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Practice of Institutional Music Therapy : A Study of Off-Task
Behavior of Chronic Schizophrenic Adults**

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THE IMPACT OF ENHANCED MUSIC EDUCATION INSTRUCTION ON
THE PRACTICE OF INSTITUTIONAL MUSIC THERAPY: A STUDY OF
OFF-TASK BEHAVIOR OF CHRONIC SCHIZOPHRENIC ADULTS

CYNTHIA J. RIVERS

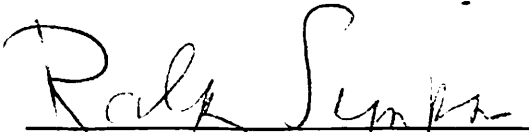
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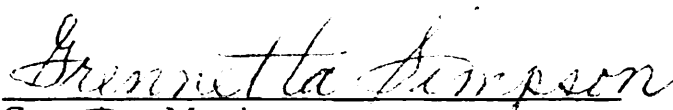
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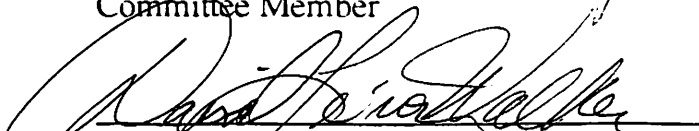
To the Graduate School:

We are submitting a Master's Thesis written by Cynthia J. Rivers entitled "The Impact of Enhanced Music Education Instruction on the Practice of Institutional Music Therapy: A Study of Off-Task Behavior of Chronic Schizophrenic Adults." We recommend that it be accepted in partial fulfillment of the requirements for the degree, Master of Science in Music Education.


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THE IMPACT OF ENHANCED MUSIC EDUCATION INSTRUCTION ON THE
PRACTICE OF INSTITUTIONAL MUSIC THERAPY: A STUDY OF OFF-TASK
BEHAVIOR OF CHRONIC SCHIZOPHRENIC ADULTS

A Thesis

Submitted to the Graduate School
of
Tennessee State University

In
Partial Fulfillment of the Requirements

for the Degree of
Master of Science

Graduate Research Series No. 2812

Cynthia J. Rivers

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DEDICATION

This dedication is a proclamation of my sincere gratitude to my family, bonded by deeply rooted expressions of Christian love which have sustained me throughout this project and my entire life.

To the memory of my dear parents, the late Clarence and Katherine Rivers, who instilled in me the highest, most spiritual and ethical values, I dedicate this thesis.

To the memory of my beloved sister, the late Mrs. Jurah Watkins, and her loving husband, Joseph N. Watkins, who served as my surrogate parents, supporting me spiritually and financially as I pursued various educational and career endeavors, I dedicate this thesis.

To my sister, Queen E. Sims, who has always been there for me, making numerous personal sacrifices for the well being of me and my children, I dedicate this thesis.

To my children, Amelia K. Turner and Howard Turner III, who provided primary motivation for the completion of this project, I dedicate this thesis.

To my sister and best friend, Ms. Thyckla Gray, who contributed to the successful completion of this study and document with admirable virtue, contagious enthusiasm and tireless effort, and whose strength and fortitude has undergirded and inspired me toward the continued pursuit of excellence, I dedicate this thesis.

To God Be The Glory For The Things He Has Done!

ACKNOWLEDGMENTS

The seed for this study was initially planted during my undergraduate study of Music Therapy at Michigan State University under the efficient supervision of Mr. Robert Unkefer (1965-68). It was further nurtured as I completed extensive work toward a masters in Music Therapy at Texas Woman's University under the skillful directorship of Dr. Don Michel. Yet, the final realization of this project would not have been possible had it not been for the ongoing efforts, support and instruction provided by my family, friends, and the Tennessee State University faculty. My children, Howard and Amelia Turner, are deeply loved and appreciated for the mature manner in which they adjusted to their mother's change of priorities. Dr. David Walker, advisor to the project, provided exceptional criteria and standards for the completion of this project. Others who instructed me as a graduate student, Dr. Ralph Simpson, Dr. Grennetta Simpson, Dr. Franklin Jones, Dr. Charles D. Dickens, and Dr. Edward Cullum, all influenced the content of this work. To the patients and staff at Middle Tennessee Mental Health Institute, where the experimental study was conducted, your willing participation was essential and I am grateful for your contribution. A special thanks is extended to Professor Benjamin Kirk for technical assistance. Finally, I am most appreciative of Ms. Thyckla Gray for typing, technical and editorial assistance.

ABSTRACT

It is hypothesized that music therapy sessions which make use of an educational approach to therapy in conjunction with traditional therapeutic activities will result in less off-task behavior than is apparent when little or no consistent educational activities are used. The purpose of this study was to assess the potential effects of basic music instruction on the off-task behavior of chronic schizophrenic adults in institutional music therapy sessions. In so doing, theories and practices from the disciplines of psychology, music therapy, and music education were reviewed and integrated in a scientific manner to highlight cause and effect relationships that exist between specific techniques and the resultant behavior observed.

Approximately nine chronic schizophrenic patients served as subjects for this study. Within the treatment setting to be used, they were grouped into three treatment groups based on mental functioning levels. Level I subjects were largely non-verbal with extremely short attention spans. Level II subjects verbalized more freely but evidenced confused speech and variable attention spans. Level III subjects attended well to task, and communication patterns were generally intelligible with only occasional confused ideations evident. During the research process a psycho educational competency based curriculum for older institutionalized adults was developed. Daily lesson treatment plans that can be adapted to all functioning levels were developed. The overall intent of the study was to document effective music education strategies that can be used to motivate participants to make maximum use of untapped potential which could enrich their lives.

Documentation of results was gathered from a combination of daily behavioral observation notes, audio tapes and six sample video recorded sessions - one each week for a six week period.

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CHAPTER I

INTRODUCTION

Statement Of Purpose

This study assessed the potential effects of basic musical instruction on the off-task behavior of chronic schizophrenic adults in institutional music therapy sessions. To do so, theories and practices from the disciplines of psychology, music therapy and music education were reviewed and integrated in a scientific manner so as to highlight cause and effect relationships that exist between specific techniques and the resultant behavior observed.

During the research process a psycho-educational competency based curriculum for older institutionalized adults was developed. Daily lesson treatment plans that can be adapted to all functioning levels will be the tangible results. The overall intent of the study was to document effective music education strategies that can be used to motivate participants to make maximum use of untapped potential which could enrich their lives.

Statement Of The Problem

Within the patient population of the Middle Tennessee Mental Health Institute located in Nashville, Tennessee, are chronically institutionalized schizophrenic adults. They typify a unique population with which society is still struggling in search of curative strategies and methodologies for their psychopathic disturbances. Schizophrenia is commonly defined by Webster as any of a group of psychotic reactions characterized by withdrawal from reality with highly variable accompanying affective behavioral and intellectual disturbances.

According to White (1964) some of the common features of the schizophrenic personality include the presence of delusions, hallucinations, communication impairment, disturbed relationships with people, withdrawal from social participation, disorganized thoughts, physical and verbal hostility, compulsivity, hyperactivity, manic behavior and severe depression. Common behavioral indicators of these symptoms are unrelated verbalizations, yelling, pacing, tremors, talking loudly, fighting or conflict with others, and isolation from groups. For purposes of this study, these target behaviors will be referred to as off-task behaviors. This complexity of symptoms and behaviors has given rise to a variety of diagnoses or classes of schizophrenia which are discussed in detail by White.

Just as there are many complexions of schizophrenia, the literature reflects numerous theories and great disagreement among scholars as to the relative significances of genetic, chemical, psychological, interpersonal, social, educational and/or general environmental factors that impact on this major disturbance. Several schools of psychology have resulted from this controversy all claiming to make a unique contribution to the understanding of schizophrenic pathology and remediation, and to relationships that exist which could negatively affect chronic schizophrenic behaviors. Even with the emergence of the varied schools of psychology, schizophrenia remains a serious problem to society.

According to Butts and associates (1958) educational processes are key to the life and survival of man. Able and associates (1984) advocate that learning should be a life long process as it motivates one to retain their quest for life. A survey conducted by Hylton (1984) revealed that historically, few institutions for the elderly take an educational approach to treatment and services. He found that typically a recreational diversionary focus is observed in programming which results in less treatment energy being expended as chronic schizophrenia has a poor prognosis for recovery .

As this study attempted to validate the potential effects of music education processes on schizophrenic behaviors in older adults, influential schools and principles of psychology

which have traditionally dictated the therapeutic regime for this population were reviewed and related to significant music therapy and music education practices. Here the intent was to clearly assess key therapeutic educational variables (Psycho-educational variables) and relationships that, potentially, can significantly impact the off-task behavior of the chronic adult schizophrenic.

Research Questions

1. Does an educational approach to music therapy (with chronic schizophrenic adults) result in less off-task behavior being displayed than the typical diversionary use of music with a recreational therapeutic focus?
2. Is the amount of off-task behavior displayed affected by the nature of specific educational techniques or methodologies employed?
3. Is the amount of off-task behavior displayed, under specific music education experimental conditions, affected by the specific diagnostic, behavioral and descriptive attributes of the subjects?
4. Is there a particular psycho-educational format that results in the least amount of off-task behavior in the majority of subjects?

Statement Of Hypothesis

To determine the potential effects of specific music education strategies on the off-task behavior of chronic schizophrenic adults, the following null hypotheses were tested:

1. There will be no significant differences in the observed off-task behavior of chronic adult schizophrenics when an intensive music education approach is used as compared with a purely recreational or diversionary music therapy approach.

2. There will be no difference in the off-task behavior observed in any given subject when one music education activity is used as compared to another.
3. There will be no significant difference in the frequency of off-task behavior observed under set music conditions when subjects of one diagnostic category are compared to another.

Definition of Terms

For purposes of this research, the following terms are defined as used in this study.

1. Off-task behavior is any behavior that interferes with the completion of the educational activity or task.
2. Psycho-educational curriculum refers to the experimental educational methodology that has been derived from the integration of psychological, therapeutic and educational principles of the literature and utilized in this study.
3. Process refers to groups of techniques used to address a particular symptom, behavior, or its cause. In this study seven major psycho-educational processes were identified under which all other therapeutic and educational processes were summarized. The terms “techniques” and “strategies” refer to more specific therapeutic and educational processes.

CHAPTER II

LITERATURE REVIEW

Psychological Theories and Practices

Raymond Corsini presents summary discussions of thirteen significant schools of psychology in his text *Current Psycho-Therapies*. A review of these schools has yielded an exciting array of principles and techniques, many of which evidence educational nuances and philosophies that are geared toward the accomplishment of the traditional goals of education.

The organized treatment of schizophrenics began with Sigmund Freud, the founder of psychoanalytic theory, who insisted that schizophrenia results from fixations alone on the universal stages of development through which everyone passes: oral, anal, or phallic. Freud claims that in the course of growth, if a particularly serious crisis is experienced at a particular stage, the victim may develop a fixation on that stage and the emotions and feelings attached to the crisis. The result is pent up emotion manifested as trauma (White, 1964). Advocates of Freudian psychotherapy assert that long term treatment is necessary in which the therapist seeks to bring unconscious suppressed emotions to conscious level through sophisticated interactional dialogue that only a trained psychoanalytic therapist can effectively facilitate. The ultimate goal of psychoanalysis is to free the subject of traumatic emotions, and construct a stable personality and mature character (Rosen, 1953). This reconstructive process is similar to the educational philosophy of idealism (Able and associates, 1984) and the psychoanalytic process as presented by Rosen, White, and Corsini. It involves a rethinking of latent or subconscious ideas so as to imbue a more realistic spirit and perception of life. Idealists assert that all truth emerges from conceived ideas (Able, 1984) and that the process of knowing involves bringing these ideas forward into consciousness (Gatik, 1988).

Closely related to this school is Adlerian Psychotherapy originated by Carl Adler. In Corsini's text, Harold Mosak described the Adlerian view of disturbed behavior as a result of a self defeating lifestyle of man that has resulted from inferior feelings. Adlerians claim that psychopaths are discouraged rather than sick. Thus, therapy requires (1) establishing and maintaining good relationships; (2) uncovering the dynamics of the patient - his life style, his goals, and how they offer movement to his life; and (3) interpretation culminating in insights and orientation. Patients are encouraged to activate their social interests to develop a new life style through relationships, analysis, and action methodology.

Analytical psychotherapy-like education advocates continuous nurturing and teaching of children until they achieve a new life style. Corsini (1979) includes Yoran Kaufmann's description of analytical psychotherapy as another viable treatment model. Similar to psychoanalytic theory, here, emotional problems are viewed as resulting from unconscious repressed matter. However, well springs of creativity and sources of guidance and meaningfulness are also in the subconscious (Corsini, 1979). The intent of therapy, then, is to attempt to create a dialectical relationship between consciousness and unconsciousness so that the positive attributes which are suppressed can be raised to the conscious level and used by clients to rid themselves of negative thoughts and behaviors.

This concept embraces the educational concept of tapping the creative suppressed positive attributes of students emphasized by educational leaders in all spheres (Able, 1984).

The person-centered approach of Carl Rogers concentrates on developing the growth potential of individuals. The preferred approach is for the therapist to develop a caring and deeply sensitive non-judgmental understanding of the client so that the client becomes self actualized (Corsini, 1979). According to Able (1984), the entire educational process is geared toward developing competencies in individuals so that they can achieve their potential and be positive contributing members of a group or society.

John Mann claims that the Human Potential therapeutic approach is geared to releasing potential of people, as humans only use a small portion of their ability in life (Corsini, 1979). Relative to this school are educational scholars who see the development of one's potential as the summary thrust of education. (Choksy, Abramson, Gillespie and Woods 1986).

William Glasser and Loen Zunin explained that reality theories seek to help persons arrive at a point where they are personally responsible for themselves and all of their actions (Corsini, 1979). This requires that one finds or develops a unique identity - those qualities of self that distinguish one man from the other behaviorally.

One of the most popular schools of psychology recognized as viable by most educators is behaviorism. Chambliss and Goldstien in Corsini's text attribute problematic behaviors (affective, cognitive, or neurotic) to the learning of ineffective or maladaptive behaviors. This is truly an educational theory of psychology, as the focus of behavioral therapy is on reconditioning clients to assume more effective positive behaviors in problematic and non-problematic life situations. From birth children are taught right from wrong and the basic daily living skills through the use of behavioral principles. They are placed in situations and positively reinforced for good appropriate responses and negatively reinforced for negative behaviors.

With Gestalt there comes an emphasis on the awareness level of the patient. James Simkins presented the Gestalt therapy approach founded by Frederick S. Perls as a process that encourages clients to focus on the here and now. The Gestalt contention is that maladaptive behaviors result from negative life experiences in which persons are taught that they are inherently bad, selfish or unfair and that one introjects attitudes toward self that tend to affect one's lack of self-acceptance and reinforces one's basic self-distrust. The overriding theme of Gestalt therapy is a quest for authenticity that results from realistic

expectations of here and now experiences. Ideally the client becomes motivated to develop new ideas about self through the awareness process (Corsini, 1979).

Corsini includes in his text a discussion on reality therapy as presented by William Glasser and Leonard M. Zunis. In this school, emotional problems and behaviors are focused on with emphasis being placed on facing reality. These scholars assert that poor reality contact over extended periods of time can result in a distorted image of the real - which could cause one to be in disharmony with the average person. Thus, reality therapist guides individuals to a point where they can see themselves and the world around them more realistically. The preferred therapeutic method is dialogue aimed at helping the individual achieve a (1) realistic self image, (2) personal responsibility for self, and (3) knowledge of problems that need to be corrected. It is based on the premise that there is a single basic psychological need that all people possess from birth to death and that is the need for a separate unique identity - I am different from all the others. Once an individual has found a unique role in life and can function in a comfortable way the ultimate goal of reality therapy has been reached (Corsini, 1979).

Eugene Gendlin discusses the experimental philosophy of psycho-therapy in Corsini's text. Sensory awareness as it determines one's perception of the self is the primary focus of the school. Gendlin advocates that if one senses a troubled state of body or mind then their body or mind are usually troubled. Their entire past contributes to the sense of well being that an individual possesses. Thus, experimental therapy seeks to develop a positive sense of well being by evoking a felt sense of concreteness which reveals the complexities and difficulties of an individual lifestyle.

In therapy, individuals are guided through four basic therapeutic processes: (1) the ability to sense ones total state of well being - the experimental felt sense, (2) the development of the ability to differentiate senses, states and feelings, (3) the ability to carry forward or move out of a negatively sensed state, and (4) the ability to interact with one's

environment so as to keep experiencing and moving toward a complete sense of well being (Corsini, 1979).

One of the most popular approaches to psychotherapy is transactional analysis (T.A.). Originated by Dr. Eric Berne in 1950, T.A. is discussed in Corsini by John and Katherin Dusay. Here emotional disturbances are viewed as a result of overly critical parental or authority figures. The T.A. philosophy is structured on the premise that there exist three ego states -- parent, adult, and child -- and that all actions and reactions in life occur in one of those states. Thus, people are thought to develop positive or negative life scripts or expectancies based on the amount and intensity of positive and negative strokes experienced in the games of life. Transactional analysis seeks to redirect one's actions to the appropriate ego state through appropriate structuring and the development of a positive life script.

Psychodrama another unique approach to therapy was developed by J. L. Moreno and presented by Loen J. Fine in the Corsini summary text. The therapeutic focus of psychodrama is on reclaiming one's innate ability to meet each moment in a fresh optimally adaptive way, or to be spontaneous. The therapeutic intent is upon developing new perceptions of how to handle problems. This is achieved through the involvement of clients in dramatic interactions, sociometric measurements and group dynamics. The client is involved in the enactment of roles which help to facilitate changes in the individual and groups through the development of new perceptions and behaviors. It is also felt that psychodrama helps to reorganize old cognitive patterns (Corsini, 1979).

Another interactive approach that preceeds psychodrama and shares the interactional approach to therapy is the theory of Family Therapy as presented by Vincent Foley. The unique contribution of this approach is the insistence on treating the entire family as a whole in an attempt to modify the relationships in a family to achieve harmony. A family is

perceived as a system created by interlocking triangles, maintained or changed by mean of feedback.

Influential schools of psychology which currently constitute the nucleus of psychiatric treatment processes in most psychiatric settings have been presented in this discussion. The schools or treatment psychology used in a particular setting tends to be determined by the training and orientation of clinicians delivering services and the philosophy of the treating institution. Most prevalent is a tendency toward the human potential or eclectic philosophy of treatment as both imply that there is no one methodology that can be effective with all recipients. It is apparent that a variety of schools, philosophies or techniques may need to be called into play to address the wide variance of personalities diagnoses and syndromes apparent in various psychiatric settings. This divergence of treatment conditions requires that an array of technology be utilized to exhaust every avenue for raising the level of functioning apparent in emotionally disturbed recipients. Thus, it may very well be that all schools of psychology have a role to play in the treatment of the various complexions of schizophrenia. The curative processes advocated by the numerous schools are significantly relevant to the focus of this current study as an attempt is made to identify music education processes which can augment established therapeutic practices with chronic schizophrenic adults.

Hadsell (1974) took an extensive look at various theories on the origin of schizophrenia and cited the following view points and studies:

1. Early psychological trauma and deprivation can be important factors with origins of schizophrenia (Hadsell, 1974)
2. Family and twin studies have shown a significant number of schizophrenic cases which offer strong support for advocates of genetic influences, however, environmental factors are difficult to control in such studies. (Book, 1960)

3. Schizophrenia can develop in families over a period of three generations if there exists a pattern of emotional immaturity. With early over-dependence on the mother in the second generation, children in the third generation could exhibit greater immaturity and an inability to deal effectively with the demands of living in a complex society (Bowen 1960).
4. Faris (1963) declares that social isolation can be a primary determination.
5. Coleman (1972) states a similar view to Freund's by proclaiming psychological trauma and deprivation in the early developmental stages as a primary factor.
6. Clausen and Kohn (1960) implied that there exist certain correlations between reported number of cases of schizophrenia and the social classes. But here again, variables exist which have not been controlled.

Educational Introduction

The chart below offers a summary of the philosophical positions, causal and curative processes advanced by the psychological schools just discussed. In contrast, at this point, attention will be given to educational developments that have contributed most significantly to the process of music education especially as it is commonly practiced with special populations such as the emotionally disturbed.

SUMMARY CHART OF PSYCHOLOGICAL SCHOOLS

<i>School of Thought</i>	<i>Causes</i>	<i>Cures</i>	<i>Related Educational Philosophy</i>
Psychoanalysis (Sigmund Freud/ Jacob Aston)	Trauma, Pent-up emotion	Long term dialogue; bring unconscious to conscious	Idealism to Realism
Adlerian (Harold Mesak)	Poor self image; self defeating life style	Socialization; new life style	Pragmatism
Psychoanalytic (Yorem Kaufmann)	Repressed Potential	Dialogue; reasoning	Idealism

<i>School of Thought</i>	<i>Causes</i>	<i>Cures</i>	<i>Related Educational Philosophy</i>
Person Centered (Carl Rogers/ Billy Mendor)	Suppressed potential	Self actualization, experiencing self- discovery potential	Naturalism
Rational Emotive (Albert Ellis)	Trauma	Reasoning; behavioral conditioning	Idealism/ Pragmatism
Behavioralist (Dionne Chambliss)	Learned maladaptive behaviors	Conditioning learned new behaviors	Pragmatism
Gestalt (James Simkins, Fredrick Perls)	Learned behavior; critical parent	Concentration on the here and now; quest for authenticity - true identity	Realism
Reality Therapy (William Glasser and Leonard Zunin)	Distortion of real life	Dialogue toward realistic image; personal responsibility; identify problem, then correct	Realism
Experiential (Eugene Gendlin)	Sensory awareness of troubled state of mind and body	Develop positive sense of well being	Realism
Tractional Analysis	Overly critical parent, acting out sick life script	Develop appropriate action for appropriate conditions. Stroke appropriately	Pragmatism
Psychodrama L. Moreno, Leon J. Fine)	Acting our sick life scripts	Developing positive life scripts	Pragmatism
Family Therapy (Vincent Foley)	Poor family interactions	Redirected group family dialogue	Pragmatism
Human Potential (John Mann)	Unrealized Potential	Release potential	Naturalism, eclecticism

Phythogoras, an ancient scientist and philosopher, viewed music as a "microcosm" - a system of sound and rhythm ruled by the same mathematical laws that operate in the visible and invisible creation. The Greek doctrine of ethos, defined as the moral qualities

and effects of music, was considered to be a force that affected everything that existed (Able, 1984). From the doctrine of ethos emerged therapeutic uses of music and the discipline of music therapy which will constitute the final primary literary focus in this writing. Music therapy generally focuses on the utilitarian values of music (Michel, 1985; Gaston, 1968), many of which are innate to music education. Yet, the primary focus of music education processes is on the accurate facilitation of knowledge, performance skills and an appreciation of music's many historical and theoretical constructs as they interact to produce each unique form and style of music. As evident in the field of psychology, there exist countless numbers of educational and philosophical approaches and models, all claiming to make unique contributions to the field of music education. Extensive research has been conducted in search of effective music educative processes for special students. Most of this research was conducted with children but findings are, in most cases, applicable to the adult populations targeted in this current study.

The general intent of this educative process literature review is to evaluate the therapeutic potential of basic music education practices utilizing the psychological process summary beginning on page 11 as an analytical guide for comparative analysis.

General Educational Theories And Practices

Piaget's theory founded upon extensive research has identified four theoretical stages of development through which all children pass. They are: (1) the sensorimotor stage from birth to two years, (2) the pre-operational -- age two to seven, (3) the concrete operational thought period -- age seven to eleven, and (4) the formal operational thought period -- ages eleven to sixteen. Piagetians claim that children move through these stages in a precise order, not at a precise or synchronized time (Able, 1984).

Capsuled in this developmental format is a hierarchy of skills used by educators the world over to further develop and select appropriate teaching materials for students. Other

psychologists and educators have developed similar models, most of which are not in conflict with Piaget's theory, but in some cases, present a more flexible or extensive developmental regime.

Havighurst, for example, in a text on developmental task and education offers a six stage model which goes beyond the four youthful stages of the Piagetian model to include middle aged and older adults. He enumerates the stages in the following layman's terminology: (1) infancy and early childhood, (2) middle childhood, (3) adolescence, (4) early adulthood, (5) middle age, and (6) later maturity. Havighurst's attention to adult developmental stages is particularly pertinent to the adult target group for this study. He places emphasis on teaching skills at the teachable moment or the period during which an individual is physically, mentally, and emotionally ready to learn a particular skill. Often life skills may not be mastered until one has reached some stage of adulthood (Havighurst, 1972, and Sheehy, 1984).

Gail Sheehy developed a brilliant road map for adulthood as expounded upon in her text *Passages*. She claims that men and women continue growing up from 18 to 50 years of age and that there are predictable crises at each stage. Sheehy shows that there is a pattern to life past childhood which she discusses as adult developmental stages. She presented a concept of adulthood that embraces the total life cycle. It questions primitive assumptions that life after adolescence is one long plateau as could be implied by the four concrete stages of development outlined by Piaget's theory. Sheehy further asserts that changes are not only possible and predictable but the denial of such changes makes one an accomplice to one's own unnecessary vegetation. This author sees the adult developmental process as similar to childhood in that each step presents not only a new task of development, but also requires a letting go of the techniques that worked in the past.

A critical concept to Sheehy's theory is the assumption that life crisis and changes are predictable and provide growth opportunities for adults who are willing to learn, change or grow as the crisis or passage demands.

Following a detailed discussion of case studies, techniques, and strategies for mastering each unique passage, Sheehy asserts that, "The courage to take new steps allows us to let go of each stage with its satisfactions and to find fresh responses that will release the richness of the next. The power to animate all of life's seasons is a power that resides within everyone."

General Music Education Principles

Popular systems and principles of musical instruction are continuously emerging from the research of educational scholars under normal conditions. Able (1984) contends that students should learn six fundamental things in music classes: (1) the syntax of music, (2) the patterns of music, (3) knowledge of where the composition fits in the world of music, (4) knowledge of music processes and how sound is organized, (5) skills in performing, (6) skills in listening. Able cites Joseph Naif's presentation of the following concrete principles of the Pestalozzian system of teaching music:

Teach sound before signs.

Lead students to observe by hearing and imitation of sounds.

Teach one thing at a time - rhythm, melody, and expression.

Emphasize practice of each specific step taught.

Teach principles and theory after practice.

Emphasize analysis and practice the elements of articulate sound in order to apply

Practice identifying names of notes that correspond to those used in instrumental music

Blooms' taxonomy asserts that there is a concrete order in which all skills should be taught and that effective teaching only occurs when skills are taught based on the readiness

of the student. The taxonomies provide teachers with stepwise guides for developing lesson plans at all levels (Able, 1984).

According to Zimmerman, as cited by Able (1984), students seem to develop the ability to form musical concepts about volume first, and then in this order - timbre, tempo, duration, pitch, and harmony. These findings have direct implications for sequencing of presentations of musical concepts.

The efforts of these pioneers have led to the development of comprehensive model curriculums which have received world-wide prominence for their masterful inclusion of effective teaching strategies. Bosthkoff (1991), in her discussion of music lesson planning the Kodaly way, states that Kodaly and Orff along with other educational innovators of the day believe that learning must begin with the familiar and gradually move toward the abstract. In the Kodaly way, sequencing the teaching of concepts and skills is accomplished by using three important strategies: preparation, presentation, and practice.

Orff developed a series of instruments geared toward the production of a multisensory approach to teaching. Orff claims that through multisensory impulses, it is possible to assess the strengths and weakness of one's musical sense and knowledge (Orff, 1980). Kodaly, and Orff systems incorporate experiences through song, speech, movement, drama, and instruments geared toward enacting the entire musical being. Kodaly's philosophy of education proclaims that every human being has the right to be musically literate and that this literacy is best accomplished by beginning with the voices and the musical language with which the student is most familiar (Boshkoff, 1991).

Following years of research, concrete curriculums have been designed which provide preconstructed plans with all exercises provided based on the recommended sequencing and readiness of the students, and tried and tested principles of instruction such as the MacMillian curriculum, music teaching materials for K through 8th grade. All materials in this system are organized around a scheme which requires that the student experiences the

music first, then labels or identifies what they have experienced, practices the new concept, creates something similar, evaluates their performance, and maintains through continued practice.

Jump Right, another popular curriculum (K-8) developed by Edwin R. Gordon (1986) presents a similar system which advocates alternation of tonal and rhythm sequenced lessons in a progression based on the readiness of the student. Numerous other systems exist which attempt to organize the music learning experience according to the natural developmental pattern and readiness of the student based on years of research.

Music Education With Special Populations

Considerable research has been conducted which focuses on confirmation of music's unique capability to indeed animate all of life's seasons by facilitating a smoother transition from one developmental stage to another. Many studies have demonstrated that musically encapsulated therapeutic and educational experiences may produce the desired change when popular techniques and procedures fail. This is especially true for the slow learner and emotionally disturbed populations (Unkefer, 1990; Michel, 1985; Gaston, 1968; Hudson, 1973)

Educators and clinicians agree that successful educational and treatment endeavors must begin by accurately assessing the abilities, needs, and/or functioning level of the recipient. From a thorough assessment a determination can be made as to what educational treatment approaches should be taken.

In general, assessments of chronic schizophrenics reveal that pronounced maladaptive behavioral barriers preclude the effective education of this population. The ability to concentrate on various cognitive tasks is seriously impaired by the presence of abnormal thought patterns, hallucinations and delusions. Thus, it seems logical that educational processes for emotionally disturbed students must be laced with activities,

techniques or processes which help to reduce problem behaviors that prevent the maximum exploration, use, and development of academic potential.

With the advent of psychotropic medications, severe agitation can be somewhat controlled for many patients (Rosecaferte and Burke, 1990). However, according to these scholars, many psychiatric patients still evidence extreme anxiety and agitation even when a therapeutic drug regime is being administered. The prevalence of disturbed thought processes is frequently too deeply rooted in chronically maladaptive daily living patterns to be affected by medication alone. Thus, clinicians continuously experiment with various combinations of medication and therapy in search of the most effective treatment regime for each unique person. Rosecaferte and Burke reported that the prospect of using stimulants to treat depression in the elderly is exciting, but studies to date are inconclusive. On the other hand, numerous related studies have been conducted on the effects of music on anxiety and concentration. They have pertinent implications for how music education processes should be designed and used more effectively in therapy with schizophrenics. The literature suggests that music should be used first to facilitate anxiety reduction and relaxation prior to beginning traditional basic task. Gregoire (1984) studied music as a prior condition to task performance. She examined the relationship between a passive music activity designed to facilitate concentration and relaxation, and subsequent performances of a specific classroom task matching numbers. Although her subjects were drawn from a population of trainable mentally retarded students, which are not representative of the population in this study, some aspects of her findings have valuable implications for future studies.

She found no significant difference in the task completion rate under the experimental or controlled condition, because the study was limited by its design. Three groups of subjects numbering five, five, and four were treated in self contained classrooms. Thus, the size of the sample was too small to yield generalizable results. In her discussion she

notes the following bias of the study: (1) There was a practice effect that emerged between trials that could have affected matching rates; (2) No attempt was made to assure compatibility between groups. I.Q. and other individual characteristics of subjects were not taken into account. (3) The setting allowed for task performance to be interfered with by other subjects. Gregoire did find that there was a significant increase in task performance following the music or experimental condition for three subjects. The said increase could not be attributed to the treatment because of the practice effect, having completed the same task under prior controlled (no music) conditions. Gregoire also implied that the data collection process could have been improved. Her study made use of observers who tallied disruptive behaviors, movement and hyperactivity as measures of anxiety. She offered as an alternative a metered and or timing devise that would allow the collection of the magnitude and depth of responses.

A more sophisticated study conducted by Scartelli (1984) compared the effects of EMG biofeedback and sedative music, EMG biofeedback only, and sedative music only on frontal muscle relaxation ability. The purpose of the study was to examine the effects of sedative instrumental music on EMG biofeedback relaxation training of normal adults. He found that the biofeedback/music and the music only groups experienced significant mean decreases in EMG levels. The group that received EMG biofeedback only, however, did not experience a statistically significant mean decrease. Scartelli reported that along with the EMG readings, subjective reports were given by subjects receiving the music condition. They reported that the music was calming, peaceful and sedate and that it helped them relax and maintain concentration for relaxation.

Although this study was conducted with adults, it offers a more concise design for measurement of physiological responses that are indicative of the presence or absences of anxiety. A one way analysis of variance, T test, and a second one way analysis of variances were performed and yield statistically significant differences among the three

groups listed. These findings have direct implications for older schizophrenics. It is possible that the sedative music could enhance relaxation and thereby increase ones' ability to concentrate.

Scartelli cites Gaston (1951) as stating that sedative music results in physical sedation, contemplation and rest and EMG biofeedback training is a viable and effective means of relaxation training. Although sedative music has been found to produce relaxation and concentration, Miller and Schyb (1989) found that music only enhances concentration on selective non-verbal task and that it produces some interferences with verbal task. Thus, care must be taken when pairing music with task performance to enhance concentration.

The possible effects of music on physiological responses which lead to stress and anxiety are far reaching. Rider, Floyd, and Kirkpatrick (1985) studied the effect of music, imagery, and relaxation on adrenal corticosteroids or stress hormones. The above researchers cited many studies that have concluded that emotional stress and/or depression generally elevates stress hormone levels. (Board, Persky and Hamburg, 1956; Bunney, Mason, and Hamburg 1965; Curtis 1972). They also cite studies which found that music, guided imagery and progressive muscle relaxation have independently and cumulatively yielded stress-reduction responses using EEG (Wagner, 1975), EMG (Sears, 1958) finger temperature (Kibber and Rider, 1983) and GSR Measure (Weidenfeller and Zimmy, 1962; Zimmy and Weidenfeller, 1963).

Rider and associates cited another relevant assertion of this section of our study based on the research of Majon who found that the effects of continued exposure to large amounts of this corticosteroids or stress hormones upon the immune system have been shown to have quite a detrimental effect. They set our to demonstrate that music, guided imagery and progressive muscle relaxation can affect stress hormones and they gained significant

results. An indirect link was drawn to the immune responses which results in illness and decreases productivity.

The study of music's effect on physiological processes that indicate stress is a relatively new horizon. Haner (1985) in her summary of music therapy stress reduction research proclaims that the continuing challenge is to isolate the factors responsible for any change that occurs. The nature of music is so varied and procedures and methodologies also differ to the point that it is difficult to compare two studies that supposedly address the same concern and draw any related conclusions. Thus, only through continued research will concise cause-effect relationships be established.

So far emphasis has been placed on how music can effect direct causes and manifestations of anxiety. Rarely does one find programs in hospitals or institutions which allow for such cumbersome assessment and treatment of anxiety response. Thus one of the problems that must be addressed is how to effectively integrate relaxation programming throughout the institutional day.

According to the literature, as stated before, music is effectively used in the school system as a facilitator to learning. Gregoire (1984) indicated that it is used as contingent reinforcement of desired responses, as a vehicle for teaching specific information, as a background to various dally activities and/or as a leisure time pursuit. She cites an innovative technique for teaching that was developed by Hungarian Georgé Lozanou called the Suggestive Accelerative Learning and Teaching method (S.A.L.T.). It utilizes relaxation, baroque or classical music and dramatic presentation of material by the teacher to facilitate rapid learning. S.A.L.T. sessions alternate between active and passive presentation of materials to be learned with the passive sessions incorporating music. Gregoire also reported a study by Pritchard and Taylor (1978) in which the S.A.L.T. method was used in combination with relaxation and music for remediation of math and reading skills of the learning disabled.

Although these general uses of music in the school setting are not targeted at anxiety reduction per se, based on the finding of Havighurst, Montessori and Maslow, anxiety is present whenever a person has difficulty with task performance. Thus although indirectly attributable, whenever music is used as a learning or curriculum aid it can have the secondary effect of relaxing the student and taking some of the tension out of the learning process. Davis (1990) discussed a model for integration of music within the preschool classrooms for children with physical disabilities or language delays. He states it is effectively used to assess and develop skills. The music learning experience is claimed to be more captivating for young children than traditional non-musical exercises.

The use of musical lyric analysis has also been researched as a technique for indirect stress reduction. James (1988) found that song lyric analysis activities positively influenced the participants perceived locus of control or self image. Evidence suggests that the use of lyric analysis that focuses on values clarification will help students to develop a positive healthy attitude toward themselves.

According to Crowley (1967) special subjects, children and adults require special teaching techniques. Chronic schizophrenics manifest attention spans which demanded a variety of sensory stimulation activities to maximize on task behavior. Like children their attention spans are extremely short (Unkefer, 1990).

Typical music education texts for children advocate the presentation of varied abbreviated activities to avoid boredom and build confidence of children (Crowley, 1967). This includes allowing the subjects to participate in musical activities that they enjoy. Music listening according to Crowley is a cognitive response as it requires careful attention to recall and discrimination. He further states that attention and recall are often problematical for persons with mental disabilities. Thus shorter simpler sound sequences or tasks should be initially introduced. Crowley advances four types of behavior that play

a prominent role in music education. They are (1) mental activity, (2) communication skills, (3) motor skills, and (4) social behavioral skills.

Gfeller (1988) supports this behavioral analysis and offers specific strategies including (1) selecting developmentally appropriate materials, (2) adequately modeling the desired task outcome, (3) allowing additional rehearsal time, (4) playing selections at a slower tempo, (5) selecting songs which have adequate repetition and (6) verbal and physical cues for paying attention and carefully listening.

A curriculum guide for the educable mentally handicapped (1968) reported that singing and rhythms should be included in music education for the mentally handicapped population. An examination of singing techniques as a specific influence on interactivity aesthetic behavior, found singing to be a multidimensional phenomenon; a special way of using the voice which involves its biological spiritual, emotional and aesthetic natures. As a mean behavior, singing is a form of cognition that includes a variety of intelligent interactions including analyzing and evaluating as an end behavior, the skill production of the singing voice involves the singer in several levels of musical experiences - sensuous, preceptual and imagined (1988 Cooperate Source Institution, Northwestern University)

Teske (1989) proposed that teaching strategies for emotionally disturbed should meet the following criteria: (1) must be musically appropriate for the population taught, (2) activities should encompass social implications appropriate to the musical classroom setting, (3) activities should generate success and promote both individual and group self esteem. Probst (1985) found that music instrumental instruction can be used successfully in lengthening the concentration span in slow learners.

Beal and Gilbert (1982) presented samples from music curriculum guidelines developed for moderately mentally retarded adolescents. In their curriculum, a scope and sequence chart shows how sequential needs and skill acquisition is adapted to individual needs and skill levels. It contains objectives which relate to (1) melody, (2) rhythm,

(3) harmony, 4) form, 5) expression, 6) singing, 7) tone and 8) playing instruments. Repetition was emphasized.

Groves and Groves, (1980) in their discussion of music programming for the special audiences, claim that there is a general lack of understanding of the advantages of music and where it fits into a curriculum. Isolation of musical events with little continuity from one activity to another resources and how to use them and lack of skill to execute an effective program are problems that contribute to ineffective use of music with the handicapped.

Ross (1990) developed a guide to curriculum planning in the arts and for exceptional educational needs. She includes a section which emphasizes the importance of tracking not only the arts but life skills through the arts.

Although special techniques are needed for special populations, certain music education phenomena are basic to musical instruction with any population (Able, 1984; Boshkoff, Orff, 1991). However with the severely disturbed it is most important to strike a delicate balance between educative processes and therapeutic processes if subjects are to remain motivated to participate in growth and developmental activities throughout life.

According to Able (1984) two of the numerous schools of psychology have exerted a major influence on learning theories and practices. He cites the behaviorist approach found in the works of B.F. Skinner and the cognitive school exemplified by the writings of Jerome Bruner as the dominant approaches in the field of education. The cognitive school according to this source seems historically related to Gestalt psychology. Both schools seem to have logical but extremely different theories of the learning process. Behaviorists consider the observable response and the observable environment to be appropriate objects of study, where as the cognitive school focuses on the analysis of the conscious experiences to determine principles governing different psychological processes such as remembering and forgetting that effect ones ability to learn.

It can be surmised that it would be difficult for a schizophrenic student who is actively delusional or hallucinating to succeed at task requiring organized thought patterns or high level cognitive skills of synthesis and analysis. Usually schizophrenia is accompanied by a poor attention span and a resultant inability to concentrate on task. Yet it may well be that the implementation of a particular music education matrix such as discussed above could serve as successful diversions to schizophrenic thought patterns and result in longer periods of concentration and more appropriate participation by the schizophrenic.

The Influence Of Music on Schizophrenic Behavior

The influence of music on the maladaptive behavior of schizophrenics is typically studied through the discipline of music therapy. It is the identified adjunctive therapy that uses music to influence the behaviors of the emotionally disturbed (Hauck, 1970). In general the processes of music therapy involve the emergence of recipients into various musical activities that seek to achieve the identified treatment goal as prescribed by a treatment team, usually led by a psychiatrist (Michel, 1985). Within psychiatric settings phenomenal results has been achieved through the use of music as therapy.

Music therapy professionals who advocate the utilitarian value of music have identified seven basic life functions of music under which all therapeutic educational experiences can be classified.

1. Music is an auditory stimulus which can be used to tap the residual hearing of hard of hearing recipients and thereby teach speech and language.
2. Music provides a structure for teaching marching, dancing and other physical skills.
3. Music can be used as a background for other educational activities including film strips, skits, plays or certain academic cognitive task.

4. Music is a carrier of academic information when lyrics are used to teach language or math concepts as with the ABC Song.
5. Music experiences can be awarded to recipients as reinforcers for other achievements.
6. Music listening experiences can be educational and pleasurable.
7. Music is used as a performance medium by playing an instrument singing or composing it.

Gaston (1968), Michel (1985), and Gregoire (1984) advocate that instructors who teach music with intent to use music in all of the above seven ways probably experience greater successes in their teaching. This structure according to Michel (1985) offers variety which serves to keep students stimulated and motivated to learn.

With the emergence of the field of music therapy in 1946, music became a formal entity of the treatment regime for the emotionally disturbed (Michel, 1985). Music therapists claim the teaching of musical principles and concepts as a valuable ingredient to the music therapy process, however the formal instruction of music is only one of several music therapy approaches.

Hudson (1973) in a discussion of music as a physiological language claims that several theoretical considerations contribute to the notion that music therapy is a useful aspect of psychotherapy with schizophrenics. This writer states that "the advantage of music in therapy is that music can communicate at the more primitive, physiologic level of rhythm and develop a rapport that may not be attainable with conventional language. Hudson sees music as being potentially capable of bridging the gap between the language of physiology and the language of consciousness.

This same phenomena was anonymously discussed by an ex-schizophrenic in-patient in the *British Journal of Music Therapy* (1977). The patient claimed that particular melodies can be used to stir emotions and evoke memories. He also asserts that other

music related activities can be used to convince patients that they have something to give and to be shared.

Several studies which exemplify how music can be used to reduce schizophrenic agitation emerged from this review. Carroccio and Latham (1976) found that rate contingent guitar lessons plus feedback was successfully used to decelerate head/face touching of a four year old male schizophrenic in a large state mental institution. Cook and Freethy (1973) presented a case study in which music was used contingently as a positive reinforcer to eliminate inappropriate complaining behavior in a 43 year old female, mildly retarded, undifferentiated schizophrenic who had been institutionalized for 20 years. Music was described by Cullinan (1973) as a potent weapon in the armamentarium of the psychiatrist. She claims it would be more widely used if psychotropic drugs were not so readily available. She notes the unique affect of music on the affectivity of several autistic schizophrenic cases in which music therapy resulted in their first acknowledgment of the outside world since the onset of their illness.

Music's affect on the quality of one's relationships has also been studied by several researchers. Brown and Seliger (1970) found that single-tone flutes could be successfully used to increase appropriate social interactional behaviors of severely regressed institutionalized schizophrenics. Performance and interaction were the combined approaches used in an unfamiliar but nonthreatening musical medium. Improvisation, another popular tool for establishing relationships, was used by Stephen Gillian (1983) to develop relatedness in adult clients. Gillian advocates that through the use of percussion and melodic percussion instruments, all types of recipients can avail themselves to the benefits of the improvisation methodology. He claims that improvisation promotes relationships at both a symbolic level, as it is a vehicle for expression of emotions, thoughts and memories, and the actual level as the sound of one subject interacts in a real way with the sounds made by the therapist or another subject.

Studies are prevalent which highlight the influence that music can have on the processes of communication. Again, improvisation, as described by Wright (1980) in a case study, can be viewed as nonverbal conversation that takes place on a much deeper level than verbal communication can. He implies that music in this way can be used to facilitate the communication process between subject and therapist. Capek (1987) supports this position as he asserts that the efficacy of music therapy begins when the patient can be convinced that music is a medicine through which one can communicate emotions and respond to the emotions of others.

Additional support for the value of music in fostering meaningful interaction with the emotionally disturbed is offered by Joy Fisher, a noted music therapy clinician. Fisher (1982) claims the goal of music therapy sessions is to call forth the complete expression of all human emotions. She, too, emphasizes the use of an improvisational approach to elicit communication. According to Fisher, it would serve the therapist well to remember that not all expressions of emotion are beautiful and well ordered. She claims that improvisation aids the therapist in meeting the recipient where they are and the therapist must become apt at responding to the feelingful improvisation of recipients with appropriate responsive improvisation.

Another pertinent variable presented by Nucci (1976) is the potential for the type of music used to influence the quality of expression that results. In a study of the influence of selected types of music upon the verbalization of schizophrenic patients, she found that verbalizations are increased among depressed subjects when melancholy music is used, while schizophrenic patients increase their verbalization when stimulating music is played during early psychotherapy sessions.

In regard to chronic schizophrenic's especially older adults, Hylton (1983) in his survey of institutions serving the elderly found that most institutions only provide music programs which seek to bring musical entertainment and enjoyment to the residents. In the

presences of decreased sensory awareness that tends to accompany the aging process (Kroessler, 1990) and the complexity of symptoms that accompany schizophrenia, it can be hypothesized that active participation in educational tasks requiring high level cognitive skills, such as some aspects of music learning, may require more resources and clinical expertise than is generally allotted for the treatment of this population with music. The prognosis for recovery is poor thus less energy is expended.

With due respect to the medical model that has had the greatest impact on the remediation of emotional disturbance, Michel (1985) claims that music related interventions are steadily gaining prestige and impetus as valuable tools in the struggle to eliminate mental illness. He states that in the 50's music and other activity theories were viewed as adjuncts or supportive theories, however today activity therapy is often the therapy of choice.

The focus now shifts to exploration of the potential for basic music education activities to be employed to elicit realistic thinking in schizophrenic patients as prescribed by the Freudian psychoanalytic approach.

Reegler (1971), in a comparison of a reality orientation program for geriatric patients with and without music, found that marked improvement in the presence of targeted behaviors was noted in the group that had musical reality orientation. Gaston (1968) supports these findings as he asserts that music can be an important and beautiful component in the daily living of geriatric patients. He states that music affords individuals in institutional settings structured reality. Michel (1985) adds that it increases mental alertness and stimulates recall of events from the past.

Yet, our current review did not yield studies utilizing a strict music education approach for the treatment of schizophrenic symptoms in older adults. Research has shown that learning can be seriously affected by ones mental status and the resultant anxiety level that may be present due to long term adverse life styles or living conditions (Miller, 1988;

James, 1988; Havighurst, 1972; and Orem, 1963). These findings dictate a need for the music education techniques employed in the teaching of the anxiety ridden schizophrenic population to be developed from a marriage of tried and tested psychological therapeutic principles and musical instructional strategies.

CHAPTER III

METHODOLOGY

Corrigan and associates (1990), in a discussion on the non-compliance of schizophrenics in treatment, claim that the vast majority of schizophrenics are capable of learning a wide variety of skills and information if instruction incorporates insights gained from research about the learning abilities of cognitively impaired persons. In light of this assertion, an experimental study was conducted to pinpoint specific insight about the music education process that helps to foster attention to academic task and resultant learning in chronic schizophrenics. Nine chronic schizophrenic adults who lived on a long term treatment unit at Middle Tennessee Mental Health Institute served as subjects for this study. Diagnostic and descriptive attributes of each subject have been assessed using the competency based checklist (APPENDIX 1), and summarized on the subject profiles (APPENDIX 2).

This study was conceptualized to increase the effective use of music with this population as a part of their daily routine and thereby decrease targeted off-task behaviors. Included in Appendix 2 are listings of specific targeted off-task behaviors. In so doing the study was integrated into a daily prestructured two hour treatment program which had been in existence for a number of years before the onset of this project. The existing program was geared to address the cognitive, physical fitness and psycho-social needs of the participants. It consisted of three modules or groups, one geared to achieve each of the primary objectives just mentioned. A team of three therapists conducted the program. These therapists may have come from a variety of clinical backgrounds including therapeutic recreation, music therapy, occupational therapy, physical therapy, psychology, social work, and nursing during any given period of time.

The sessions occurred in an area with three rooms in close enough proximity to facilitate the easy transport of patients from one room to another. Participants spent one-half hour, four days a week in each of the three modules. Each week a general theme (APPENDIX 3) was selected around which all activities and music used for sessions was to be structured. Although there was much overlap between the focus addressed in each module, the music therapy module in which this study was conceptualized was charged with primary responsibility for the psycho-social development of participants with emphasis being placed on facilitating appropriate interaction with others.

To assure that the needs of each participant were met, a thorough assessment of each patient was conducted using case histories and daily activity observations and progress reports. Patients were then grouped into three treatment levels based on their mental and physical functioning level. The primary factor considered when determining what group subjects were placed in was the length of their attention span. Physical condition was given secondary consideration.

Description of Subjects

Level I: Patients placed in Level I groups were the lowest functioning. Attention span was extremely short as they tended to wander and required frequent prompting on an individual basis to assure attention to task. Verbal skills were low to non-existent. Communication patterns consisted of single word responses, echolalia and irrelevant delusional speech and hallucinations. Participants in this group did not interact easily with others even when prompted by the therapist or other group members. Bizarre mannerisms and, at times, assaultive or threatening behaviors were displayed. In regard to physical condition, patients at this level evidenced limited endurance, often slept in class, had significant cardiovascular problems and some had difficulty ambulating. Subjects A, B, and C on the assessment profile chart were Level I participants (APPENDIX 2).

Level II: Level II participants evidenced slightly longer attention spans as most required only occasional prompting to stay on task. They could follow simple two or three step instructions and generally followed commands given by therapist. Frequent verbalization was apparent at this level and participants could engage in meaningful interactions with others when prompted, however, the content of verbalizations was usually symptomatic, requiring effective therapeutic intervention to refocus attention. Patients at this level were fully ambulatory but evidenced poor coordination and poor endurance. They are listed as subjects D, E and F on the assessment profile chart (APPENDIX 2).

Level III: At Level III participants were grouped whose symptoms were fairly well controlled by medication but they were institutionalized or overly dependent on institutional life for survival. If discharged from the hospital immediate regression of functioning level was most often the result. Even within the hospital structure participants at this level were subject to occasional bouts with depression, delusions, and hallucinations. Behavioral characteristics observed of this group most often approximated the behavioral expectancy of "normal" individuals. They had less difficulty attending to task and could initiate interactions with others in an appropriate manner. Some possessed high level cognitive skills as they frequently engaged in tasks requiring the sophisticated analysis and synthesis of information. Participants at this level are listed as subjects G, H and I on the assessment profile chart (APPENDIX 2).

Each of the three groups just described attended the music therapy-psycho-social module for one half hour daily, four days weekly. Structured into the preexisting program on the fifth day of each week was a large group social activity in which all level patients participated simultaneously. Recreational activities were conducted on this day as reinforcement for the patients' participation for the entire week. Activities such as bingo, movies, and field trips were conducted.

A total of twenty-six (26) half-hour music sessions were documented on each of the three groups of subjects. The first twenty observations were compiled to compute attention span baseline data for each subject. The final six sessions constituted the control experimental phase of the study.

Baseline data was collected at various times during an initial six month pre-assessment period. During this baseline phase of the study, subjects were engaged in a variety of conditions which ranged from the inactive watching of movies to highly active music education tasks. The frequency and/or duration of targeted behaviors for each subject was recorded via audio tape and daily observation notes. From this data an average attention span was computed for each subject and has been recorded as baseline data on the attention span duration chart (APPENDIX 4).

This pre-assessment, baseline phase was also used to determine the general musical ability of each subject such that the level of musicality and subjects could be considered when planning the experimental curriculum. To achieve this intent, various music education techniques and concepts were subjected to experimental test on the sample population to determine effective content for the proposed curriculum and experimental phase of the study. Music education techniques tested included lectures, demonstrations, discussion, tonal and rhythm practices which exposed participants to the basic concepts of music theory, music appreciation, music history, composition and performance. Numerous isolated successes were experienced in which targeted behaviors were significantly decreased by specific music education techniques. A process analysis of these successes in conjunction with the results of the literature search largely determined the content of the daily lesson plan for the final six experimental sessions as outlined.

DAILY PLAN

GOAL	OBJECTIVE	ACTIVITIES USED
1. On-Going Assessment	1. To determine the effect of multi-stimulative activities on behavior	1. All activities engaged in 2. MacMillian's <i>Music and You</i> , K-8 objectives survey 3. The competency based psycho-educational developmental checklist (Appendix 1)
2. Agitation Reduction-Relaxation	1. To reduce overt agitated behaviors	1. Listening, singing, and physically responding to music 2. Evaluation of music related feelings using the Heavener adjective list evaluation of music 3. Progressive muscle relaxation to music 4. Exercise to music 5. Music appreciation analysis of aesthetic value of music
3. Reality Orientation	1. Establish day's agenda 2. Acknowledge participants 3. Focus on environment current Events and theme	1. Sing hello song 2. Sing and discuss theme 3. The Musical Reality Of Things (Appendix 7) 4. Rhythm and melodic drills

GOAL	OBJECTIVE	ACTIVITIES USED
4. Building appropriate relationships with others	<ol style="list-style-type: none"> 1. Stimulate positive interactions with others 2. Decrease resistance to contact 	<ol style="list-style-type: none"> 1. Group and partnership activities including bell choir, group singing and part singing 2. Full or partial assistance from therapist
5. Appropriate Communication Of Feelings And Needs	<ol style="list-style-type: none"> 1. Stimulate the highest form of communication which subject is capable 	<ol style="list-style-type: none"> 1. Free expression on voice or instruments 2. Creative writing 3. Thematic discussions, writing and interpretation 4. Talent display
6. Insight Development - Awareness Of Capabilities	<ol style="list-style-type: none"> 1. Production of behaviors which indicate increased confidence and self-awareness 	<ol style="list-style-type: none"> 1. Teach new concepts - time, note values, note identification, ear training, voice, and instrumental technique
7. Skill Building	<ol style="list-style-type: none"> 1. Increase specific skills and the use of them 	<ol style="list-style-type: none"> 1. Daily exercises - melodic, rhythmic, and instrumental

Process I: Assessment

To assess the musicality of each subject, during the baseline phase of this study music education activities were incorporated into the music therapy sessions. This comprehensive approach allowed for the identification of the special musical aptitudes of each participant as well as the pinpointing of music education techniques and processes that potentially could yield the desired level of attentiveness and affect the therapeutic process objectives. An attempt was made to elicit all kinds of musical responses from participants. Daily lesson plans included opportunities for participants to listen, sing, play, create, and move to music. In addition, new music theories and concepts were introduced and re-emphasized daily.

Participants were evaluated as to approximate musical grade level using the MacMillian Music and You Summary of Objectives by Grade Level K-8. Most fell within the kindergarten to first grade range. Results have been recorded on the profiles of each subject (APPENDIX 2).

Thus, the assessment process was not conducted in isolation from the daily music education activities, but was conducted in conjunction with the testing of the various music education techniques that later became the content of the experimental curriculum. Since the intent of this study was to reduce schizophrenic off-task behaviors, daily plans were structured so as to address the remaining seven psycho-educational process goals identified by our literature search and outlined in the daily plan (see pages 35-36).

Process II: Agitation Reduction

With severe cases of schizophrenia, recipients are often highly agitated or dangerous to themselves or others. In such cases the initial focus must be on the reduction of the apparent agitation with medication and other relaxation techniques (Corisini, 1979; Rosecaferte and Burk, 1984; Gregoire, 1984; Scarlett, 1984; Rider, Floyd, and Kirkpatrick, 1985; Davis, 1990). According to these scholars, a well programmed music listening regime, background music, and singing can all serve as deterrents to agitated behaviors. Performance and instruction on various instruments, used as contingencies for the reduction of inappropriate behavior was also cited as a valuable technique (Carroccio, 1973; Cook and Sheehy, 1973).

Followers of the Kodaly school and other educators emphasize the importance of listening and singing activities to basic music instruction (Boshkoff, 1991) Thus, it seems that the initial relaxation focus, important to successful therapy with this population, could possibly be met simultaneously as the basic concepts of music are being taught through listening and singing activities.

The initial portion of each session (usually five minutes) was geared to assessing the moods and attitudes of participants and if necessary facilitating a calming of the atmosphere such that the daily plan could be carried out. The amount of time required to complete Process II varied from group level to group level and day by day as effected by the mood and function level of the subjects at any given time. In general some level of attentiveness and unity of purpose could be established after five minutes of relaxation inducing activities.

Music listening, structured to increase the subjects' awareness of basic characteristics of selected works, was found to be most effective at calming the atmosphere and setting the tone for the session. Thus, relaxing music which was related to the theme of the week was usually played at the beginning of each session. When appropriate, this theme was occasionally sung by the participants and/or group leader. When participants evidenced continued high levels of agitated behavior, after their listening potential had been exhausted, singing often brought about the desired results.

In the agitation reduction process, musical experiences were used with the intent of increasing the subjects' aesthetic understanding of music and how it is structured. This often resulted in increased pleasure and more positive affective responses from the subjects. Activity Plan #2 (Appendix 5) describes typically how the agitation reduction or relaxation therapeutic objective was addressed through music education techniques.

Process III: Reality Orientation

The schizophrenic's most prevalent symptom is the loss of contact with the realities of the world as evident through the presence of hallucinations, delusions, complicated thought patterns and impaired or nonsensical communication patterns (White, 1964; Corsini, et al, 1979). The psychoanalytic schools of Freud, Yorem, Kaufmann, and Karl view consciousness raising or reality orientation as the primary focus of therapy. Their traditional approach involved long term continuous dialogue between therapist and patient.

However, in depth psychotherapy has often proven ineffective with chronically ill schizophrenics (Corsini, 1979). Reegler (1991) found that music related reality orientation activities produce greater concentration and recall than non-music related reality orientation activities.

Sears as cited by Gaston (1968) proclaims that music has an innate structure which is most conducive to reality orientation. Once subjects have committed themselves to a music experience, behavior is reality based for the duration of their commitment. Music by its very nature, according to Sears, structures behavior in a detailed and continuous manner if the subject can be motivated to commit to the music experience at hand. This structure is totally dependent upon the elements of music, melody, rhythm, harmony, and timbre, as they interact to produce various musical ideas. For example, if a subject sings three or four notes of a song, a reality based sequence of behavior has been emitted. The goal then becomes one of increasing the length of time and complexity of the musical experience to which the subject will commit or adhere to successfully. With the inherent structure of the music as a control mechanism, the amount of structure induced by the therapist or teacher depends upon the functioning level of the individual being treated or taught. The reality orientation theories introduced by Sears have been supported in subsequent studies and writings as cited in this review by Hudson (1973), Cullinan (1973), and the testimony of an anonymous schizophrenic (author unknown, 1977).

Within the educational arena Crowley (1967) and other special educators emphasize the importance of using abbreviated activities for special students with short attention spans. Teske (1987) stressed the importance of educational strategies being structured appropriately for the population served. The multisensory approaches of Orff and Kodaly which incorporate various experiences through song, speech movement drama, and instruments are geared toward enacting the entire musical being. Thus it seems that a multisensory educational approach with adaptations provided for the short attention span

(Crowley, 1967) would serve as an effective vehicle to reality orientation for the schizophrenic subject. Activity Plans III and IIIA (APPENDICES 6 and 7) demonstrate how music education techniques were used in this study to attempt to increase the length of time that participants are able to maintain contact with reality, while fostering a more realistic perception of themselves and their environment.

Process IV: Building Relationships

When the schizophrenic recipient has been stabilized such that hallucinations, delusions and other agitated behaviors are controlled, attention is then drawn to the quality of their relationship with therapists, teachers and significant others in their environment (Corrigan, 1990). Withdrawal from social interaction, another prevalent symptom, can interfere with therapeutic or educational progress unless a psychoeducational methodology can be designed which assures a therapeutic rapport between therapist-teacher and recipient and the development of positive relationships with significant others. The thirteen schools of psychology discussed by Corsini present a variety of theoretical causes of depression and withdrawal including trauma, self-defeating life styles, suppressed or repressed potential, learned maladaptive behavior, overly critical parents, poor family interaction, and an imagined sense of a troubled state of body and mind (see chart page 11). Thus, it seems that schizophrenics may be fearful or paranoid of others due to their past negative interactional experiences. Specifically, Adlerians emphasize the importance of establishing a good rapport with recipients (Corsini, 1978). Fisher (1982) asserts that the recipient's ability to change is directly related to the therapist-teacher ability to change.

Unkefer (1990), Michel (1985), Gaston (1968) and others claim that musical activities can be structured to reduce the risk involved in reaching out to others. Group singing is asserted, for instance, as a good beginning activity to enact the relating process because it does not demand individualized responding. The subject responds to the group and with

the group, which reduces the individualized threat of criticism for the quality of their interaction (Michel, 1985). Group singing provides a totally supported structure in which subjects can make positive contributions and express themselves musically. Tone flutes and bells have been noted in research to also be valuable tools for building relationships (Brown and Seliger, 1969). Gilliam (1983) used improvisation to build relationships. Positive reinforcement for group involvement often leads to higher level interactions by participants.

From the educational viewpoint, singing has long been recognized as an invaluable teaching tool. Within this review the Kodaly school advocates that musical literacy is best accomplished by beginning with the voice, a natural innate instrument (Boshkoff, 1991). A curriculum guide for Mental Health (1968) claims that singing and rhythm must be included in any legitimate music curriculum as it provides biological, spiritual, emotional and aesthetic nurturing. Creating, as stressed by the Macmillan (1992) and Gordon (1986) philosophies, confirm the educator's acknowledgment of improvisation as a valuable teaching tool.

When the level of reality contact in subjects was heightened, they were more amenable to relating to persons and processes in their environment. To foster quality interactions during this study, the leader endeavored to build genuine caring relationships with each subject. Educational activities were implemented which demanded that subjects relate to the leader and their peers in a cooperative manner such that the desired musical outcome could be achieved. Other than group singing, which is acclaimed by educators and therapists alike as a natural initiator of the interactional process, rhythmic table ball and hand or tone bell playing were the dominant techniques used to foster the relating process in this study (APPENDICES 8 and 9).

Process V: Communication

With some complexions and levels of schizophrenia, there is no fear or reluctance to communicate. In fact, extreme aggressiveness and verbosity may be evident or a passive soft spoken speech pattern could be apparent (White, 1964; Corsini, 1979). Several of the schools highlighted in the psychological review section of this writing place heavy emphasis on the devastating effect that ineffective communication patterns can have on the quality of one's life (Rogers, Maslow, Moreno, et al). Within these schools, efforts are geared toward building the self confidence and self esteem of recipients and therewith teach effective communication behaviors such that their potential can be fully recognized and eventually realized.

In therapy and education ones self esteem is fostered through positive reinforcement for any growth or appropriate response emitted by the recipient. Music listening, lyric analysis, discussion, improvisation, and performances are good stimulators of the communication process used frequently by music therapists (Capeck, 1981; Wright, 1980; Fisher, 1982 ; Nicci, 1976). Recipients readily identify with familiar tunes, mood, feelings, and messages heard and are thus motivated to focus on similar feelings and experiences of their own.

Music educators also emphasize the importance of students gaining an aesthetic appreciation for the music they learn and experience. This necessitates analysis and interpretation of the intended mood, feeling or message as put forth by the composer. An aesthetic understanding of a selection generally results in improved performance (Able, 1984; Fowler, 1984). Thus, it can be surmised that music education activities which are geared toward helping students to develop an aesthetic understanding or appreciation for music can also serve to facilitate identification and expression of ones own feelings in an appropriately assertive manner, and reduce schizophrenic communication patterns.

Because of the severity of communication disorders apparent in subjects for this study, open expression of feelings and desires is often inhibited. In this regard, specific off-task behavior would be defined as failure to respond to a direct inquiry about feelings or abnormal responses. Techniques employed in this study to foster quality interactions with others and free expression of feelings included the following:

1. Listening to the various thematic selections and then eliciting natural reactions and feedback from participant;
2. Singing songs which depict various moods and feels or themes, and elicit reactions and feedback;
3. Filmstrips, movies, field trips and other special activities which serve to stimulate free expression;
4. Thematic composition or song writing (APPENDIX 10).

Even though the above mentioned activities were used with the primary intent of fostering communication, spontaneous expressions of feelings frequently resulted from all processes and activities used, especially if successes were experienced.

Process VI: Insight

Many treatment techniques have been cited which temporarily delay or interfere with the symptomatic off-task behavior of the schizophrenic recipient. However, psychologists affirm that behavioral changes will prove longer lasting if the recipient develops insights and come to understand the causal and curative processes and variables that affect their disturbance (Corsini, 1979; White, 1964). Contemporary schools stress the curative processes more than the causal. Gestalt therapists for example stress the importance of concentrating on the here and now in a positive self actualizing manner. In this school emphasis is placed on building one's life from this time on. Thus, each day is approached as a new beginning (Corsini, 1979).

As recipients are able to recognize the growth potential in each moment of life, even older adults become amenable to learning (Sheehy, 1981). Music learning, because of its aesthetic appeal, offers an exciting appealing medium for even older recipients to grow in knowledge of themselves and their abilities.

In view of the above reflections, insight and self awareness were fostered in each of the experimental sessions of this study by providing new and varied educational experiences for subjects. They were made aware of untapped musical potential through exposure to the multi stimulative music learning process. As new concepts were introduced, the therapist provided assistance as needed so as to assure successful experiences for subjects. The purpose here was to keep subjects stimulated even if independent mastery of a particular musical skill was delayed by therapist guided responses. Each response by the subject was given immediate feedback and appropriately reinforced. This also increased motivation and confidence in one's ability. This insight producing feedback process has been outlined (APPENDIX 11).

Process VII: Skill Development

Psychologists, therapists and educators agree that the ultimate treatment for the ills of life is the learning of new behaviors, skills, and life patterns; the forming of new habits and ways of thinking. Without the educational aspect of therapy most therapeutic gains will only have a temporary effect on the target behavior. Yet, traditionally education and therapy have been viewed as two distinct processes, both vital to survival. A brief look at Webster's classical definitions reveals a distinct interrelatedness between the two processes. Education is defined as the process of teaching or developing knowledge and skills. Webster defines therapy as the treatment of any physical or mental disorder by medical, physical or interactional means. The therapeutic focus on the alleviation of mental disorders can be viewed as the link that establishes the kinship between therapy and education. All of the school of psychology reviewed make use of educational techniques as

they endeavor to produce positive changes and behaviors is their clients. What would the status of the average mind be without the influence of educational processes?

Early studies cited by White (1964), Able (1984), and others confirm the importance of education to the ordering of the mind. They cite studies which have shown that growth without stimulating educational experiences results in maladaptive personalities with severe educational emotional and social deprivation. Their research has also shown that the most severe disordering of the mind results when a child is raised in a vacuum with limited educational stimulation. Thus, the relationship between education and therapy is clarified. Education helps to prevent and/or cure the disordering of the mind and therapy is synonymous to education when it results in the teaching and development of knowledge and skills. When psychological and educational processes are effectively integrated it follows that maximum learning can take place.

In view of the previous discussion, skill building or teaching techniques emerge as the mutual link between therapy and education. Behaviorists advocate that humans behave as they have learned to behave. Thus, symptomatic behaviors must be unlearned and new behaviors learned if more effective on-task behaviors and life styles are to be realized by the schizophrenic subject.

For the subjects of this study who had lost some of their physical and mental agility due to the natural process of aging, and the presence of schizophrenic symptomatology, the learning of new skills was a laborious process. During all of the psycho-educational processes previously discussed, musical skills were taught largely through experiential activities. These processes were primarily engaged in to increase the subjects' amenability to formal musical instruction. Tonal and rhythmic activities were alternated and then integrated as recommended by the MacMillian Series (1991) to comprise the formal skill building lesson plans for this study. Much repetition of particular skill practices was

required, especially for Level I participants. Activity Plan VII (APPENDIX 12) typifies the skill building process as carried out.

CHAPTER IV

RESULTS

The study reflected a significant difference in the off-task behavior displayed by subjects during less structured pre-assessment sessions than during the six controlled experimental sessions. If subjects were able to remain on-task for 30 minutes (the entire length of each session), their attention span was recorded as 100 percent. The average percentage of on-task behavior for the pre-experimental assessment period was 60.6% compared to 87.5% during the experimental sessions. Four out of six of the controlled experimental sessions resulted in the largest percent of on-task behavior, with a piano instruction session and another controlled session ranking 5 and 6, respectively. (APPENDIX 13)

On-task behavior was directly affected by the specific music activity or task engaged in. Piano instruction, singing, rhythm practices, creative writing or introductory theory drew 75% attention or better. In general, subjects were least attentive to film strips, lessons on tempo, time, analysis, ear training, and melodic dictation.

There were marked differences in the average attention spans apparent within the three levels of subjects. Level I subjects were most attentive to singing and melodic exercises, with a pre-assessment session in which melodic exercises were emphasized, and a sing-a-long session resulting in the longest attention spans (APPENDIX 14). Three of the multi-stimulative research sessions were ranked 3, 4, and 5. Level II subjects generally attended best to the multi-stimulative research session with four out of six receiving 84% to 100% attention. The pre-assessment piano instruction session again ranked high with 100% attention, and writing about love received 78% attention. Level III participants evidenced

100% attention spans for eleven sessions, four of which were controlled research sessions. Seventy-five percent attention or better was apparent in 19 sessions, which is equivalent to 73% of the sessions. Participants at this level found the film strips, recreational practices, melody and pure rhythm sessions to be least interesting. There was a direct correlation between the cognitive skills required and the attention span achieved by Level III participants.

The psycho-educational format used did result in a higher percent of on-task behavior than the less structured pre-assessment sessions. However, many uncontrolled variables affected the results of this study which necessitates further study before a definite conclusion can be reached.

All subjects experienced an increase in attention span, but all increases were not significant. At each level there were subjects who evidenced significant decreases in targeted off-task behaviors which effected attention span. Subject A (Level I) increased from 15 minutes or 50% attention to 27.6 minutes or 92.6%. Other positive effects observed of this subject included more positive affective responses and increased appropriate verbal interaction.

Subject D (Level II) evidenced the most substantial increase in attention from 5.7 minutes (16%) to 23.6 minutes (78.6%). Walking behavior was never apparent during the research sessions and bathroom requests decreased on an average from 2.7 to 2 per session.

Attention of Subject G (Level III) increased from 18 minutes (65%) to 29.6 minutes (98.6%). During the experimental phase, she only experienced one session in which overt delusions or hallucinations were apparent for about two minutes.

CHAPTER V

DISCUSSION

This study resulted from six months of experimentation with various music education techniques. It was geared to increase the on-task behavior of chronic schizophrenic adults. There were many isolated successes with various subjects. This motivated pursuit of a more controlled situational study. The attempt to conduct this study within an environment in which the subjects are treated daily resulted in a less scientific research model. The results, however, appear most applicable to the realities of the setting in which the subjects are serviced daily.

At least one participant benefited from each session in some measurable way. The novelty of the music education experiences for the participant was an initial motivator that resulted in high levels of attention when new experiences were being introduced.

Melodic and rhythmic practices were best attended by lower functioning subjects. Theoretical composing and analysis tasks were attended best by higher functioning or Level III subjects. Yet, there were moments when unusually pleasant affective responses and appropriate verbal communication patterns could be observed in generally non-communicative subjects.

Several uncontrolled variables, such as a need for more reliable documentation during the experimental phase, and subjects reactions to being video taped, may have contributed to the positive results of the study. It must be noted that the experimental sessions were video taped and the pre-assessment sessions were not. Attention span data for the pre-assessment phase was collected from daily observation notes and audio tapes which lack the observer reliability of the video taped experimental sessions. During the baseline phase

of this study, lapses in attention span were verbally pinpointed by the therapist on audio tape and recorded in writing so that periods of attention could be measured for each subject. The data collected was interpreted following each session by listening to the tapes, counting the frequency of targeted behaviors and timing the periods between their occurrences. Only one observer was used.

The video taping also exerted a positive effect on the subject's attention span. The presence of the camera excited and motivated all of the subjects. It is suggested that future studies of this type be conducted with a video camera constantly present but not necessarily recording each session. This should reduce the novel effect of the camera.

All materials, music and charts used to teach concepts needed to be enlarged to promote easy vision. In some instances this was not possible, thus attention to task was negatively affected. This serves to emphasize the need for the development of a special curriculum and materials for this population.

The setting in which this study was conducted also exerted a somewhat negative effect on the results. There were frequent interruptions to the sessions caused by staff and other patients which distracted the attention of subjects. Such occurrences, however, are typical of hospital settings and thus served to validate the potential for music to produce positive effects in less than desirable teaching environments.

CHAPTER VI

CONCLUSION

From this study, valuable information and techniques have emerged which serve to highlight the potential that various music education practices have to increase the attention span and resultant on-task behavior of adult schizophrenics. From the literature review and experimental procedures conducted, several crucial conclusive factors were noted as effective toward alleviation of off-task behavior. The psycho-educational music class that provides a variety of musical experiences helps to avert off-task behavior by lengthening attention span and maintaining the interest of chronic adult schizophrenics. If the music educator employs a well structured listening regime or singing as the initial activity of the day, on-task behavior can be facilitated because hallucinations, delusions and other agitated behaviors may be diverted as participants begin to relax. Participation in music education activities can help bring participants in contact with reality. Activities can be structured to foster awareness of one's surroundings, thereby diverting the off-task behavior that results from poor reality orientation. Through group and partnership musical activities, appropriate positive interactions with others can be induced and the off-task behavior of agitated withdrawal can be reduced.

Music education activities afford this population unique opportunities to write creatively, and to express themselves freely on various instruments and truthfully in class discussions. This serves to reduce the off-task behavior of inappropriate confused verbiage and withdrawal. By providing effective timely feedback and reinforcement, the therapist fosters insight, self-awareness and confidence that results in increased stimulation of the recipient. As the therapist teaches musical facts, principles, and techniques,

participants acquire new skills which provide positive alternatives for daily living in the institution. These can be used to replace or decrease indulgence in all negative, ineffective off-task behaviors by participants. Daily application and generalization of newly acquired skills are fostered by encouraging participants to perform for others and in public events. The potential exists for music education processes to be developed that address competencies which schizophrenics must achieve to return to a "functional" life style.

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APPENDICES

APPENDICES

APPENDIX 1

Activity Plan I: Assessment

Competency Based Psycho-Music Education Development Checklist

Directions: Instructor should use the following check list to assess behavioral attributes of students and develop related therapeutic objectives.

Part I: Psycho-Educational Competencies

Competency	Date Achieved
I. Teacher has assessed mental and physical strengths and weaknesses from student's file - medical and psychiatric assessments.	
II. Student is able to relax and exhibit appropriate behavior in class as evident by the absence of: <ul style="list-style-type: none"> A. Physical Aggressiveness B. Pacing (Hyperactivity) C. Verbal Aggressiveness D. Self Abusiveness E. Psychosomatic Complaints F. Odd Mannerisms G. Withdrawal H. Rebellion I. Anti-Social Behavior J. Sexual Misconduct K. Substance Abuse L. Medication 	
III. Student is aware of environment as evident by <ul style="list-style-type: none"> <u>Knowledge of</u> <ul style="list-style-type: none"> A. Persons B. Places C. Things D. Time <u>Absence of</u> <ul style="list-style-type: none"> E. Hallucinations F. Delusions <u>Accuracy of</u> <ul style="list-style-type: none"> K. Memory L. Reasoning M. Presence of Normal I.Q. N. Impaired Vision O. Impaired Hearing 	

Competency	Date Achieved
P. Brain Damage Q. Organic Brain Syndrome	
IV. Student relates appropriately to others as evident by A. Situational appropriate affective responses B. Self confident relating style C. Appropriate assertive interactions with authority figures D. Appropriate assertive interactions with peers E. Appropriate assertive interactions with parents. F. Appropriate assertive interactions with siblings G. Appropriate assertive interactions with children H. Appropriate assertive interactions in group situations I. Appropriate assertive interactions in public settings	
V. Student expresses feelings to effectively acquire needs and desires as evident by: A. Situational appropriate voice tone B. Situational appropriate facial expressions C. Situational appropriate body distance D. Situational appropriate body movement E. Situational appropriate body positioning F. Situational appropriate body posture G. Situational appropriate word content H. Situational appropriate use of language I. Situational appropriate expression of feelings J. Accurate pronunciation of words K. Absence of speech defect L. Adequate writing skills M. Proper use of language N. Creative expression	
VI. Student has adequate insight as evident by a realistic perception of A. The treatment - Educational-Service process B. One's own abilities, one's assets, one's weaknesses C. One's problems/needs D. Causes of problems E. Alternative solution to problems	
VII. Student has functional daily living skills as evident by functional: A. Self-care Skills 1. Eating 2. Toilet use 3. Cleanliness	

Competency	Date Achieved
4. Appearance 5. Care of clothing 6. Dressing 7. Locomotion 8. Independence 9. Sensory Development (Awareness) 10. Motor Development	
B. Home Management Skills 1. Money handling 2. Shopping skills 3. Cooking skills 4. Time management 5. Community awareness 6. Planning/Organizing	
C. Educational Development 1. Formal training 2. Oral language 3. Written language 4. Comprehensive oral 5. Comprehensive reading 6. Number/Time concept 7. Academic strength 8. Improved weaknesses 9. Absence of retardation 10. Decrease of learning disability	
D. Vocational Development 1. Formally trained 2. work experience 3. Currently employed (Employment) 4. Desires training 5. Needs training	
E. Social Skills 1. Interacts well 2. Initiates interactions 3. Listens appropriately 4. Cooperates 5. Shares 6. Relates to group/individual 7. Has hobbies 8. Has friends 9. Belongs to clubs and organizations 10. Goes to church 11. Entertains self	

APPENDIX 2

SUBJECTS PROFILES

Subject A: J.D. Age: 53 Sex: Male Race: White Level: I

Approximate Grade Level: Kindergarten

Diagnosis: Paranoid Schizophrenic/Organic Brain Syndrome

General Behavior Pattern: Quiet, withdrawn, defensive

Strengths:

(1) Enjoys reading/viewing magazines; (2) Can verbalize needs; (3) Responds to commands; (4) At times will answer direct questions

Weaknesses:

(1) Retarded due to organic brain syndrome; (2) Short attention span, wanders; (3) Low physical endurance; (4) poor coordination; (5) Heavily medicated, frequently sleepy; (6) Isolative, avoids active participation; (7) Tactilely defensive; (8) Assaultive of others at times; (9) Limited verbalization, unclear, often refuses to speak at times; (10) Poor self care skills, often sloppy in appearance

Targeted Off-task Behaviors:

(1) 15 minute attention span; (2) Wandering averaged [50% of sessions]; (3) Avoidance, defensiveness, failure to participate in task

Special Musical Aptitudes:

No previous training; likes country music and some rock; enjoys one to one instrumental instruction

Subject B: M.S. Age: 55 Sex: Male Race: White Level: I

Approximate Grade Level: Kindergarten or less due to poor communication skills

Diagnosis: Schizophrenia, chronic undifferentiated

General Behavior Pattern: Timid, uncommunicative, compliant

Strengths:

(1) Usually pleasant, smiles easily; (2) Ambulates well, no coordination problems, walks swiftly

Weaknesses:

(1) Largely non-verbal, request permission to leave class only with mumbled but consistent speech pattern, (2) No independent task performance noted, requires full guidance; (3) Hides face with hands, infantile mannerisms; also sits with hand on top of head

Targeted Off-task Behaviors:

(1) Face and head covering [64% of sessions - 2.3 times per session]; (2) Dependent fully guided task performance [100%]; (3) Attention span [16 minutes/session]

Special Musical Aptitudes:

Played guitar at one time; listens intensely to musical instruction; enjoys fully guided instruction

Subject C: L.E. Age: 65 Sex: Female Race: Black Level: I

Approximate Grade Level: One (1) due to poor communication skills

Diagnosis: Schizophrenia, paranoid type

General Behavior Pattern: Poor reality contact, constant ticing - clothing phobia; converses with voices

Strengths:

(1) Ambulates with a steady gait; (2) Verbalizes at times appropriately

Weaknesses:

(1) Resistive to commands or task performance; (2) Confused, disoriented; (3) Confused verbiage; (4) Clothing ticks; (5) Variable attention span

Targeted Off-task Behaviors:

(1) Clothing tic and tampering; (2) Inappropriate verbiage, open hallucinations [75% of sessions]; (3) Attention span [15 minutes/session]

Special Musical Aptitudes:

Responds immediately to highly rhythmic music by dancing or moving some part of the body and displaying a positive affect; Sings; has excellent rhythmic sense

Subject D: M.B. Age: 55 Sex: Female Race: White Level: I

Approximate Grade Level: 1

Diagnosis: Residual schizophrenia/mental retardation

General Behavior Pattern: Hyperactive, compulsive bathroom trips

Strengths:

(1) Supportive family; (2) Self feeding; (3) Ambulatory; (4) Oriented to person and place; (5) Verbalizes desires and needs; (6) Initiates interaction at times

Weaknesses:

(1) Mentally retarded; (2) Short attention span; (3) Excessive bathroom trips; (4) Lacks self defense skills, allows other patients to abuse her; (5) Has awkward gait when ambulating; (6) Does not always comply with commands of group leaders.

Targeted Off-task Behaviors:

(1) Reduce frequency of bathroom request [77% of sessions - 4.5 times/session]; (2) Immediate compliance with commands; (3) Attention span [5.7 minutes/session]

Special Musical Aptitudes:

Residual knowledge of music theory, recognizes isolated concepts

Subject E: J.B. Age: 64 Sex: Female Race: White Level: II

Approximate Grade Level: Kindergarten

Diagnosis: Organic mental disorder - Psychotic disorder; mental retardation-mild

General Behavior Pattern: Talkative, augmentative

Strengths:

(1) Ambulates; (2) Verbalizes wants and needs; (3) Good reality orientation to person, place and time

Weaknesses:

(1) Sensitive, easily angered; (2) Unclear speech; (3) Loud, verbal, argumentative outburst; (4) Poor relations with peers; (5) Unsteady gait when ambulating; (6) Isolative at time resistive; (7) Mentally retarded

Targeted Off-task Behaviors:

(1) Loud verbal argumentative outburst [60% of sessions]; (2) Isolative - resistance refusal to participate; (3) Attention span [16 minutes]

Special Musical Aptitudes:

Requires detailed simple instructions; no identified musical abilities, but enjoys singing

Subject F: N.B. Age: 73 Sex: Female Race: Black Level: II

Approximate Grade Level: 1

Diagnosis: Schizo affective disorder

General Behavior Pattern: Angry voice tone, anti-social characteristics, constant complainer

Strengths:

(1) Verbalizes wants and needs; (2) Ambulates steady but slowly; (3) Supportive family; (4) Meticulous about cleanliness; (5) Concerned about the welfare of a special friend

Weaknesses:

(1) Actively delusional at times; (2) Combative at times; (3) Verbally abusive; (4) Has made inappropriate sexual advances at others; (5) non-compliant, isolative at times

Targeted Off-task Behaviors:

(1) Anti-social isolative behavior/walking [35% of sessions]; (2) Angry effect; (3) Attention span [18 minutes/session]

Special Musical Aptitudes:

No formal training; sings and enjoys music - spirituals and gospel

Subject G: R.B. Age: 54 Sex: Female Race: Black Level: II/III

Approximate Grade Level: 3-4

Diagnosis: Schizophrenia, deorganized type

General Behavior Pattern: Hyperactive, wanders, actively hallucinates, searches garbage

Strengths:

(1) Verbalizes clearly needs and desires; (2) Grooms self with supervision; (3) Reads simple lyrics

Weaknesses:

(1) Auditory hallucinations very active; (2) Wanders; (3) Steals from others; (4) Inappropriate laughter; (5) Eats from trash can; (6) Wears make-up inappropriately; (7) Overweight; (8) Chronic constipation; (9) Affect generally flat

Targeted Off-task Behaviors:

(1) Auditory hallucinations, bizarre laughter [45% of sessions]; (2) Wandering [25% of session - average of 1.1 time /session]; (3) Attention span [18 minutes]

Special Musical Aptitudes:

Sings well; knowledge of isolated music concepts

Subject H: S.H. Age: 65 Sex: Female Race: White Level: III

Approximate Grade Level: 8 or better

Diagnosis: Schizophrenia, chronic undifferentiated type

General Behavior Pattern: Cooperative, pleasant, responsive

Strengths:

(1) Intelligent; (2) Most often pleasant; (3) Interacts easily with others; (4) Always actively participates in task; (5) Independent, excellent self-care skills

Weaknesses:

(1) Delusional at times; (2) Confused speech; (3) Verbose at times

Targeted Off-task Behaviors:

(1) Delusional speech [15% of sessions]

Special Musical Aptitudes:

Knows basic music theory - notes and rhythms; has excellent ear

Subject I: L.P. Age: 40 Sex: Female Race: White Level: III

Approximate Grade Level: 8 or better

Diagnosis: Schizophrenia

General Behavior Pattern: Varies between overt delusions and hallucinations and total attentiveness

Strengths:

(1) Intelligent; (2) Attended 2 years of college; (3) Good group catalyst

Weaknesses:

(1) Lower extremity deformity, walks with irregular gait; often required assistance with ambulation; (2) Grandiose delusions permeate communications about self; (3) Openly hallucinates when bored, threatened, or to avoid interaction or participation in undesirable activity; (4) Resistive, at times, of attendance at daily activity program

Targeted Off-task Behaviors:

(1) Attendance [25% of sessions]

Special Musical Aptitudes:

Majored in music for 2 years in college; plays piano; knows basic theory

APPENDIX 3

Psycho-educational Themes

JANUARY
 New Beginnings (Assessment)
 Winter
 Rights/Democracy
 Africa

FEBRUARY
 Basketball
 Love/Feelings
 Light
 Europe

MARCH
 Religions/Inspiration Week
 Health/Body Awareness
 St. Patrick's Day
 Inventions/Creativity
 Safety

APRIL
 Easter
 Asia
 Spring
 The Farm

MAY
 Motherhood
 Baseball
 Food Week
 Friendship

JUNE
 Memorial Week
 Tennessee
 Father
 Water
 Independence

JULY
 Recreation
 South America
 Family
 Cities

AUGUST
 Summer
 Australia
 Country & Western
 School/Education

SEPTEMBER
 Football
 Work/Occupations
 Rock & Roll ; Body Awareness
 Famous Artist
 Science

OCTOBER
 States
 TV/Movies
 Fall
 Fantasy

NOVEMBER
 Presidents - Leaders
 Veterans - Armed Forces
 Famous Authors, Poets
 Thanksgiving

DECEMBER
 Famous Composers
 Transportation
 Arctic - Antarctica
 Christmas
 Winter Olympics

APPENDIX 5

Activity Plan II: Listening/Relaxing

Therapeutic Goal:

Participants will relax and not exhibit agitated, inappropriate behavior for a given period of time.

Therapeutic Objective

Participants will listen to recorded music for 5 minutes without displaying targeted inappropriate behavior.

Materials Needed

Tape player, record player, or compact disc player and selected music.

Methodology:

1. Leader will play a musical selection at the beginning of each session. Selections should be varied so as to expose participants to a variety of relaxing music
2. Listeners should be guided through the listening process by structuring their listening experience in one or all of the following ways.
 - a. Say to participants, "the music that I am about to play related to the theme of the weeks. As you listen try to determine what our theme is based on the lyrics or feelings or mood generated by the selection."
 - b. The leader could also say: "When the music is finished, I want you to try and tell me (1) What instruments you heard -- trumpets, drums, clarinet, piano, etc.;; (2) If there is singing, was it solo, small group (ensemble) or a large choir; (3)

Was the music fast or slow; (4) What kind of music is it -- rock, country, classical or jazz; (5) If you like the music.

3. Other similar questions may be constructed to encourage attention to the music. Care should be taken not to overload the participants by asking for too much. The leaders may need to experiment with this activity until a sensitivity to the response capability of the group has been gained.
4. If participants become restless before the selection is completed, attempt to refocus their attention by restating the instructions or use an alternate theme song that can be sung or played in a more attention getting manner.
5. When the music stops lead the participants in a brief discussion about the music. The discussion should be structured so as to encourage the highest level of communication of which the participants are capable.

APPENDIX 6

Activity Plan III: The Musical Reality of Things

Therapeutic Goals:

1. To encourage attention to activity or task; to divert off-task behavior.
2. To orient participants to relevant realistic aspects of a particular subject or theme.

Educational Goal:

Participants will be exposed to basic musical concepts. will gain practice in identifying the basic principles of music, i.e., music alphabets-notes, note values, cleft signs, lines, notes, and space notes, etc.

Materials Needed:

1. An accompanying instrument (piano or guitar);
2. Hand or tone bells or block, rhythm instruments
3. Large staff paper with at least 1 inch between each line
4. A lecturer's pad size
5. Magic Marker (Black)
6. Music alphabet chart
7. Rhythm chart of basic note values

Methodology:

The methodology for the process of reality orientation is not contained in one simple activity, but is fostered by all that is taught in music education. To assure attention to

specific orientation objectives through music education, the following procedure was followed:

1. Participants were reminded daily through music based reality orientation activities that all sounds have musical characteristics.
2. Each group member was acknowledged personally in one or all of the following ways:
 - a. a hello song was sung in which each member's name was called.
 - b. Each participant expressed themselves on the instrument of their choice.
 - c. Each member was asked a question or given an action task to perform.
3. Music experiential activities were then used to establish with subjects, the day, time, place, season, conditions and themes they were currently experiencing as described below:
 - a. With a metronome or drum, a beat that could be easily kept by group members was set by the teacher.
 - b. Each member was given a rhythm instrument and asked to keep time with the beat if they could.
 - c. Reality orienting questions were then asked in time with the beat and participants were asked to respond in time with the beat. Typical questions were (1) What day is today?, (2) Who knows what time it is?, (3) Where are we now?, (4) What season is it?, (5) What did you eat for breakfast?
 - d. The musicality and accuracy of responses were noted.
 - e. Selections were sung or played about the seasonal, theme, or a specific concept and participants were asked to sing along, play along or move with the music.
4. Following the experiential activity, a rhythm or tonal exercise or practice was taught or reinforced as outlined in the skill building plan # VII. This served to establish a

basis for communication about the basic constructs of the music they had experienced.

5. Newly learned and practiced concepts were then used to further analyze the musical characteristics of objects and concepts contained in the participants environment as well as the chosen musical theme and other music experienced.
6. Activity Plan IIIA - The Music of the Name - was frequently used.

APPENDIX 7

Activity Plan IIIA: The Music of the Names

Activity:

The Music of Your Name

Level:

Level I, Level II, Level III

Therapeutic Goal:

To build confidence and increase self awareness

Educational Goal:

To learn basic musical concepts

Therapeutic Objective:

Patient will respond to personal greeting activity with a positive affective response, i.e., smile, hand shake, head bows, or other positive appropriate vocal or physical response.

Music Education Objective:

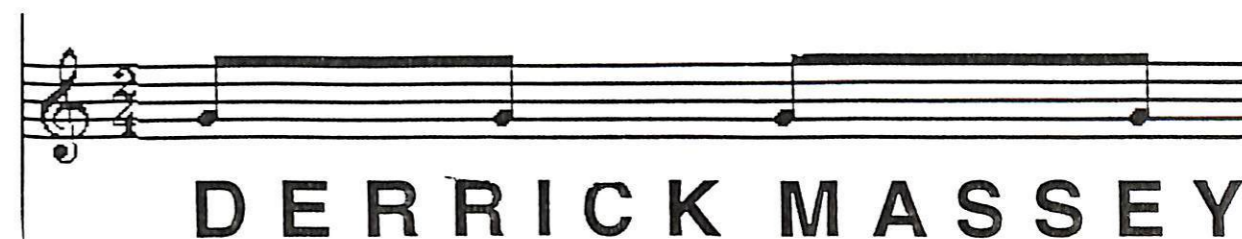
Patients will practice identifying the basic principles of music, i.e., rhythm, music alphabets, the staff line notes and space notes, etc. for 5 minutes during each session.

Materials Needed

- (1) piano, guitar, or hand bells
- (2) artist pad preferred or poster paper on wall
- (3) magic marker
- (4) music alphabet chart
- (5) rhythm chart

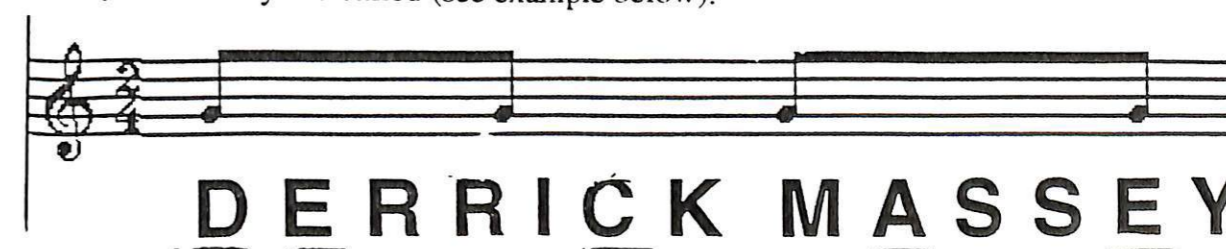
Methodology

1. Say to participants "Everybody's name is musical, and I am going to show you how. I'm going to write each of your names on the board one at a time and we are going to find the music in your name: Let's begin with DERRICK MASSEY and go around the room."
2. Write the musical alphabet at the top of the page or display it in the room so that it can be easily seen.
3. Write out or display a basic rhythm chart.
4. For easy vision, write each patient's name in large capital letters on the page or board. Ask participants to help identify the rhythm of all group member's names.
5. Set a steady beat on a metronome (mm = 88).
6. Say the participants name as it would normally be said. The leader may clap with the natural rhythm of the name to assure that participants have the rhythm.
7. Ask participants to identify the note value of each syllable of the patient's name. If no responses or incorrect responses result, give correct answers after all participants have had an opportunity to respond. Record (see example below).



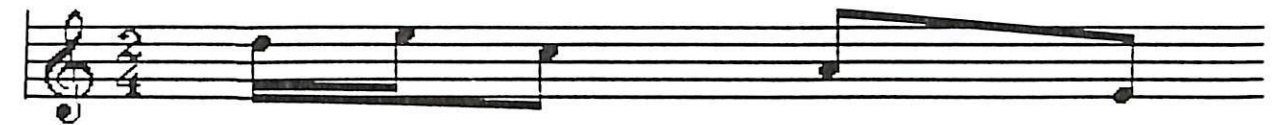
D E R R I C K M A S S E Y

8. Ask participants to identify all of the musical alphabets in the name. Underline them as they are called (see example below).



D E R R I C K M A S S E Y

9. Combine melody and rhythm on staff and play on accompanying instrument. If there are more alphabets than rhythmic syllables, subdivide the rhythms as needed to include all letters (see example below).
10. Depending on the needs of the group, all of the class or a portion of the class names can be analyzed during the same session. Five minutes should be allowed for each name analyzed.
11. All names can be combined into a Class Name Song to be sung by the instructor and patients who are able to learn or read it daily as a greeting (see example below).



D E R R I C K M A S S E Y

Other "Music of -" Activities

As themes change from week to week, this activity may be effectively used to carry out any theme from which a list of person, places, or things can be compiled (See attached listing of weekly themes Appendix I).

APPENDIX 8

Activity Plan IV: Handbells

Therapeutic Goal:

Participants will cooperate as a group to produce a musical idea.

Educational Goal:

To teach and to reinforce knowledge of basic melodic and rhythmic notation

Therapeutic Objective:

Participants will play hand bells upon command without exhibiting targeted inappropriate behavior for a designated period of time.

Educational Objective:

Participants will identify and play their assigned note with the proper rhythm 75% of the time.

Methodology:*Level I:*

1. Select simple songs which are familiar to participants.
2. Explain to participants how the activity will be conducted. Sing and play selection on piano or guitar so that participants can hear it. Ask participants to sing along. Note singing or affective responses.
3. Record selection on tape as it is being sung.
4. Say to participants, "Before we can play this selection on the tone bells, let's find the notes on the bells and write them down."
5. To reinforce all musical principles, the leader should draw a staff with the treble cleft sign, and time and key signatures, explaining the significance of each on the staff. (Use large lecturer's pad, size 27" X 51".)

6. Say, "Now that we have built music's home again, let's find the notes for this song."
7. The leader plays each note on the tone bells slowly and interacts with participants about the correctness of each note.
8. As it is located each note is written on the staff with identifying alphabet adjacent. For the sake of beginners, it should be explained that each note has a special home.
9. When the selection has been notated (with no attention to rhythmic notation), say to participants, "Now I'm going to play it, and I want you to tell me if it sounds like it should."
10. Depending on the attention level and intellectual capability of participants, the leader can try one of the following reinforcement activities:
 - A. Have participants play selection on bells and sing words
 - B. Have participants play and sing selection while calling out the notes
 - C. Assist each participant in playing the selection using the necessary level of prompting - full guidance, if needed, for lower functioning patients.
11. Use verbal praise, if necessary, for reinforcement to complete task
12. Note (1) affective responses, (2) level of tolerance to touch, (3) attention span, especially while leader works individually with others.

Level II Variation. Participants at this level can benefit from the same process used with Level I. However, more verbal interaction about the process should be required. Reinforcement activities may be expanded as follows:

1. Depending upon the size and capability of the group, give each participant one or two tone bells to play.

2. *When possible assign participants to play notes which are closest to the sound of their name, i.e., G - Gail. This aids the attention getting process. To assure appropriate response, ask each participant to tell you which note they have.*
3. Say to the participants, "We can make nice music together and play this song if you pay attention and concentrate on the music. Everybody look up here! Can you see the notes and letter names?"
4. Assess vision problems by asking each participant to identify one note on the board of sheet music.
5. Say, "Now that I know we can all see the music, we are ready to play. I will call out the names of the notes and whoever has that note must play it as soon as you can.." If participants fail to play when their notes are called, address the participant by name, i.e., G- Gail.
6. Participants at this level tend to sound the bells repetitively. The leader must teach participants how to sound the bell only once when the appropriate signal is given.

Participants at this level may have difficulty maintaining the rhythm or tempo of the selection. The primary intent is to elicit from participants continuous attention and responses that do not allow for hallucinations and delusions.

Level III Variation: Participants at this level should be taught as normal students. The leader can follow Level I procedures with the following variations: (a) Allow subjects to read music without any prompting from leader, if possible; (b) Add only the amount of assistance necessary to avoid embarrassing failures.

APPENDIX 9

Activity Plan IVa: Table Ball

Level:

Level I, II, and III

Therapeutic Goal

1. To encourage attention to activity and task
2. To encourage social interaction and group cooperation

Educational Goal

To practice identifying and moving to a steady beat.

Therapeutic Objective

Participants will remain on task for 5 minutes while rolling a ball across a table to the beat of background music being played.

Educational Objective:

Participants will roll the ball in time with the music, on the beat 75% of the time.

Materials

1. A cassette tape player or C.D.
2. A recording with a steady medium tempo.
3. A soft ball about four to six inches in diameter
4. Table space sufficient for each participant to have a clear territory to cover.

Methodology

1. State the goals and objectives of participants. Suggesting wording "Everything that moves has rhythm -- like this ball (bounce the ball or roll the ball as you speak). Let us see how well we can help this ball keep the rhythm of this music that I am about to play.

2. When the music begins, say, "We are going to roll this ball to each other in time with the music . The objective is to keep it rolling on the beat.
3. Leader should demonstrate with a participant who has a good sense of time if possible.
4. If participants have difficulty finding or sensing the beat the leader should aid beat identification by using one or all of the following methods.
 - (a) Count aloud; (b) keep the beat on a drum or the table; (c) give hand over hand assistance to participant who can't find the beat after several attempts.

More Table Ball Ideas

To teach identification of note values, instruct participants to roll the ball on a particular count or signal so as to establish a particular rhythm pattern, i.e., whole notes, half notes, quarter or eighth notes.

APPENDIX 10

Activity Plan #V: Thematic Song Writing

Therapeutic Goal

To foster on-task behavior of participants as measured by free spontaneous appropriate expression of feelings when elicited.

Educational Goal

To foster creativity in participants through exposure to creative composing of simple songs.

Therapeutic Objectives

Participants will express their feelings about the theme being discussed at least once during each session in a manner that is appropriate to their level of functioning as defined by the following behavioral expectation criteria:

Level I: Participants shall at least display situational appropriate affect.

Level II: Participants shall at least make one feeling statement.

Level III: Participants shall engage in logical dialogue with another person about their feelings on a specific topic.

Educational Objectives:

1. Level I students will gain exposure to the creative writing process.

2. Level II students will contribute lyrical or melodic ideas to the compositional process.

3. Level III students will contribute lyrical and melodic ideas to the compositional process.

Materials Used:

Tape recorder blackboard or paper and pencils

Methodology:

(NOTE: For purposes of clarity the theme "LOVE" will be used in the description of this activity.)

1. Allow participants to listen to or sing several compositions about LOVE. Use lyrical selections as they are the best facilitators of the communication process.
2. Ask participants to tell how the selection(s) affect(s) them, the message received, and the moods or feelings elicited.
3. Have participants pinpoint characteristic of the music that most affected the mood of the piece.
4. Inform the group that the class will be writing a song about LOVE.
5. Ask each participant to express what they feel LOVE in one statement. Ask the Level I group specific questions which call for short, one word answers or detectable affective responses, such as head nods or smiles.
6. Write all responses on the board or display for ease of vision.
7. Ask group members to suggest a tune for any line that has been written. Most Level I participants will be unable to enter into this process, so the leader should create song lines in honor of each participant, being careful to imply that the content of the line has been inspired by the participant's personality.
8. Tape all suggested song lines as sung by the participants.
9. At the end of each session, play the tape and give positive feedback to each participant about their contribution.
10. The leader should take the tape and arrange it so that a detectable form and final product results.

11. The finished product was shared with each group in a subsequent class period. Participants were again complimented for their contributions. With Level III participants, creations were analyzed for theoretical content and form.
12. Allow all groups to sing and/or play the creations on the bells.
13. Encourage Level III participants to write larger portions of selections or entire selections independent of the class.

APPENDIX 11

Activity Plan VI: Feedback

Therapeutic Goal:

To foster increased awareness of one's potential for growth and development and the process through which it may be achieved.

Educational Goal

To increase participants' understanding of how various music education activities and skills can be used to improve the quality of their lives.

Therapeutic Objectives

Participants will express new insights about their own potential daily by making positive statements about abilities or demonstrating decreased resistance or increased confidence in task performance.

Educational Objective

Students will demonstrate increased insight about the value of music education by increasing positive attention to musical task..

Methodology

1. Each day prior to the teaching of specific new musical concepts, participants are encouraged to emote about experiential activities in which they have been engaged.
2. Successful new experiences and special musical aptitudes of each participant are highlighted.
3. Free expression on the medium of their choice is encouraged such that new insights and skills can be tested or reinforced.
4. Self evaluation is encouraged.

APPENDIX 12

Activity Plan VII: Skill Building

Therapeutic Goal:

To develop and use musical skills and abilities as an alternative to symptomatic off-task behavior

Educational Goal:

To increase exposure to and knowledge of basic principles and techniques of music

Therapeutic Objective:

Participants will actively participate in skill building practices for one-half hour daily as an alternative to off-task symptomatic behavior.

Educational Objective:

- Level I: Participants shall attend and participate in all practices presented without resistance or symptomatic off-task behavior.
- Level II: Participants shall demonstrate increased musical knowledge by emitting higher level responses to various musical tasks than during initial assessment sessions.
- Level III: Participants shall demonstrate increased musical knowledge by emitting higher level responses to musical tasks and rendering higher level performances than during initial assessment session.

Materials Used:

Basic rhythm charts, music tonal charts, rhythm instruments, tone bells, tape recorder, record player, guitar, keyboard, song sheets, filmstrips, paper, pencil, markers, artist pads, blackboard, chalk, a Seth Thomas metronome

Methodology:

1. Participants initially experienced a musical theme through one of the first six Psycho-educational processes. Following the study of basic musical concepts, this theme should be subjected to musical analysis.
2. Rhythmic and tonal concepts were taught and practiced using rhythm and tonal charts especially enlarged to accommodate participants with visual defects.
3. When possible, a theme related selection was played as background to rhythmic practices.
4. Full guidance or partial assistance was provided for participants who had difficulty with rhythm.
5. Concepts were then reinforced using one or all of the following activities:
 - A. Group analysis of the theme in which participants labeled all knowledgeable musical concepts on the page. (Level III)
 - B. Group dictation of the theme in which the class identified notes, rhythms, and intervals as played, sung, or clapped by the leader. The theme was written on the board as the notes were identified. (Levels II and III)
 - C. Group and individual playing of the theme on tone bells. (Levels I, II and III)
 - D. Classes frequently closed with individual and/or group singing of thematic creations and other selections featured during the class period.

APPENDIX 13

RANK ORDER OF SESSIONS BY ATTENTION SPAN

<i>Rank</i>	<i>Session#</i>	<i>Theme/Emphasis</i>	<i>Minutes On Task</i>	<i>% On- Task</i>
1	26	Work Play/Research format	28.0	95.0
2	24	Summertime/Research format	27.6	94.0
3	22	Inspirational/Research format	27.0	89.6
4	21	Country/Research format	26.6	88.5
5	10	Roaring 20's/Piano	26.0	84.0
6	25	Love/Research format	25.0	82.3
7	13	New Environment/Music Room Orientation	24.0	79.6
8	16	Love/Music Trivia	23.8	79.3
9	15	Love/Creating	23.0	76.6
10	23	Presidents/ Research format	22.8	76.0
11	1	Theory/Introduction	22.3	74.3
12	14	Sing-A-Long	22.0	73.3
13	3	Melodic dictation	21.6	72.0
14	6	Presidents/Rhythm	21.3	71.3
15	11	Roaring 20's/Autoharp	19.2	63.6
16	5	Ear training	19.0	63.0
17	9	Animals/Melody	17.0	58.5
18	7	Film/Sharps	16.6	55.3
19	18	Presidents/Analysis Writing	16.5	55.0
20	20	Happiness/Sing-A-Long	16.3	54.3
21	19	Circus/Writing	15.6	52.5
22	17	Presidents/Melody	14.5	48.0
23	8	Animals/Rhythm	13.5	44.6
24	2	Tempo/Time	11.0	38.0
25	4	Party	10.9	35.6
26	12	Film/Key Signature	9.3	31.4

APPENDIX 14

RANK ORDER ATTENTION SPAN BY LEVELS

<i>Rank</i>	Level I		Level II		Level III	
	<i>Session</i>	<i>On-Task</i> %	<i>Session</i>	<i>On-Task</i> %	<i>Session</i>	<i>On-Task</i> %
1	17	100	21	100	26	100
2	14	100	10	100	25	100
3	13	100	24	95	22	100
4	26	96	26	90	21	100
5	22	96	25	84	16	100
6	24	92	15	78	15	100
7	6	78	22	73.3	10	100
8	23	73	1	63	5	100
9	3	73	11	63	3	100
10	21	66	6	58.3	2	100
11	25	63	23	54	1	100
12	10	62	13	52	23	96
13	17	56	8	48	24	95
14	18	55.5	18	46	7	91
15	19	55	3	45.5	11	88
16	1	53	9	45	13	85
17	9	52	14	42	20	80
18	15	51	5	41	9	78
19	20	50	19	38	14	75
20	5	50	16	38	6	73
21	12	48	20	33	19	66.6
22	7	43	4	33	18	63
23	11	40	7	31.6	17	58
24	8	31	17	30	4	58
25	11	16	12	3.3	8	50
26	2	10	2	3.3	12	43.4

APPENDIX 15
CONSENT FORMS

This study was conducted at Middle Tennessee Mental Health Institute as a part of a larger regional study that was being supervised by Dr. David Smith of the University of Georgia. Consent to video tape and conduct this study was secured with the understanding that the results of the study would be used to write this thesis and also shared with Dr. David Smith. Copies of all related communications and necessary consent forms comprise this appendix.



The University of Georgia

School of Music

Dear Administrator:

I am conducting a research project which will attempt to develop procedures for documenting music therapy in a qualitative manner as it is presently practiced with older adults. The fact that you are reading this letter indicates that the music therapist who works with your residents has agreed to participate in this project. I cannot, however, accept materials from your facility without your written approval.

Specifically, I have asked your music therapist to audio or video tape record individual and group music therapy sessions, as well as complete information sheets concerning goals and objectives which relate to the sessions recorded. These recordings will then be sent to the University of Georgia Music Therapy Research Center for use in developing effective documentation techniques and for qualitative analysis. Confidentiality of your residents and facility will be assured during the examination process. Taped materials will be used only for research purposes, will not be viewed in public in any form, and will be returned to your facility at the completion of this research project. This initial phase of the project is being carried out with music therapists who work in the Southeastern Region of the National Association for Music Therapy. At the conclusion of this phase, documentation procedures which proved effective will be used in a national survey of music therapists who work with older adults.

The inclusion of music therapy into the Older Americans Act has resulted in an increased interest in the benefits of music therapy with older adults. It is extremely important for professional music therapists to gain accurate information about what music therapists who work with older adults do. By agreeing to participate in this research project, your music therapist is helping to increase the knowledge in this area. Please sign and return the enclosed form if you give your approval for taped materials from your facility to be used in this research project. Thank you in advance for your support of the music therapy profession. I will be happy to share results of this research project with you when they are completed in the fall. If you would like more information concerning this research project, please feel free to call me (404)549-6590.

Sincerely,

David S. Smith, Ph.D., RMT-BC
Associate Professor of Music

Cynthia Rivers
Adjunctive Therapy
M.T.M.H.I.
1501 Murfreesboro Road
Nashville, TN 37217
June 24, 1992

David S. Smith, Ph.D., RMT-BC
Associate Professor of Music
University of Georgia
Fine Arts Building
Athens, Georgia 30602

Dear Dr. Smith:

Enclosed is a copy of a summary abstract of the treatment program currently being done with a group of older adults here at Middle Tennessee Mental Health Institute. We are elated that our hospital administrators have given approval for our participation in your project. You will find the required consent form enclosed.

We are currently attempting to secure necessary consent from the guardians of our patients and hope to be able to provide good documentation for the project. We will be anxiously awaiting further instructions from you.

Sincerely,



Cynthia Rivers, MTI

Research Project Compliance Form

I do hereby agree to participate in Dr. David S. Smith's research project entitled, "Documentation of Music Therapy with Older Adults" through the University of Georgia Music Therapy Research Center. I understand that the confidentiality of the residents of my facility is assured, and that the recordings furnished to Dr. Smith will be used exclusively for research purposes, will not be shown to public audiences, and will be returned at the completion of the project.

Cynthia A. Peters
(Music Therapist)

5/20/92
(Date)

Music Therapist II
(Title)

I do hereby give approval for individual and group music therapy sessions to be audio or video tape recorded for use in Dr. David S. Smith's research project entitled, "Documentation of Music Therapy with Older Adults" through the University of Georgia Music Therapy Research Center, Athens, Georgia.

I understand that the confidentiality of the residents of my facility is assured, and that the recordings furnished to Dr. Smith will be used exclusively for research purposes, will not be shown to public audiences, and will be returned at the completion of the project.

Richard McGehee, PhD / Chair - Local Committee
(Facility Administrator)

6/1/92
(Date)

Middle Tennessee Mental Health Institute
(Name of Facility)

Please return this form in the enclosed envelope to:

Dr. David S. Smith
School of Music
University of Georgia
Athens, Georgia 30602

Research Project Compliance Form

I do hereby agree to participate in Dr. David S. Smith's research project entitled, "Documentation of Music Therapy with Older Adults" through the University of Georgia Music Therapy Research Center. I understand that the confidentiality of the residents of my facility is assured, and that the recordings furnished to Dr. Smith will be used exclusively for research purposes, will not be shown to public audiences, and will be returned at the completion of the project.

Cynthia A. Peters 5/20/92
 (Music Therapist) (Date)
Music Therapist II
 (Title)

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I understand that the confidentiality of the residents of my facility is assured, and that the recordings furnished to Dr. Smith will be used exclusively for research purposes, will not be shown to public audiences, and will be returned at the completion of the project.

Richard McGhee, PhD / Chair - Research Committee 6/1/92
 (Facility Administrator) (Date)
Middle Tennessee Mental Health Institute
 (Name of Facility)

Please return this form in the enclosed envelope to:

Dr. David S. Smith
 School of Music
 University of Georgia
 Athens, Georgia 30602



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
MIDDLE TENNESSEE MENTAL HEALTH INSTITUTE
1501 MURFREESBORO ROAD
NASHVILLE, TENN. 37217
(615) 366-7616

June 24, 1992

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This letter comes to request your consent for _____ to be video taped in conjunction with the study described on the enclosed letter written to our hospital administrators. Hospital officials have already given approval for the study to be conducted with the Browning STEM music therapy group; however, your family member can not participate without the written consent of the responsible family member or guardian.

Please sign the enclosed consent form and return it in the enclosed self-addressed stamped envelope as soon as possible. Your prompt response would be appreciated as we need to begin taping as soon as possible. We rest assured that this project will be extremely beneficial for older adults and we are committed to protecting the rights and confidentiality of all who participate.

Sincerely,

Cynthia Rivers MTI

Cynthia Rivers, MTI



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
MIDDLE TENNESSEE MENTAL HEALTH INSTITUTE
1501 MURFREESBORO ROAD
NASHVILLE, TENNESSEE 37217
(615) 366-7616


June 1, 1992

TO WHOM IT MAY CONCERN:

This letter is to confirm that Cynthia J. Rivers has the consent of the Research Committee of Middle Tennessee Mental Health Institute to conduct a Research Project: "The Impact of Enhanced Music Educational Instruction on the Practice of Institutional Music Therapy: A Study of Off-Task Behavior of Chronic Schizophrenic Adults".

We do hereby give approval for individual and group music therapy sessions to be audio or video tape recorded for use in this study. We also understand that the results will be used to develop a masters thesis at Tennessee State University.

We further understand that the confidentiality of the residents of Middle Tennessee Mental Health Institute is assured and that the recordings will be used exclusively for research purposes.

Sincerely,

Michael McElroy, Ph.D., Chair
Research Committee

MM/ab

RIGHTS TO BE READ TO COMPETENT INDIVIDUAL

1. You have the right to deny permission to be recorded/photographed.

Do you understand? Yes _____ No _____

2. You have the right to withdraw permission to be recorded/photographed any time prior to the actual taping/photographing.

Do you understand? Yes _____ No _____

3. After recording/photographing, you have the right to make a written request that the tape/photograph be erased/destroyed. You will be notified within five (5) working days regarding action on this request. If the request cannot be granted, you will be given an explanation and you may appeal this decision to the institute superintendent.

Do you understand? Yes _____ No _____

Date

Signature of Person Reading Rights

Signature of Witness

