Qualitative Research in Music Therapy	3
MUED 8602	Quantitative Research in Music Therapy	3
MUED 8603	Theories of Music Psychotherapy	2
MUED 8615	Adv Mus Thrpy Clin Trng	1
MUED 8617	Multicultural Music Therapy	2
MUED 8618	Music in Medicine	2
MUED 8621	Music Therapy Ethics	2
MUED 8626	Models of Clinical Supervision in Music Therapy	2
MUED 9687	Advanced Music Therapy Practicum	1
Electives ¹		15
Recommended courses include:		
MUED 8611	Music Therapy Research	
MUED 8612	Music Therapy Foundation	
MUED 9660	Advanced Topics in Music Psychotherapy	
MUED 9670	Advanced Topics in Music Medicine	
MUED 9680	Music Therapy: Special Topics	
Capstone Course		
MUED 9995	Master's Final Project	3
Total Credit Hours		36

¹ Select from Music, Music Education, Music Studies, Music Therapy, and other graduate departments. Advisor approval required.

Music Therapy/Combined Master's Equivalency Program

Core Courses		Credits
MUED 3689	Fieldwork in Music Therapy	2
MUED 3789	Fieldwork in Music Therapy II	2
MUED 3889	Fieldwork in Music Therapy III	2
MUED 4611	Music Therapy Overview	3
MUED 4614	Psychiatric Music Therapy	3
MUED 4616	Developmental Music Therapy	3
MUED 4619	Medical/Rehabilitative Music Therapy	3
MUED 4641	Music Therapy Experiences I: Creative Methods	1
MUED 4642	Music Therapy Experiences II: Recreative Methods	1
MUED 4643	Music Therapy Experiences III: Receptive Methods	1
MUED 4685	Music Therapy Clinical Internship	6

MUED 8601	Qualitative Research in Music Therapy	3
MUED 8602	Quantitative Research in Music Therapy	3
MUED 8603	Theories of Music Psychotherapy	2
MUED 8615	Adv Mus Thrpy Clin Trng	1
MUED 8617	Multicultural Music Therapy	2
MUED 8618	Music in Medicine	2
MUED 8621	Music Therapy Ethics	2
MUED 8626	Models of Clinical Supervision in Music Therapy	2
MUED 9687	Advanced Music Therapy Practicum	1
Electives ¹		15
Recommended courses include:		
MUED 8611	Music Therapy Research	
MUED 8612	Music Therapy Foundation	
MUED 9660	Advanced Topics in Music Psychotherapy	
MUED 9670	Advanced Topics in Music Medicine	
MUED 9680	Music Therapy: Special Topics	
Capstone Course		
MUED 9995	Master's Final Project	3
Total Credit Hours		63

Developed by the author based on the analysis of the documents of Temple's Boyer College of Music and Dance.

Appendix D
AMERICAN MUSIC THERAPY ASSOCIATION STANDARDS
FOR EDUCATION AND CLINICAL TRAINING

4.0 STANDARDS FOR MASTER'S DEGREES

The purpose of the master's degree programs in music therapy is to impart advanced competencies, as specified in the *AMTA Advanced Competencies*. These degree programs provide breadth and depth beyond the *AMTA Professional Competencies* required for entrance into the music therapy profession.

4.1 Curricular Standards: Each graduate student in a master's degree program is expected to gain in-depth knowledge and competence in both of the following areas. These areas may be addressed in either separate or combined coursework as deemed appropriate.

4.1.1 Music Therapy Theory (e.g., principles, foundations, current theories of music therapy practice, supervision, education, implications for research);

4.1.2 Advanced Clinical Skills: In-depth understanding of the clinical and supervisory roles and responsibilities of a music therapist. Advanced clinical skills are acquired through one or more clinical component(s) supervised under the auspices of the institution. These clinical component(s) are defined as substantive music therapy fieldwork experiences that focus on clinical practice and occur after the 1200 hours of required clinical training and acquisition of the AMTA Professional Competencies. Students in advanced clinical training courses should demonstrate a depth of understanding of relevant and advanced clinical approaches, theoretical frameworks, and/or advanced clinical supervisory theories and techniques. Each institution must specify the minimum required number of hours and the method of supervision. Students must be evaluated based on the AMTA Advanced Competencies.

In addition, each graduate student in a master's degree program is expected to gain in-depth knowledge and competence in one or more of the following areas:

4.1.3 Research (e.g., quantitative and qualitative research designs and their application to music therapy practice, supervision, administration, higher education);

4.1.4 Musical Development and Personal Growth (e.g., leadership skills, self-awareness, music skills, improvisation skills in various musical styles, music technology);

4.1.5 Clinical Administration (e.g., laws and regulations governing the provision of education and health services, the roles of a clinical administrator in institutions and clinical settings).

4.2 Curricular Structures

4.2.1 Practice-Oriented Degrees. These degrees focus on the preparation of music therapists for advanced clinical practice.

4.2.2 Research-Oriented Degrees. These degrees focus on the preparation of scholars and researchers in music therapy, preparing graduates for doctoral study.

4.2.3 Degrees Combining Research and Practice Orientations. These degrees focus on the simultaneous development of the ability to produce research findings and utilize, combine, or integrate these findings within the practice of music therapy.

4.2.4 Graduate education requires the provision of certain kinds of experiences that go beyond those typically provided in undergraduate programs. These include opportunities for active participation in small seminars and tutorials and ongoing consultation with faculty prior to and during preparation of a final project over an extended period of time.

4.2.5 A culminating project such as a thesis, clinical paper, or demonstration project is required.

4.2.6 Master's degree programs include requirements and opportunities for studies that relate directly to the educational objectives of the degree program, including supportive studies in music and related fields.

4.2.7 Within master's degree programs, academic institutions are encouraged to develop graduate level specialization areas and courses on advanced topics based on faculty expertise and other resources available at the institution. Therefore, the curriculum and the requirements of each

program must be tailored to the resources available, the mission of the institution, and the contribution they aspire to make to the profession of music therapy.

4.2.8 At least one-half of the credits required for the master's degree must be in courses intended for graduate students only. A single course that carries both an undergraduate and a graduate designation is not considered a course intended for graduate students only. To obtain graduate credit, students enrolled in a single course that carries a separate undergraduate and graduate designation or number must complete specific published requirements that are at a graduate level. Distinctions between undergraduate and graduate expectations must be delineated for such courses in the course syllabi. Only courses taken after undergraduate courses that are prerequisite to a given graduate program may receive graduate credit in that program.

4.2.9 Students entering the master's degree without the bachelor's degree in music therapy and/or the MT-BC credential must take a minimum of 30 semester hours or 45 quarter hours graduate credits toward advanced competence in addition to and beyond any courses needed to demonstrate *AMTA Professional Competencies*.

4.2.10 A master's degree in music therapy must include a minimum of 12 semester hours or 18 quarter hours of graduate credits in music therapy in addition to and beyond any courses needed to demonstrate the *AMTA Professional Competencies*. These courses must be intended for graduate students only and should not carry designations for both graduate and undergraduate students.

4.3 Degree Formats and Titles

4.3.1 Master of Music degree places advanced music therapy studies within a musical context: 40% music therapy, 30% music, and 30% electives in related areas. The studies in music may include coursework in diverse areas (e.g., performance, ethnomusicology, advanced musicianship, and analysis). The electives consist of supportive studies in related areas that bear directly on the specific educational objectives of the degree program.

4.3.2 Master of Music Therapy degree places advanced music therapy studies within a disciplinary context of theory, research, and practice in music therapy: 50% music therapy and 50% electives. The electives consist of supportive studies in related areas that bear directly on the specific educational objectives of the degree program.

4.3.3 Master of Arts or Master of Music Education degree places advanced music therapy studies within the context of creative arts therapy, expressive therapies, psychology, counseling, social sciences, education, arts, and/or humanities: 40% music therapy, 30% specialization field, and 30% electives. The electives consist of supportive studies that bear directly on the specific educational objectives of the degree program.

4.3.4 Master of Science degree places advanced music therapy studies within the context of medicine, allied health, and the physical sciences: 40% music therapy, 30% science specialization, and 30% electives. The electives consist of supportive studies that bear directly on the specific educational objectives of the degree program.

4.3.5 Master's degrees in music therapy may be designed additionally to prepare certified professionals for state licensure.

Developed by the author based on the analysis of the documents of American Music Therapy Association standards for education and clinical training.

Appendix E



Scope of Music Therapy Practice

Preamble

The scope of music therapy practice defines the range of responsibilities of a fully qualified music therapy professional with requisite education, clinical training, and board certification. Such practice also is governed by requirements for continuing education, professional responsibility and accountability. This document is designed for music therapists, clients, families, health and education professionals and facilities, state and federal legislators and agency officials, private and public payers, and the general public.

Statement of Purpose

The purpose of this document is to define the scope of music therapy practice by:

1. Outlining the knowledge, skills, abilities, and experience for qualified clinicians to practice safely, effectively and ethically, applying established standards of clinical practice and performing functions without risk of harm to the public;
2. Defining the potential for harm by individuals without formalized music therapy training and credentials; and
3. Describing the education, clinical training, board certification, and continuing education requirements for music therapists.

Definition of Music Therapy and Music Therapist

Music therapy is defined as the clinical and evidence-based use of music interventions to accomplish individualized goals for people of all ages and ability levels within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. A music therapist is an individual who has completed the education and clinical training requirements established by the American Music Therapy Association (AMTA) and who holds current board certification from The Certification Board for Music Therapists (CBMT).

Assumptions

The scope of music therapy practice is based on the values of non-maleficence, beneficence, ethical practice; professional integrity, respect, excellence; and diversity. The following assumptions are the foundation for this document:

- **Public Protection.** The public is entitled to have access to qualified music therapists who practice competently, safely, and ethically.
- **Requisite Training and Skill Sets.** The scope of music therapy practice includes professional and advanced competencies. The music therapist only provides services within the scope of practice that reflect his/her level of competence. The music therapy profession is not defined by a single music intervention or experience, but rather a

continuum of skills sets (simple to complex) that make the profession unique.

- **Evidence-Based Practice.** A music therapist's clinical practice is guided by the integration of the best available research evidence, the client's needs, values, and preferences, and the expertise of the clinician.
- **Overlap in Services.** Music therapists recognize that in order for clients to benefit from an integrated, holistic treatment approach, there will be some overlap in services provided by multiple professions. We acknowledge that other professionals may use music, as appropriate, as long as they are working within their scope.
- **Professional Collaboration.** A competent music therapist will make referrals to other providers (music therapists and non-music therapists) when faced with issues or situations beyond the original clinician's own practice competence, or where greater competence or specialty care is determined as necessary or helpful to the client's condition.
- **Client-Centered Care.** A music therapist is respectful of, and responsive to the needs, values, and preferences of the client and the family. The music therapist involves the client in the treatment planning process, when appropriate.

Music Therapy Practice

Music therapy means the clinical and evidence-based use of music interventions to accomplish individualized goals for people of all ages and ability levels within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. Music therapists develop music therapy treatment plans specific to the needs and strengths of the client who may be seen individually or in groups. Music therapy treatment plans are individualized for each client. The goals, objectives, and potential strategies of the music therapy services are appropriate for the client and setting. The music therapy interventions may include music improvisation, receptive music listening, song writing, lyric discussion, music and imagery, singing, music performance, learning through music, music combined with other arts, music-assisted relaxation, music-based patient education, electronic music technology, adapted music intervention, and movement to music. Music therapy clinical practice may be in developmental, rehabilitative, habilitative, medical, mental health, preventive, wellness care, or educational areas.

Standards of practice in music therapy include:

- Accepting referrals for music therapy services from medical, developmental, mental health, and education professionals; family members; clients; caregivers; or others involved and authorized with provision of client services. Before providing music therapy services to a client for an identified clinical or developmental need, the music therapist collaborates, as applicable, with the primary care provider(s) to review the client's diagnosis, treatment needs, and treatment plan. During the provision of music therapy services to a client, the music therapist collaborates, as applicable, with the client's treatment team;
- Conducting a music therapy assessment of a client to determine if treatment is indicated. If treatment is indicated, the music therapist collects systematic, comprehensive, and accurate information to determine the appropriateness and type of music therapy services to provide for the client;
- Developing an individualized music therapy treatment plan for the client that is based upon the results of the music therapy assessment. The music therapy treatment plan includes individualized goals and objectives that focus on the assessed needs and strengths of the client and specify music therapy approaches and interventions to be used to address these goals and objectives;
- Implementing an individualized music therapy treatment plan that is consistent with any other developmental, rehabilitative, habilitative, medical, mental health, preventive, wellness care, or educational services being provided to the client;
- Evaluating the client's response to music therapy and the music therapy treatment plan, documenting change and progress, and suggesting modifications, as appropriate;
- Developing a plan for determining when the provision of music therapy services is no longer needed in collaboration with the client, physician, or other provider of health care or education of the client, family members of the client, and any other appropriate person upon whom the client relies for support;
- Minimizing any barriers to ensure that the client receives music therapy services in the least restrictive environment;
- Collaborating with and educating the client and the family, caregiver of the client, or any other appropriate person regarding the needs of the client that are being addressed in music therapy and the manner in which the music therapy treatment addresses those needs; and
- Utilizing appropriate knowledge and skills to inform practice including use of research, reasoning, and problem solving skills to determine appropriate actions in the context of each specific clinical setting.

Music therapists are members of an interdisciplinary team of healthcare, education, and other professionals who work collaboratively to address the needs of clients while protecting client confidentiality and privacy. Music therapists function as independent clinicians within the context of the interdisciplinary team, supporting the treatment goals and co-treating with physicians, nurses, rehabilitative specialists, neurologists, psychologists, psychiatrists, social workers, counselors, behavioral health specialists, physical therapists, occupational

therapists, speech-language pathologists, audiologists, educators, clinical case managers, patients, caregivers, and more.

Music therapy-specific assessment, treatment planning, and implementation consider diagnosis and history, are performed in a manner congruent with the client's level of functioning, and address client needs across multiple domains.

Potential for Harm

Music therapists are trained to independently analyze client non-verbal, verbal, psychological, and physiological responses to music and non-music stimuli in order to be clinically effective and refrain from contra-indicated practices. The music therapist implements ongoing evaluation of client responses and adapts the intervention accordingly to protect the client from negative outcomes.

Music therapists use their knowledge, skills, training and experience to facilitate therapeutic, goal oriented music-based interactions that are meaningful and supportive to the function and health of their clients. These components of clinical practice continue to evolve with advances in basic science, translational research, and therapeutic implementation. Music therapists, therefore, participate in continued education to remain competent, know their limitations in professional practice, and recognize when it is appropriate to seek assistance, advice, or consultation, or refer the client to another therapist or professional. In addition, music therapists practice safely and ethically as defined by the AMTA Code of Ethics, AMTA Standards of Clinical Practice, CBMT Code of Professional Practice, CBMT Board Certification Domains, and other applicable state and federal laws. Both AMTA and CBMT have mechanisms by which music therapists who are in violation of safe and ethical practice are investigated.

The use of live music interventions demands that the therapist not only possess the knowledge and skills of a trained therapist, but also the unique skill set of a trained musician in order to manipulate the music therapy intervention to fit clients' needs. Given the diversity of diagnoses with which music therapists work and the practice settings in which they work independently, clinical training and experience are necessary. Individuals attempting to provide music therapy treatment interventions without formalized music therapy training and credentials may pose risks to clients.

To protect the public from threats of harm in clinical practice, music therapists comply with safety standards and competencies such as, but not limited to:

- Recognize and respond to situations in which there are clear and present dangers to a client and/or others.
- Recognize the potential harm of music experiences and use them with care.
- Recognize the potential harm of verbal and physical interventions during music experiences and use them with care.
- Observe infection control protocols (e.g., universal precautions, disinfecting instruments).

- Recognize the client populations and health conditions for which music experiences are contraindicated.
- Comply with safety protocols with regard to transport and physical support of clients.

Definition of Governing Bodies

AMTA's mission is to advance public awareness of the benefits of music therapy and increase access to quality music therapy services in a rapidly changing world. AMTA strives to improve and advance the use of music, in both its breadth and quality, in clinical, educational, and community settings for the betterment of the public health and welfare. The Association serves as the primary organization for the advancement of education, clinical practice, research, and ethical standards in the music therapy profession.

AMTA is committed to:

- Promoting quality clinical treatment and ethical practices regarding the use of music to restore, maintain, and improve the health of all persons.
- Establishing and maintaining education and clinical training standards for persons seeking to be credentialed music therapists.
- Educating the public about music therapy.
- Supporting music therapy research.

The mission of the CBMT is to ensure a standard of excellence in the development, implementation, and promotion of an accredited certification program for safe and competent music therapy practice. CBMT is an independent, non-profit, certifying agency fully accredited by the National Commission for Certifying Agencies (NCCA). This accreditation serves as the means by which CBMT strives to maintain the highest standards possible in the construction and administration of its national examination and recertification programs, ultimately designed to reflect current music therapy practice for the benefit of the consumer.

CBMT is committed to:

- Maintaining the highest possible standards, as established by the Institute for Credentialing Excellence (ICE) and NCCA, for its national certification and recertification programs.
- Maintaining standards for eligibility to sit for the National Examination: Candidates must have completed academic and clinical training requirements established by AMTA.
- Defining and assessing the body of knowledge that represents safe and competent practice in the profession of music therapy and issuing the credential of Music Therapist-Board Certified (MT-BC) to individuals that demonstrate the required level of competence.
- Advocating for recognition of the MT-BC credential and for access to safe and competent practice.
- Maintaining certification and recertification requirements that reflect current practice in the profession of music therapy.
- Providing leadership in music therapy credentialing.

The unique roles of AMTA (education and clinical training) and CBMT (credentialing and continuing education) ensure that the distinct, but related, components of the profession are maintained. This scope of music therapy practice document acknowledges the separate but complementary contributions of AMTA and CBMT in developing and maintaining professional music therapists and evidence-based practices in the profession.

Education and Clinical Training Requirements

A qualified music therapist:

- Must have graduated with a bachelor's degree (or its equivalent) or higher from a music therapy degree program approved by the American Music Therapy Association (AMTA); and
- Must have successfully completed a minimum of 1,200 hours of supervised clinical work through pre-internship training at the AMTA-approved degree program, and internship training through AMTA-approved National Roster or University Affiliated internship programs, or an equivalent.

Upon successful completion of the AMTA academic and clinical training requirements or its international equivalent, an individual is eligible to sit for the national board certification exam administered by the Certification Board for Music Therapists (CBMT).

Board Certification Requirements

The Music Therapist – Board Certified (MT-BC) credential is granted by the Certification Board for Music Therapists (CBMT) to music therapists who have demonstrated the knowledge, skills, and abilities for competence in the current practice of music therapy. The purpose of board certification in music therapy is to provide an objective national standard that can be used as a measure of professionalism and competence by interested agencies, groups, and individuals. The MT-BC credential may also be required to meet state laws and regulations. Any person representing him or herself as a board certified music therapist must hold the MT-BC credential awarded by CBMT, an independent, nonprofit corporation fully accredited by the National Commission for Certifying Agencies (NCCA).

The board certified music therapist credential, MT-BC, is awarded by the CBMT to an individual upon successful completion of an academic and clinical training program approved by the American Music Therapy Association (or an international equivalent) and successful completion of an objective written examination demonstrating current competency in the profession of music therapy. The CBMT administers this examination, which is based on a nationwide music therapy practice analysis that is reviewed and updated every five years to reflect current clinical practice. Both the practice analysis and the examination are psychometrically sound and developed using guidelines issued by the Equal Employment Opportunity Commission, and the American Psychological Association's standards for test validation.

Once board certified, a music therapist must adhere to the CBMT Code of Professional Practice and recertify every five years through either a program of continuing education or re-examination.

By establishing and maintaining the certification program, CBMT is in compliance with NCCA guidelines and standards that require certifying agencies to: 1) have a plan for periodic recertification, and 2) provide evidence that the recertification program is designed to measure or enhance the continuing competence of the individual.

The CBMT recertification program provides music therapists with guidelines for remaining current with safe and competent practice and enhancing their knowledge in the profession of music therapy.

The recertification program contributes to the professional development of the board certified music therapist through a program of continuing education, professional development, and professional service opportunities. All three recertification categories are reflective of the Practice Analysis Study and relevant to the knowledge, skills and abilities required of the board certified music therapist. Documentation guidelines in the three categories require applying learning outcomes to music therapy practice and relating them to the CBMT Board Certification Domains. Integrating and applying new knowledge with current practice, developing enhanced skills in delivery of services to clients, and enhancing a board certified music therapist's overall abilities are direct outcomes of the recertification program. To support CBMT's commitment of ensuring the competence of the board certified music therapist and protecting the public, certification must be renewed every five years with the accrual of 100 recertification credits.

NCCA accreditation demonstrates that CBMT and its credentialing program undergo review to demonstrate compliance with certification standards set by an impartial, objective commission whose primary focus is competency assurance and protection of the consumer. The program provides valuable information for music therapists, employers, government agencies, payers, courts and professional organizations. By participating in the CBMT Recertification Program, board certified music therapists promote continuing competence and the safe and effective clinical practice of music therapy.

AMTA and CBMT created this document as a resource pertinent to the practice of music therapy. However, CBMT and AMTA are not offering legal advice, and this material is not a substitute for the services of an attorney in a particular jurisdiction. Both AMTA and CBMT encourage users of this reference who need legal advice on legal matters involving statutes to consult with a competent attorney. Music therapists may also check with their state governments for information on issues like licensure and for other relevant occupational regulation information. Additionally, since laws are subject to change, users of this guide should refer to state governments and case law for current or additional applicable materials.

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for Music Therapists
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Downingtown, PA 19335
Tel. 800-765-CBMT (2268)
Fax 610-269-9232
www.cbmt.org

American Music
Therapy Association
8455 Colesville Road, Suite 1000
Silver Spring, MD 20910
Tel. 301-589-3300
Fax 301-589-5175
www.musictherapy.org

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Appendix F



MUSIC THERAPY PROGRAM HANDBOOK

The University of Tennessee at Chattanooga
Department of Performing Arts – 1451
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Welcome to The University of Tennessee at Chattanooga Music Therapy Program! The University of Tennessee at Chattanooga Music Therapy Program upholds the mission of the University, College of Arts and Sciences and Music Division of the Department of Performing Arts. Music therapy students actively immerse themselves in classroom-based lecture and applied learning experiences, to foster critical thinking, communication, and problem solving skills, which directly transfer to all areas of clinical practice. Music therapy students are exposed to multiple clinically diverse populations during field placement work, allowing for continued intellectual and applied growth, as well as the establishment of a foundation for life-long learning, thinking, and reflection. Music therapy students work collaboratively to cultivate positive change and community enrichment through music-based programming, focusing on the growth and development of applied musicianship skills and the understanding of populations served by board certified music therapists.

Faculty and staff provide music therapy student's structured educational and or clinical environments to promote intellectual curiosity, development and achievement of competency-based skills, within music foundation courses, clinical foundation courses and music therapy foundation courses, as well as empower students to identify a sense of self in relationship to the professional practice of a board-certified music therapist. Furthermore, all music therapy students, faculty and staff adhere to the American Music Therapy Association (AMTA) Code of Ethics, AMTA Professional Competencies and AMTA Standards for Education and Clinical Training.

GENERAL EDUCATION REQUIREMENTS

A total of 34 hours are required of general education courses. Please see certified general education courses for list of approved courses.

Rhetoric and Writing (6 hours)

- Two approved course in rhetoric and writing

Fine Arts and Humanities (12 hours)

- Complete one approved course in each subcategory:
 - Historical Understanding (3 hours)
 - Literature (3 hours)
 - Thoughts, Values and Beliefs (3 hours)
 - Visual and Performing Arts (3 hours)

Natural Sciences (4 hours)

- One approved natural science course including a laboratory component.

Behavioral and Social Sciences (6 hours)

- PSY 1010 – Introduction to Psychology
- One approved behavioral or social science other than psychology

Mathematics (3 hours)

- One approved mathematics course.

Non-Western Culture (3 hours)

- MUS 3110 – Music of the World

MUSIC THERAPY CURRICULUM

Music Foundations (44 hours)

- MUS 1710 – Musicianship I
- MUS 1720 – Musicianship II
- MUS 1730 – Aural Skills I
- MUS 1740 – Aural Skills II
- MUS 1750 – Musicianship Lab I
- MUS 1760 – Musicianship Lab II
- MUS 2050r – Fundamental of Music Composition
- MUS 2710 – Musicianship III
- MUS 2720 – Musicianship IV
- MUS 2730 – Aural Skills III
- MUS 2740 – Aural Skills IV
- MUS 2750 – Musicianship Lab III

MUS 2760 – Musicianship Lab IV
MUS 3030 – Basic Conducting
MUS 3110 – Music of the World
MUS 3150 – Music History I
MUS 3160 – Music History II
Ensemble Participation (7 hours/semester)
4 Semesters (4 hours) of 200-level primary applied study

Clinical Foundations (18 hours)

PSY 1010 – Introduction to Psychology
PSY 2210 – The Psychology of Child Development
PSY 2220 – The Psychology of Adolescence and Adulthood
BIOL 2060 – Functional Human Anatomy
EDUC 2200 – Survey of Exceptional Learners
HHP 0021 – Concepts of Wellness
HHP 0021 – Beginning Modern Dance

Music Therapy Foundations (26-28 hours)

MUS 1350 - Guitar Class (2 semesters)
MUS 1810 – Introduction to Music Therapy
MUS 2810 – Music Therapy Clinical Skills
MUS 3810 – Music Therapy Principles and Foundations
MUS 3820 – Music Therapy Applications
MUS 3830r – Music Therapy Practicum (1 hour/ semester)
MUS 4810 – Psychology of Music
MUS 4820 – Music Therapy Measurement and Research
MUS 4830 – Music Therapy Internship

Electives (2 hours)

MUSIC THERAPY MAJOR ACADEMIC REQUIREMENTS

All course work must be completed prior to enrollment in MUS 4830 – Music Therapy Internship.

Successful completion of Continuation Standards is prerequisite to enrollment in upper-division music courses and music therapy concentration courses.

Seminar is required each semester of residence. A minimum of 8 semesters with a grade of SATISFACTORY is required.

For graduations: 2.0 GPA in all required major and related courses (including specified General Education courses). 2.75 average at UTC and 2.75 average in content area coursework with no grade lower than a C.

Minimum of 39 hours of 3000 and 4000 level courses.

See Degree and Graduation Requirements online for additional information.

CLINICAL TRAINING

Music therapy students at The University of Tennessee at Chattanooga (UTC) will complete a minimum of 1200 hours of clinical training, with at least 15% (180 hours) with three diverse pre-internship experiences and at least 75% (900 hours) in internship experiences. Clinical training is defined as the entire continuum of supervised field experiences, including observing, assisting, co-leading, leading and assuming full responsibility for program planning and music therapy treatment implementation with clients. Hours of clinical training will include both direct client contact and other activities that relate directly to clinical sessions in music therapy. Such experiences also may include time in group and individual supervision of client sessions, session planning and documentation of clients. Additional hours of internship may be required of a student if unable to demonstrate required professional-level competencies, as indicated by the UTC Director of Music Therapy in consultation with the internship director/supervisor. Clinical training hours and experiences will be documented on each student's Music Therapy Individualized Training Plan to ensure completion of all facets of clinical training.

All music therapy students will be required to obtain liability insurance through the university once enrolled in MUS 1810: Introduction to Music Therapy and maintain coverage throughout the entirety of the program. Each student will need to renew liability coverage annually. In addition, music therapy students will be required to obtain healthcare clearance, which includes but not limited to a background check, TB skin test, proof of immunizations, flu shot and HIPPA training.

Pre-Internship Experiences

Music therapy students at UTC will participate in pre-internship experiences, to apply and gain competency-based professional level skills and earn a minimum of 15% (180) pre-internship experience hours towards the total 1200 hours of clinical training. Pre-internship experiences will consist of a minimum of 40% of clinical sessions being observed by the music therapy student with direct supervision by a credentialed music therapist. In addition to observation of the music therapist, observation of the music therapy student's clinical work with feedback will be implemented. Each music therapy student participating in a pre-internship experience, will be directly supervised by a credentialed professional to receive introductory music therapy clinical training.

Music therapy students will be eligible to participate in pre-internship experiences throughout the course of the academic program, with pre-internship experiences following the developmental sequence of competency-based skills of a music therapist. For music therapy students to enroll and participate in pre-internship clinical experiences, successful completion of MUS 3810: Music Therapy Principles and Foundations with a minimum grade of C or higher must be achieved. Music therapy students will receive pre-internship clinical training with a minimum of three diverse populations, where pre-internship clinical collaborations will be maintained by the Director of Music Therapy.

Music therapy students will earn clinical hours for each pre-internship experience during the semester enrolled for MUS 3830r: Music Therapy Practicum. For each hour of direct contact, music therapy students may record 1 hour of planning and 1 hour of supervision/documentation, for a total of 3 hours per week. At least 42 practicum hours are required each semester of enrollment, which averages out to 3 hours per week for 14 weeks (with 1-2 weeks built in for make-up opportunities). Music therapy students will be responsible for documenting and submitting clinical time logs to academic faculty to maintain record of total clinical hours earned towards the 15% (180) pre-internship clinical hours at the end of each practicum enrolled. Music therapy students will have the choice of earning extra clinical hours in consultation with pre-internship clinical supervisor(s) and/or academic faculty.

Music therapy students will earn a minimum total of 168 hours following completion of four semesters of MUS 3830r: Music Therapy Practicum. Additional pre-internship clinical hours will be earned through community group service and observation opportunities to earn the minimum total of 15% (180) pre-internship clinical hours towards the overall all minimum of 1200 clinical training hours. The following major music therapy courses will offer additional pre-internship clinical training hours: MUS 1810: Introduction to Music Therapy, MUS 3810: Music Therapy Principles and Foundations & MUS 3820: Music Therapy Applications. Allotment of additional pre-internship clinical hours are outlined as follows:

- Community Music Engagement (5 pre-clinical hours/ each CME)
 - 2 60 min group rehearsals
 - 2 60 min individual practice
 - 1 30-45 min group community performance
- Music Therapy Observations (1 pre-clinical hour/ 50 min observation)

Music therapy student pre-internship experience roles and responsibilities:

- Adhere to AMTA Standards of Clinical Practice and AMTA Code of Ethics.
- Seek feedback and clarification through regular communication with the pre-internship supervising music therapist and the academic faculty.
- Participate in all pre-internship experiences through implementation of assigned music therapy skills to apply and gain competency-based professional level skills.
- Complete mid-term, final and intern site evaluations for each pre-internship experience enrolled.
- Comply with the health status requirements of the facility, including but not limited to physical examinations, vaccinations, and health screening requirements for tuberculosis and measles.
- Responsible for procuring professional liability insurance at own expense.
- Complete a minimum total of 42 pre-internship clinical hours when enrolled in MUS 3830r: Music Therapy Practicum as outline in the Music Therapy Academic Clinical Program Protocol *Pre-Internship Experiences*.
- Document and submit Music Therapy Practicum Time Log to academic faculty at conclusion of course.

Internship Experiences

Music therapy students at UTC will complete an internship experience in their final semester of course work towards the achievement of the degree, Bachelor of Music, Concentration in Music Therapy. Conferral of degree or completion of non-degree equivalency program will not be awarded until satisfactory completion of internship has been achieved.

Internship, here defined as the culminating, in-depth supervised clinical training at the professional level, may be designed in different ways: part or full-time, in one or more settings, for varying periods or time frames, and near or distant from UTC. Each internship shall be designed or selected to meet the individual needs of the student; continuous communication between music therapy academic advisor, internship supervisor and student will be maintained throughout the course of the internship. All music therapy students participating in an internship experience, will be directly supervised by a credentialed professional to receive final field experiences required for the music therapy degree or equivalency program.

Music therapy students will be eligible to apply for internship experiences in their fourth year of the music therapy academic program, pending the achievement of a C or better in all major music therapy classes. Each student will apply to a maximum of three National Roster and/or University-affiliate Internship Programs. Music therapy students will be eligible to apply for additional internship placements following receipt of response from internship program application(s). Music therapy students will work in consultation with the Director of Music Therapy to review application processes and select potential internship experiences to meet their individual clinical needs.

A list of National Roster Internship Programs will be maintained by the American Music Therapy Association and will be accessed by music therapy students via the Association website. A list of University-affiliated internship experiences will be maintained and distributed by the Director of Music Therapy to ensure each internship experience meets all of the AMTA Standards for Education of Clinical Training and qualifications for supervision.

Music therapy student internship roles and responsibilities:

- Research National Roster and/or University-affiliated music therapy internship experiences.
- Schedule consultation and meet with music therapy academic faculty during fall semester of fourth year of program to review application processes and placements.
- Select three internship programs to apply during fall semester of fourth year of program.
- Gather, prepare, deliver and participate in all internship application requirements (*i.e. application, transcripts, letter of recommendations, examples of musicianship and/or evidence-based interventions, phone interview, onsite interview, etc.*).
- Formally accept or decline internship experiences within a timely manner to the internship program director.
- Provide documentation of formal acceptance into internship to academic faculty to maintain in student file.
- Review and sign Music Therapy Internship Agreement; ensure internship director/supervisor signs agreement and music therapy student responsible for returning to academic faculty within first week of internship.
- Review Music Therapy Evaluation of Competencies with academic faculty to assess pre-internship skills and knowledge, as well as skills to address within internship experiences.
- Adhere to AMTA National Roster Internship Guidelines; internship program personnel requirements, policies, and procedures (including time frame and assignments); and/or university internship requirements.
- Adhere to AMTA Standards of Clinical Practice and AMTA Code of Ethics.
- Seek feedback and clarification through regular communication with the supervising music therapist, the Internship Director, and the academic faculty.
- Complete mid-term, final and intern site evaluations.

- Comply with the health status requirements of the facility, including but not limited to physical examinations, vaccinations, and health screening requirements for tuberculosis and measles.
- Responsible for procuring professional liability insurance at own expense.
- Complete all required clinical hours, as outlined in the Music Therapy Internship Agreement to total a minimum of 1200 total clinical hours with a minimum number of 900 total clinical hours in internship.
- Successfully pass internship experience with a C or better as defined in MUS 4830 syllabi.

Professional Attire and Grooming Standards

For each pre-internship clinical experience (i.e. practicum, community music engagement and observation) music therapy students at UTC will wear professional attire consisting of UTC music therapy polo, khaki pants, socks, closed toe shoes and student identification badge.

All hair styles should be clean, neat and conservatively styled. Hands should be neatly manicured. Nail polish should be in good taste. Acrylic and other artificial nails are prohibited. Natural fingernails should not extend beyond the fingertip. Jewelry should be in good taste, not lavish or overly ornate. Only moderate amounts are to be worn by males and females. Hat, cap, visor, scarf or headband are not to be worn. Use of cosmetics should be subdued, without heavy or dramatic effects. Perfumes, colognes and scents should be minimal and should not be a heavy fragrance that dominates the room.

Exceptions to professional attire and grooming standards will be made at the discretion of the Director of Music Therapy, pre-internship clinical experience supervisor or community-based facility. Professional attire and grooming standards for internship experiences will be dictated by the National Roster or University-Affiliated Internship Director.

MUSIC THERAPY INDIVIDUALIZED TRAINING PLAN

The University of Tennessee at Chattanooga (UTC) will monitor the growth, development and achievement of all facets of academic and clinical training for each music therapy student seeking the degree, Bachelor of Music, Concentration in Music Therapy or it's equivalency through the implementation of the Music Therapy Individualized Training Plan (MTITP). Each individual student's progress within academic courses, clinical training experiences and achievement of AMTA entry-level professional competencies will be tracked throughout the music therapy program. Specific areas of progress and achievement documented included:

- Academic courses related to music foundations, clinical foundations and music therapy
- Academic grades related to music foundations, clinical foundations and music therapy
- Functional Musicianship
- Pre-internship clinical experiences
- Pre-internship clinical hours
- Internship clinical experiences
- Internship clinical hours
- Achievement of AMTA Professional Competencies

The MTITP is to be initiated during the student's first semester as a declared major in music therapy. Every academic year, each music therapy student will meet with the Director of Music Therapy to review, discuss and make plans towards progress and specific needs within the music therapy program. The MTITP can be reviewed in conjunction with advisement to ensure all facets of clinical training are being provided. Each music therapy student will be responsible for submitting appropriate documentation, as outlined in the UTC Music Therapy Clinical Training Program to support achievement of clinical hours and entry-level professional music therapy competencies as outlined by the American Music Therapy Association (AMTA).

THE UNIVERSITY OF TENNESSEE AT CHATTANOOGA

Music Therapy Individualized Training Plan

Student Name: _____

First Semester of Enrollment: _____ Projected Semester of Graduation: _____

Address: _____ City/State/Zip Code: _____

Phone Number: _____ Email: _____

ACADEMIC COURSE WORK:

<i>Course</i>	<i>Professional Competency</i>	<i>Semester(s) Complete</i>	<i>Final Grade</i>
MUS 1710: Musicianship I	Music Foundations		
MUS 1720: Musicianship II	Music Foundations		
MUS 1730: Aural Skills I	Music Foundations		
MUS 1740: Aural Skills II	Music Foundations		
MUS 1750: Musicianship Lab I	Music Foundations		
MUS 1760: Musicianship Lab II	Music Foundations		
MUS 2050: Fundamentals of Music Composition	Music Foundations		
MUS 2710: Musicianship III	Music Foundations		
MUS 2720: Musicianship IV	Music Foundations		
MUS 2730: Aural Skills III	Music Foundations		
MUS 2740: Aural Skills IV	Music Foundations		
MUS 2750: Musicianship Lab III	Music Foundations		
MUS 2760: Musicianship Lab IV	Music Foundations		
MUS 3030: Basic Conducting	Music Foundations		
MUS 3110: Music of the World	Music Foundations		
MUS 3150: Music History I	Music Foundations		
MUS 3160: Music History II	Music Foundations		
MUS ----: Approved Ensemble (7 hrs/semester)	Music Foundations		
MUS 2000 - : Primary Applied Study (4 semesters)	Music Foundations		
PSY 1010: Introduction to Psychology	Clinical Foundations		
PSY 2210: The Psychology of Child Development	Clinical Foundations		
PSY 2220: The Psychology of Adolescence and Adulthood	Clinical Foundations		

PSY 3080: Principles of Abnormal Psychology	Clinical Foundations		
BIOL 2060: Functional Human Anatomy	Clinical Foundations		
EDUC 2200: Survey of Exceptional Learners	Clinical Foundations		
HHP 0021: Concepts of Wellness	Clinical Foundations		
HHP 0052: Beginning Modern Dance	Clinical Foundations		
MUS 1350: Guitar Class (2 semesters)	Music Therapy		
MUS 1810: Introduction to Music Therapy	Music Therapy		
MUS 2810: Music Therapy Clinical Skills	Music Therapy		
MUS 3810: Music Therapy Principles & Foundations	Music Therapy		
MUS 3820: Music Therapy Applications	Music Therapy		
MUS 3830r: Music Therapy Practicum (Early Childhood)	Music Therapy		
MUS 3830r: Music Therapy Practicum (Older Adults)	Music Therapy		
MUS 3830r: Music Therapy Practicum (Medical)	Music Therapy		
MUS 3830r: Music Therapy Practicum (Mental Health)	Music Therapy		
MUS 4210: Psychology of Music	Music Therapy		
MUS 4820: Music Therapy Measurement & Research	Music Therapy		
MUS 4830: Music Therapy Internship	Music Therapy		

FUNCTIONAL MUSICIANSHIP:

MUS 2810: Music Therapy Clinical Skills Evaluations

Guitar, Voice

Guitar Check-Up #1

Evaluation Received: _____

Guitar Check-UP #1

Evaluation Received: _____

Percussion, Voice

Percussion Check-Up #1

Evaluation Received: _____

Percussion Check-Up #2

Evaluation Received: _____

Piano, Voice

Piano Check-Up

Evaluation Received: _____

Guitar, Voice, Percussion, Piano

Final Check-Up

Evaluation Received: _____

PRE-INTERNSHIP CLINICAL TRAINING:

Each practicum placement will total 42 hours/ semester of pre-internship clinical hours and will be completed as outlined in the clear path for music therapy students seeking a Bachelor of Music, Concentration in Music Therapy or it's equivalency from The University of Tennessee at Chattanooga.

1. PRACTICUM ONE
 Placement: _____ Population: _____
 Supervisor: _____
 Clinical Hours Earned: _____ Practicum Time Log Submitted: _____

2. PRACTICUM TWO
 Placement: _____ Population: _____
 Supervisor: _____
 Clinical Hours Earned: _____ Practicum Time Log Submitted: _____

3. PRACTICUM THREE
 Placement: _____ Population: _____
 Supervisor: _____
 Clinical Hours Earned: _____ Practicum Time Log Submitted: _____

4. PRACTICUM FOUR
 Placement: _____ Population: _____
 Supervisor: _____
 Clinical Hours Earned: _____ Practicum Time Log Submitted: _____

Music Therapy Observations (1 hour/ 50 min observation earned towards pre-internship clinical hours while enrolled in MUS 1810)

1. MUS 1810: Introduction to Music Therapy
 - a. _____ b. _____ c. _____
 - d. _____ e. _____

Community Music Engagement (5 hours/CME earned towards pre-internship clinical hours while enrolled in MUS 1810)

1. MUS 3810: Music Therapy Principles & Foundations
 - a. _____ b. _____ c. _____

2. MUS 3820: Music Therapy Applications

a. _____ b. _____ c. _____

Total Pre-Internship Clinical Hours Earned: _____

ALL MUSIC THERAPY STUDENTS SEEKING THE DEGREE, BACHELOR OF MUSIC, CONCENTRATION
IN MUSIC THERAPY OR IT'S EQUIVALENT FROM THE UNIVERSITY AT TENNESSEE AT
CHATTANOOGA ARE REQUIRED TO COMPLETE ALL ACADEMIC COURSEWORK PRIOR TO
ENROLLING IN MUS4830: MUSIC THERAPY INTERNSHIP.

INTERNSHIP CLINICAL TRAINING:

Internship Site: _____

Internship Supervisor: _____ Telephone: _____

Internship Dates: _____ AMTA Approved: _____ University-affiliated: _____

Minimum Number of Internship Hours Needed: _____ Total Number of Internship Hours Achieved: _____

Internship Agreement

Initiated by Director of Music Therapy: _____

Provided Copy to Internship Director/Supervisor: _____

Signed by Internship Director/Supervisor: _____

Date Completed: _____

Evaluation of Student Competencies

Reviewed with Student: _____

Provided Copy to Internship Director/Supervisor: _____

Date Completed: _____

ACHEIVEMENT OF AMTA PROFESSIONAL COMPETENCIES:*Pre-Internship*Practicum Experience One
Evaluation Received: _____Practicum Experience Three
Evaluation Received: _____Practicum Experience Two
Evaluation Received: _____Practicum Experience Four
Evaluation Received: _____*Internship*Internship Evaluation(s) Completed: _____ Mid-term Date Completed: _____
_____ Final Date Completed: _____

MUSIC THERPAY PROFESSIONAL AND STUDENT RESOURCES

American Music Therapy Association <https://www.musictherapy.org/>

- AMTA Standards of Education and Clinical Training
- AMTA Code of Ethics
- AMTA Professional Competencies
- AMTA National Roster Internship Sites
- AMTA Membership Resources
- AMTA National Conference

Southeastern Region – American Music Therapy Association <https://www.ser-conference.org/>

- SER-AMTA Membership
- SER- AMTA Regional Conference

Certification Board for Music Therapists <https://cbmt.org/>

- CBMT Board Certification Domains
- CBMT Examinations
- CBMT Recertification

Appendix G

**STANDARDS FOR EDUCATION
AND CLINICAL TRAINING**



2023

Approved Programs

2021/2025

Alternate Route Training

***See Implementation Plan**

Appendix H

Academic ranking of higher education institutions of Ukraine that train specialists in the specialty “Therapy and rehabilitation”

[«Топ-200 Україна 2024»](#)

Ranking 2024	HEIs	Σ index
1	Національний технічний університет України «Київський політехнічний інститут імені Ігоря Сікорського»	4,66
5	Сумський державний університет	5,98
6	Львівський національний університет імені Івана Франка	7,43
7	Національний університет біоресурсів і природокористування України	11,12
12	Чернівецький національний університет імені Юрія Федьковича	14,78
15	Національний медичний університет імені О.О. Богомольця	18,01
16	Дніпровський національний університет імені Олеся Гончара	18,46
17	Прикарпатський національний університет імені Василя Стефаника	18,65
18	Ужгородський національний університет	18,91
19	Волинський національний університет імені Лесі Українки	19,55
20	Тернопільський національний медичний університет імені І.Я. Горбачевського	20,02
22	Харківський національний медичний університет	20,53
35	Запорізький національний університет	22,95
44	Національний університет водного господарства та природокористування	25,37
47	Національний фармацевтичний університет	26,173
49	Дніпровський державний медичний університет	27,7
54	Хмельницький національний університет	28,46
62	Дрогобицький державний педагогічний університет імені Івана Франка	31,13
63	Івано-Франківський національний медичний університет	31,27
68	Херсонський державний університет	31,87
70	Запорізький державний медико-фармацевтичний університет	32,54
71	Таврійський національний університет імені В.І.Вернадського	33,1
88	Український Католицький Університет	40,29
89	Львівський національний університет ветеринарної медицини та біотехнологій імені С. З. Гжицького	40,43
95	Національний Університет Фізичного Виховання І Спорту України	41,26
106	Львівський державний університет фізичної культури імені Івана Боберського	43,09
111	Кам'янець-Подільський національний університет імені Івана Огієнка	44,74
126	Вінницький державний педагогічний університет імені Михайла Коцюбинського	47,39
141	Сумський державний педагогічний університет імені А.С.Макаренка	51,92

Appendix K Appendix K-1



МІНІСТЕРСТВО ОСВІТИ І НАУКИ УКРАЇНИ

ЛЬВІВСЬКИЙ НАЦІОНАЛЬНИЙ УНІВЕРСИТЕТ ВЕТЕРИНАРНОЇ МЕДИЦИНИ ТА БІОТЕХНОЛОГІЙ імені С.З. ГЖИЦЬКОГО (ЛНУВМБ імені С.З.Гжицького)

вул. Пекарська 50, м. Львів-10, 79010, тел. 260-28-89; факс: 275-67-95
E-mail: admin@lvet.edu.ua, www.lvet.edu.ua код ЄДРПОУ 00492990

26. 06. 2024 № 812-16.03 На № _____ від _____

ДОВІДКА

про впровадження результатів дисертаційного дослідження Лі Шаньїнь з теми
«Професійна підготовка магістрів з музичної терапії в університетах США»
(спеціальність 011 Освітні, педагогічні науки)

Упродовж 2023–2024 н.р. матеріали та основні положення дисертаційного дослідження Лі Шаньїнь на тему «Професійна підготовка магістрів з музичної терапії в університетах США» пройшли апробацію та були впроваджені у роботі кафедри філософії та педагогіки факультету громадського розвитку та здоров'я Львівського національного університету ветеринарної медицини та біотехнологій імені С. З. Гжицького. Науково-педагогічні працівники мали змогу обговорити особливості розвитку вищої освіти у США, специфіку підготовки майбутніх музичних терапевтів та удосконалити змістове наповнення навчальної дисципліни «Порівняльна педагогіка» (тема 1: Порівняльна педагогіка: світова і європейська освітня інтеграція), що є обов'язковою складовою освітньо-професійної програми «Освітні, педагогічні науки» другого (магістерського) рівня вищої освіти.

Під час проведеного наукового семінару (14.05.2024 р.) аспірантка презентувала доповідь «Система професійної підготовки магістрів з музичної терапії в університетах США»; брала активну участь у науковій дискусії щодо перспектив запровадження та удосконалення програм підготовки музичних терапевтів в Україні та Китайській Народній Республіці на основі використання кращих зразків американського досвіду; надавала консультації здобувачам освіти, які навчаються за магістерською програмою «Освітні, педагогічні науки» щодо організації та проведення науково-педагогічного дослідження.

Результати апробації та впровадження матеріалів дисертаційного дослідження Лі Шаньїнь на тему «Професійна підготовка магістрів з музичної терапії в університетах США» обговорено та схвалено на засіданні кафедри філософії та педагогіки факультету громадського розвитку та здоров'я Львівського національного університету ветеринарної медицини та біотехнологій імені С. З. Гжицького (протокол № 8 від 26.06.2024 р.), рекомендовано їх подальше використання у сфері вищої освіти.

В.О.РЕКТОРА



Іван ПАРУБЧАК

Appendix K-2



МІНІСТЕРСТВО ОСВІТИ І НАУКИ УКРАЇНИ
ВІННИЦЬКИЙ ДЕРЖАВНИЙ ПЕДАГОГІЧНИЙ УНІВЕРСИТЕТ
 імені Михайла Коцюбинського

вул. Острозького, 32, м. Вінниця, 21001, Україна, тел. (0432) 616-620, факс (0432) 612-612, E-mail: info@vspu.edu.ua код ЄДРПОУ 02125094

25.06.2024 р. № 06/22

на № _____

Довідка

про впровадження результатів дисертаційного дослідження Лі Шаньїнь
 на тему «Професійна підготовка магістрів з музичної терапії в університетах
 США»
 (спеціальність 011 Освітні, педагогічні науки)

Матеріали та основні положення, викладені у дисертації Лі Шаньїнь на тему «Професійна підготовка магістрів з музичної терапії в університетах США», апробовано та впроваджено у роботу кафедри педагогіки, професійної освіти та управління освітніми закладами Вінницького державного педагогічного університету імені Михайла Коцюбинського упродовж 2023-2024 рр. Зокрема, положення, викладені на сторінках дисертаційної роботи, використано під час викладання навчальної дисципліни «Актуальні проблеми теорії та історії педагогічної науки» (тема 1: Розвиток і становлення сучасної освітньої парадигми; тема 5: Сучасні теоретичні і практичні проблеми педагогіки), що є обов'язковим компонентом освітньо-наукової програми Освітні, педагогічні науки» третього освітньо-наукового рівня вищої освіти.

Під час вебінару, аспірантка Лі Шаньїнь виступила з доповіддю «Інтеграція теоретичної та практичної складових у програмах підготовки музичних терапевтів в університетах США», під час якої ознайомила професорсько-викладацький склад та аспірантів з прогресивними ідеями та кращими зразками досвіду підготовки музичних терапевтів, специфікою змістового наповнення теоретичної та практичної складової магістерської освітньої програми, що реалізується в американських університетах.

Результати апробації матеріалів дисертації Лі Шаньїнь свідчать про високий науковий рівень виконання дослідження, теоретичне та практичне значення його результатів, що дає підстави для подальшого використання у системі вищої освіти України.

Проректор з наукової роботи



Алла КОЛОМІЄЦЬ

Appendix K-3



МІНІСТЕРСТВО ОСВІТИ І НАУКИ УКРАЇНИ
МУКАЧІВСЬКИЙ ДЕРЖАВНИЙ УНІВЕРСИТЕТ

вул. Ужгородська, 26, м. Мукачево, 89600, телефон/факс (03131) 2-11-09
 E-mail: www.msu.edu.ua, info@msu.edu.ua, код ЄДРПОУ 36246368

26.06.2024 № 1457

ДОВІДКА

**про впровадження результатів дисертаційної роботи Лі Шаньїнь на тему
 «Професійна підготовка магістрів з музичної терапії в університетах США»
 (спеціальність 011 Освітні, педагогічні науки)**

Матеріали та основні положення дисертації Лі Шаньїнь на тему «Професійна підготовка магістрів з музичної терапії в університетах США» апробовано у роботі кафедри педагогіки дошкільної, початкової освіти та освітнього менеджменту Мукачівського державного університету впродовж 2023-2024 рр. Матеріали дисертаційної роботи, її основні положення та висновки використано з метою удосконалення освітнього компоненту «Теоретико-концептуальні основи професійної освіти» освітньо-наукової програми «Професійна освіта (за спеціалізаціями)» третього освітньо-наукового рівня вищої освіти та освітнього компоненту «Спецсеминар: Актуальні проблеми сучасної педагогічної освіти» (тема 6: Сучасні напрями досліджень та досягнення в галузі освіти дорослих та післядипломної освіти), ОНП «Освітні, педагогічні науки», третього освітньо-наукового рівня вищої освіти, що є обов'язковими компонентами.

Аспірантка Лі Шаньїнь виступила з презентацією під час наукового вебінару на тему «Зміст професійної підготовки музичних терапевтів», що дало змогу науково-педагогічним працівникам, аспірантам та магістрантам ознайомитися з особливостями побудови освітньо-професійної програми другого (магістерського) рівня вищої освіти, змістовим наповненням навчальних дисциплін, що продиктовано вимогами ринку праці США. Аспірантка надавала консультації магістрантам та аспірантам щодо організації та проведення наукового дослідження у галузі педагогічної компаративістики.

Результати апробації матеріалів дисертаційної роботи Лі Шаньїнь засвідчують її актуальність та доцільність, а також підтверджують високий рівень теоретичної та практичної підготовки здобувачки. Усе зазначене слугує підставою для подальшого використання отриманих результатів з метою вивчення продуктивного американського досвіду та його використання у роботі системи вищої освіти України.

Результати апробації та впровадження матеріалів дисертаційної роботи обговорено та схвалено на засіданні кафедри педагогіки дошкільної, початкової освіти та освітнього менеджменту Мукачівського державного університету (протокол № 21 від 20.06.2024 р.).

Перший проректор Мукачівського державного університету, д-р екон. наук, проф.



Володимир ГОБЛИК

Appendix K-4



0003025

УКРАЇНА

МІНІСТЕРСТВО ОСВІТИ І НАУКИ УКРАЇНИ
 НАЦІОНАЛЬНИЙ УНІВЕРСИТЕТ «ЛЬВІВСЬКА ПОЛІТЕХНІКА»

вул. С. Бандери, 12, Львів, 79013, тел. (380-32) 237-49-93, 258-21-11, факс: (380-32) 258-26-80
 ел. пошта: office@lpnu.ua, інтернет: www.lpnu.ua

22.08.2024 № 67-01-1420

на № _____

Довідка

про впровадження результатів дисертаційного дослідження Лі Шаньїнь на тему «Професійна підготовка магістрів з музичної терапії в університетах США» (спеціальність 011 Освітні, педагогічні науки)

Упродовж 2023-2024 н.р. основні положення та матеріали дисертації Лі Шаньїнь пройшли апробацію та впровадження у роботі кафедри теоретичної та практичної психології Навчально-наукового інституту права, психології та інноваційної освіти Національного університету «Львівська політехніка», зокрема у процесі викладання такого обов'язкового компоненту освітньо-професійної програми «Психологія» другого (магістерського) рівня вищої освіти, як «Психологічне консультування з основами психотерапії». Основні теоретичні положення про особливості застосування музичної терапії, специфіку професійної підготовки музичних терапевтів у США використані викладачами у процесі удосконалення лекційного матеріалу (теми: «Теоретичні основи арт-терапії», «Напрями та види арт-терапії»).

Аспірантка брала участь у наукових вебінарах кафедри теоретичної та практичної психології, під час яких виступила з презентаціями на тему «Вимоги ринку праці до професійної підготовки музичних терапевтів у США», «Теоретико-методологічні засади професійної підготовки магістрів з музичної терапії», ознайомила науково-педагогічних працівників й аспірантів кафедри з основними результатами дисертаційного дослідження, надавала консультації щодо можливостей впровадження американського досвіду в умовах вищої освіти України.

Все це дає підстави для позитивної оцінки дисертаційного дослідження Лі Шаньїнь, що має важливе значення для удосконалення професійної підготовки майбутніх психологів, а також розробки науково-методологічних та науково-методичних основ програми підготовки музичних терапевтів в Україні.

Результати апробації та впровадження матеріалів дисертаційного дослідження Лі Шаньїнь на тему «Професійна підготовка магістрів з музичної терапії в університетах США» обговорено та схвалено на засіданні кафедри теоретичної та практичної психології Навчально-наукового інституту права, психології та інноваційної освіти Національного університету «Львівська політехніка» (протокол № 17 від 27.06.2024 р.), а також рекомендовано для подальшого практичного використання.

Проректор
 з науково-педагогічних робіт



Олег ДАВИДЧАК

Appendix L

The list of author's publications

Publications in which the main scientific results of the thesis are published

Articles in scientific editions included on the date of publication in the list of professional scientific editions of Ukraine

1. Li, Sh. (2023a). The competency-based approach as a methodological basis of the professional training of Music therapists. *Педагогічні науки: теорія, історія, інноваційні технології*, 10(134), 347-354.
2. Лі, Ш., & Муқан, Н. (2024). Теоретичні основи професійної підготовки магістрів з музичної терапії у США. *Порівняльна професійна педагогіка*, 14(1), 41-48. (the author's contribution – the justification of theoretical foundations of training masters in Music Therapy).
3. Li, Sh. (2024c). Professional activity and professional requirements for music therapists in American society. *Академічні візії*, 33. Retrieved from: <https://academy-vision.org/index.php/av/article/view/1251>
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Publications, which certify the approval of the thesis materials

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8. Li, Sh. (2024d). The skills of music therapist. *Професійний розвиток педагога в умовах інтеграції до європейського освітнього простору: міжнародна академічна та професійна / професійно – педагогічна мобільність: матеріали III Міжнародної науково-практичної конференції (Національний університет «Львівська політехніка»)*. (м. Львів, 27.09.2024); за ред. Т. М. Горохівської, Ю. М. Козловського, О. М. Ієвлева, М. Ф. Криштановича, Н. М. Муқан, Л. В. Дольнікова, О. Якимець; за заг. ред. О. М. Ієвлева. (с. 53-55). Львів: Національний університет «Львівська політехніка».

Information on the approval of the results of the thesis research

1. Професійний розвиток педагога в умовах інтеграції до європейського освітнього простору: міжнародна академічна та професійна / професійно – педагогічна мобільність: матеріали II Міжнародна науково-практична конференція (м. Львів, 21.09.2023). Presentation: The specificity of pedagogical research organization.
2. *Актуальні проблеми професійної педагогіки та освіти: досвід, новації, перспективи: Міжнародна науково-практична конференція* (м. Львів, 25.04.2024). Presentation: The use of activity-based approach in music therapists' professional training.

3. Актуальні проблеми та перспективи технологічної і професійної освіти: VIII Всеукраїнська науково-практична інтернет-конференція. Presentation: The activity-based approach as methodological approach in Music therapists' training.
4. Професійний розвиток педагога в умовах інтеграції до європейського освітнього простору: міжнародна академічна та професійна / професійно – педагогічна мобільність: III Міжнародна науково-практична конференція. (м. Львів, 27.09.2024). Presentation: The skills of music therapist.