1. Key Information

**Module Title:** Music Therapy and Multi-Disciplinary Theoretical Studies  
**Module Code:** AF430002D  
**Module Leader:** Eleanor Richards  
Cambridge/Music Therapy Clinic Hel 073  
Telephone: 0845 196 2370  
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<table>
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<tr>
<th>Location of Delivery</th>
<th>Pathway</th>
<th>Module Tutor</th>
<th>Contact</th>
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</table>
| Music Therapy Clinic | MA Music Therapy | Helen Odell-Miller            | Room: Hel 256  
Telephone: 0845 196 2045  
helen.odellmiller@anglia.ac.uk |
|                      |                 | Amelia Oldfield              | Room: Hel 073  
Telephone: 0845 196 2979  
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|                      |                 | Helen Loth                   | Room: Hel 073  
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2. Introduction to the Module

This module provides the theoretical framework for a secure clinical knowledge and understanding of music therapy, together with its role in securing, maintaining and improving health and wellbeing for patients/clients. At the end of the module students will have a detailed and professional understanding of the place of music therapy within the broader perspective of arts therapies, the nature and practice of music therapy in particular and its function in clinical work both with individuals and with groups. Specifically they will have acquired a detailed and specialised knowledge and understanding of a variety of music therapy approaches and the client groups for whom these are indicated. This will take place through reading, lectures, and independent research and study, and through an integration of the knowledge and skills acquired in the other modules in the MA Music Therapy. Students will discuss and write about mind-body models of human functioning, such as attachment theory, child development, the recovery model, and many others. They will discuss the role of music therapy within these models.

More specifically students will understand a wide range of health, educational and social contexts and the place of music therapy within these as evidenced by research and effective practice. Lectures and seminars will enable the student to reflect upon, and have an informed understanding of core processes in therapeutic practice (e.g. the therapeutic frame, the centrality of the therapeutic relationship, transference, counter-transference, projection). Seminars will involve students as presenters and researchers, where independent participation, innovative thinking and critical analysis will be the norm. Students will learn about different methods of assessment, treatment and evaluation in music therapy and related disciplines.

Assessment will be through two essays relating music therapy to child development and to psychoanalysis, where the student will be expected to demonstrate an understanding of the music therapy models that have drawn on these frameworks. One essay includes a presentation of infant observations which are also presented to the whole group.

3. Intended Learning Outcomes

On successful completion of this module you will be able to:

<table>
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<tr>
<th>Knowledge and understanding</th>
<th>1. Demonstrate an informed understanding of medical, psychological, psychiatric, social and educational fields, both institutional and community-based, and the clinical practice of music therapy within these fields.</th>
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<td>2. Discuss, analyse and critically evaluate relevant theoretical approaches in music therapy and other relevant disciplines such as psychoanalysis and theories of child development.</td>
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<td>Intellectual, practical, affective and transferable skills</td>
<td>3. Demonstrate a working knowledge of the clinical music therapy process for patients/clients through a critical analysis and understanding of a variety of approaches from the literature and from the student’s own music therapy case work.</td>
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<td>4. Apply and reflect upon multi-disciplinary cultural issues such as equal opportunities, user involvement, current modernisation agendas and other legislation, showing how music therapy is relevant and clinically beneficial.</td>
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<td>5. Autonomously evaluate and apply your own thinking and an awareness of your own therapeutic process, to compare and contrast different approaches to assessment, treatment and evaluation in music therapy.</td>
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<td>6. Communicate effectively about how different music therapy approaches are relevant in the promotion of health and wellbeing in a variety of fields such as mental health, learning disabilities, autism, dementia care, child and family work, medical settings and palliative care.</td>
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4. Outline Delivery

4.1. Lectures

MUSIC THERAPY & MULTI-DISCIPLINARY THEORETICAL STUDIES

Subject Area 1

Music Therapy and Adult Psychiatry Lectures/Workshops

(Helen Odell-Miller)

Introduction
This lecture and workshop series will aim at providing a basis for the understanding of music therapy approaches in psychiatry. The focus will be on looking at different diagnostic groups, such as schizophrenia, manic depression, depression, personality disorders and dementia, and the related music therapy theoretical and clinical considerations. The lectures will look at group work and individual work. Specialist areas such as Eating Disorders and Forensic Psychiatry will be covered later in the academic year. Students will need to refer to a basic textbook of psychiatry such as the Oxford Textbook of Psychiatry, and also the diagnostic manuals ICD 10 and DSM 4, in addition to music therapy texts as indicated. The music therapy lectures will link with, and be supported by the lectures on general aspects of psychiatry, such as An Introduction to the Mental Health Act, Introduction to Psychiatry, diagnosis and the psychiatrist's role. The series will link theory and practice by using a lecture structure sometimes linked to a workshop format, in which, when indicated, students will need their instruments. The lectures will also link to the lectures on Child Psychiatry and Family work given by Amelia Oldfield. For all lectures and workshops students must come prepared having read the relevant reading matter with equipment necessary as outlined in the module guide and study pack.

Lectures 1 & 2

Introductory Lecture & Workshop: Introduction to Psychiatry and Music Therapy  (HO-M)

This will introduce students to the aims of the block and the areas students need to cover in order to practice in this field. It will also introduce some case work and the history and background of music therapy in the UK. It will present various approaches and a psychoanalytically informed approach in detail.

Essential Reading:

Odell-Miller, H (1995) ‘Why provide Music Therapy in the Community for Adults with Mental Health problems?’ British Journal of Music Therapy 9 No.1 pp 4-11


Lecture 3:
A Psychodynamic approach to Groups in Music Therapy in Adult and Child and Family Psychiatry (HO-M)

This will describe a psychodynamic approach to group work in adult settings and in child and family psychiatry with a video presentation. It will also look at some generic group concepts which apply to all groups.

Essential Reading


Bion, W. R. (1961) Experiences in Groups

Lecture 4:

Music Therapy with Adults: A Psychoanalytically Informed Case study with a Man with Bipolar Disorder.

This lecture will describe this approach using video and audio examples, with reference to the literature.

Essential Reading


Workshop & Lecture 5:

Music Therapy with Adults in Psychiatry: Individual and Group Case Work with people with Schizophrenia and other disorders.

These sessions will focus on individual and group work and will introduce work with people with schizophrenia, manic depression and depression. They will also include an introduction to institutional considerations such as the dynamics within institutions and how these relate to the music therapist.
Essential Reading


Lecture & Workshop 6: (HO-M & Dr Alistair Collen, Clinical Psychologist):

Music Therapy & Personality Disorders: an Introduction to Personality Disorders

Lecture 7: Running Arts Therapies Groups in Acute Ward Settings

This lecture will look at the specific approaches necessary to work in these settings and the adaptations of other models necessary. It will explore concepts of group theory including the work of Yalom.

Essential Reading


Subject Area 2

Lectures 1, 2 & 3: Professional Aspects of Music Therapy

In these lectures you will learn about the professional role of the Music Therapist and some of the legal aspects of the work. You will learn about Registration for Professional Music Therapists in the UK through the Health Professions Council (HPC) and about Continuous Professional Development (CPD) required once you are qualified. You will also receive a summary of how the profession works in other countries. The list below includes some of the topics you will cover.

- Confidentiality
- Recording sessions and reporting within a multi-disciplinary team
- Referral and Assessment Procedures
- The Children Act
- The Mental Health Act
- The National Health Service (NHS) Agenda for Change: innovations for restructuring the NHS in the UK.
- Careers, Interviews and Jobs
- Equality, Diversity, Gender and User Involvement
These lectures will be accompanied by PowerPoint presentations which will be electronically available.

Subject Area 3

General Music Therapy and Psychiatry Lectures:

An Overview of Music Therapy in Psychiatry in the UK: Organisational and Contextual Issues

This lecture will summarise the concepts of the ‘Unconscious at Work’ and explore team and institutional dynamics.

Reading:


Lectures on Psychiatric Disorders and Diagnoses
Dr Hayley Pinto

Psychiatrist Dr Hayley Pinto will introduce aspects of diagnosis and discuss treatments specifically focussing upon symptoms and medication in order to relieve symptoms. You will explore and discuss how this approach relates to other psychological and social treatments in psychiatry.

Music Therapy with Adults in Psychiatry: ‘Working with Musicians’

This lecture will discuss the literature, and experience about music therapy with patients who have been practising musicians, and how this affects the dynamics of the relationship and the path that the improvisations might take. Students will be invited to bring their own examples of this and also to reflect upon their own experience as musicians.


Subject Area 4

Specialist Areas: These are delivered mainly by guest lecturers over the two year training. Further details will accompany the lectures

Music Therapy and Eating Disorders
Helen Loth

Connections between Music Therapy and Counselling Skills 1 & 2
Helen Loth
Using video and discussion, music therapy with older people will be explored with specific reference to understanding the wider context of services for older people, and related theoretical approaches.

**Day Seminar:**

Helen Odell-Miller and Dr Sinclair Lough, Clinical Psychologist
An introduction to neuropsychology: working with a man with dementia at home through music therapy in a community and multi-disciplinary approach

**Suggested Reading**


**Additional Reading:**


**Additional Reading (for the whole block)**


Psychoanalytic Approaches to working with People with Learning Disabilities (Eleanor Richards)

In these seminars students are invited to consider the possibilities of thinking about work with learning disabled patients in terms of psychoanalytic theory. Students are asked to read a paper beforehand (Stokes, J: ‘Insights from Psychotherapy’, a paper delivered at the Royal Society of Medicine, February 1987) and to bring it for discussion. The value and potential problems of psychoanalytic thinking with this client group are considered, and for the second seminar students are asked to bring vignettes from their own clinical or other experience for discussion. The second seminar ends with a case presentation by the lecturer. These seminars take place in term 1 and form part of preparation for students’ first clinical placements.

Texts:

Introduction to Psychoanalytic Theory (ER)

The purpose of this lecture is to introduce students to some of the main strands of psychoanalytic thought of the past 100 years, and to relate the material to clinical and more general interpersonal experience.

Themes of particular importance include:

- Unconscious processes
- Transference & countertransference
- Projection & splitting
- Play
- Containment
- Mourning

In the introductory session a broad introduction is given to the texts we shall be reading, copies of the texts are distributed, and practical arrangements are made for the conduct of the subsequent seminars.

In the 8 main seminars, students in turn take responsibility for reading a paper and, by extrapolating the main concepts, presenting it to the rest of the group as a basis for discussion. The student presenter is responsible for facilitating the discussion, and may bring handouts or other supporting material if s/he chooses. All group members should have read the relevant text(s) before the seminar and come well prepared to contribute to proceedings in order that, with some leadership from the presenter, the group may work through the text together. Working in this way provides the opportunity for the group to think together and for individual members to relate ideas to clinical examples from their own working experience.
This is not a supervision group, i.e. not a forum for detailed discussion of individual current clinical issues or dilemmas. Attention should go towards the text and the concepts therein; our use of clinical material will be primarily to illustrate and inform our understanding of these concepts.

Texts to be read in this year’s seminars are listed below; students are encouraged to read the following in preparation:

Sandler, Dare & Holder (1992) *The Patient and the Analyst* London: Karnac

Seminar papers (copies reproduced in the study pack):

Shuttleworth, J: ‘Psychoanalytic Theory and Infant Development’ in *Closely Observed Infants* (Duckworth) pp. 22-51
Salzberger-Wittenberg ‘Aspects of a Relationship’ in *Psychoanalytic Insight and Relationships* pp. 3-45
Klein, M: ‘The Technique of Early Analysis’ in *The Psychoanalysis of Children*
Winnicott, D: ‘Playing: a Theoretical Statement’ in *Playing and Reality*
  ‘The Good Enough Mother’ in *Playing and Reality*
  ‘Transitional Objects and Transitional Phenomena’
Tustin, F: ‘Autistic Objects’ in *Autistic Barriers in Neurotic Patients* pp. 102-118
Sinason, V: ‘The Man who was Losing his Brain’ in *Mental Handicap and the Human Condition* pp. 87-110
Segal, H: ‘Notes on Symbol Formation’ in *Delusion and Artistic Creativity* pp. 49-65
Bion, W: ‘A Theory of Thinking’ in *Second Thoughts*
Bion, W: ‘Container and Contained’ in *Attention and Interpretation* pp. 72-82
Salzberger-Wittenberg etc: ‘Different Kinds of Endings’ in *The Emotional Experience of Teaching and Learning* pp. 139-154
Freud, S: ‘Mourning and Melancholia’
Klein, M: ‘Mourning and its Relation to Manic Depressive States’ in *Love, Guilt and Reparation* pp. 344-367

An extended essay on the relationship of psychoanalytic ideas to music therapy is formally assessed.

Subject Area 6

Child Development

INTRODUCTION TO CHILD DEVELOPMENT

Our teaching on this complex topic is delivered through a variety of means:

- Infant observation (ER)
- Stern’s theories of mother/infant interaction (HL)
- General theories of child development (Judy Adams, Clinical Psychologist)
- Psychoanalytic theories of child development (ER)
- Attachment Theory (ER)

In all of this teaching we emphasise the importance of this material not only for a necessary understanding of the pathology of children and young people, but equally for the recognition of the implications of early experience throughout the life cycle.
Mother/infant observation (Eleanor Richards)

Students are required to undertake not less than 6 separate hours of observation of a baby (maximum age 18 months at the start of the observation) and his/her mother, or other main carer. Observations are to take place in the family home.

We regard this as a valuable element of training for the following primary reasons:

• It offers the opportunity to observe the development of a intense and significant relationship conducted by non-verbal means;
• It offers the opportunity to observe the defensive/compensatory strategies adopted by both partners at times of anxiety;
• It requires the student to develop his/her skills of detailed observation of micro-interactions and successions of events;
• It offers the opportunity for the student to become aware of and attend to his/her own emotional (i.e. countertransference) reactions to events, whilst remaining in the position of observer;
• It offers the opportunity to consider the significance of appropriate boundaries and the demands of confidentiality;
• All these skills and personal qualities are central to the practice of therapy.

Students are required to maintain detailed notes of each observation; they may also include a small amount of video/photographic material, with the family’s agreement.

There is an introductory teaching session before the start of the observations, focusing upon the practicalities of setting up the observation, ethical issues, acknowledgement of the potential emotional impact for the observer, and relating the observation to the broader process of training.

Early in the term following completion of the observations, each student gives a presentation to the student group, focusing upon three areas:

• Introducing the baby and his/her family context;
• Reporting a short period of interaction in detail and considering its theoretical implications;
• Relating the material described to broader aspects of the practice of music therapy.

Students are required to incorporate material from their observations into their child development essay (see below) and to submit with the essay an example of their observer’s notes.

Texts:

Sternberg, J (2005) Infant Observation at the Heart of Training London: Karnac
Winnicott, D (1990) The maturational processes and the facilitating environment London: Karnac
**Stern's theories of mother/infant interaction (Helen Loth)**

In these two lectures students are introduced to the work of Daniel Stern and colleagues and invited to relate it to their detailed observations of mother-infant interactions. Concepts taught include the infant's and care-giver's repertoire and elicited behaviours, structure and timing, and affect attunement. The ways in which music therapists have used these theories in clinical work are looked at using key texts, and students are asked to relate this to their own infant observations. Teaching is through lectures, study of child development and music therapy video material and discussion.

**General Theories of Child Development (Judy Adams)**

This is a broad introduction to the main theories of child development of the past 50 years. It introduces students to the landmarks of healthy physical and psychological development and to some of the main areas in which development may be compromised (general developmental delay, language/communication delay, autism, etc.)

Students are expected to incorporate material from these sessions into their child development essay.

**Psychoanalytic Theories of Child Development (ER)**

In these two lectures, current theories of child development from a psychoanalytic standpoint are introduced. This involves a necessarily brief overview of the work of Melanie Klein and Winnicott in particular, with reference also to the ideas of Balint, Mahler and Fairbairn.

Some of this material is explored at greater depth in the module 'Introduction to Psychoanalytic Theory' (see below).

Students are expected to incorporate material from these sessions into their child development essay.

**Texts:**


**Attachment Theory (ER)**

This session provides an introduction to the basic principles of attachment theory as proposed by John Bowlby and developed by others such as Mary Ainsworth, Howard Steele and Peter Fonagy, and to consider the contribution of attachment theory to broader psychoanalytic thinking and to current relational approaches to therapeutic practice. It aims to enable students to consider the centrality and influence of early attachment experiences (including their own) when reflecting on their patients’ potential difficulties in relating, and to draw upon Ainsworth’s categories of attachment behaviours as a framework for their clinical understanding and interventions.

**Texts:**


An extended essay on child development is formally assessed.

### Subject Area 7

**Music Therapy with Children and Families**  
*(Amelia Oldfield)*

**Introduction to AO’s approach**  
Brief description: An introduction to AO’s music therapy approach which is described in depth in two books. (Oldfield 2006 and Oldfield 2007). The approach is called ‘Interactive Music Therapy’ and is characterised by eight points: the fact that music is motivating, the structure of music, pre-verbal basic exchanges through music, the fact that issues of control can be brought up through music making, the playful nature of musical interactions, the balance between following and initiating, the use of movement and working jointly with parents and children. Students should gain a good understanding of this approach and be able to apply aspects of this work to their own clinical work.

**Music therapy assessment**  
Brief description: Various methods of recording information on music therapy sessions are presented and discussed. AO’s three stage assessment procedure is described in detail. A video session of a family receiving an initial music therapy session is watched and discussed, focussing on what information is gained from the session and how the information is recorded. Students should learn about different ways of recording information from music therapy sessions and experiment with different ways of doing this after watching video tapes of music therapy sessions.

**Music therapy at the child development centre 1**  
Brief description: The Child Development Centre in Cambridge is described, the history of music therapy at the Centre is outlined and the way in which music therapy fits into the multidisciplinary team at the centre is explained. Examples of individual, family and group cases are presented, including the award winning video “Joshua and Barry” (Oldfield and Nudds 2002). Students should gain an understanding of how music therapy fits into the wider context and how changes in a music therapy service can change over time. The way in which the music therapist fits in with and works with the multidisciplinary team should be clear and help them to fit into the teams they will come across on clinical placement. The wide variety of music therapy work presented should give students an open mind about different types of intervention.

**Music therapy at the child development centre 2**  
Brief description: AO’s individual work with children with Autistic Spectrum Disorder and their parents will be explored in detail focussing on two families. Video excerpts of music therapy at various stages of treatment will be used. AO’s specific approach with this client group will be explored. Students should learn how to work with young children with Autistic Spectrum Disorder and their families and understand the rationale behind this approach.

**Music therapy in child and family psychiatry**  
Brief description: The Croft Unit for Child and Family Psychiatry in Cambridge is described, the history of music therapy at the Centre is outlined and the way in which music therapy fits into the multidisciplinary team at the centre is explained. The Croft training video made by AO is shown (Oldfield 2005). Examples of individual work and group work are presented. Students should gain an understanding of how music therapy fits into a child and family psychiatric unit and how changes in the philosophy of the unit can affect the music therapy service and lead to new ways of working.
Music therapy with families
Brief description: A wide variety of family music therapy work is described and illustrated through video excerpts. AO’s particular approach in this area is outlined. Students should understand and become open to the concept of working with families and gain an understanding of AO’s approach in this area.

4.2. Attendance Requirements
Students are expected to attend all teaching sessions on the courses for which they have registered. Practical projects, rehearsals and ensemble performances are collaborative in their nature and require full attendance. Students taking practical and performance modules should be aware that at certain times a more intensive commitment is required which must be balanced against other life and work commitments. You will be notified of these extra rehearsals as far in advance as possible.

If you need to be away from classes for an extended period, it is very important that you inform your Student Adviser, and that you complete a ‘mitigating circumstances’ form.

Please see the notes on ‘Attendance’ in the Anglia Ruskin Undergraduate Student Handbook for full University regulations.

To be effectively prepared for a teaching session, you should:

- have completed all the set reading or other prescribed work as described in the course handbook or as set by your lecturer
- have your own copy of the required text or other material
- bring adequate writing materials for taking notes
- be wearing appropriate clothing, especially for rehearsals and performance workshops
- arrive mentally and physically prepared for the session

Attending all your classes is very important and one of the best ways to help you succeed in this module. In accordance with the Student Charter, you are expected to arrive on time and take an active part in all your timetabled classes. If you are unable to attend a class for a valid reason (e.g.: illness), please contact your Module Tutor.

Anglia Ruskin will closely monitor the attendance of all students and will contact you by e-mail if you have been absent without notice for two weeks. Continued absence can result in the termination of your registration, as you will be considered to have withdrawn from your studies.

International students who are non-EEA nationals and in possession of entry clearance/leave to remain as a student (student visa) are required to be in regular attendance at Anglia Ruskin. Failure to do so is considered to be a breach of the immigration regulations. Anglia Ruskin, like all British Universities, is statutorily obliged to inform the Border and Immigration Agency of the Home Office of significant unauthorised absences by any student visa holders.
4.3. Attendance for Group and Collaborative Work

For modules that include collaborative practical work, especially those leading to live performance events, there is an especial necessity for full and punctual attendance. Poor attendance and/or engagement inevitably has a detrimental affect on the work of your fellow students and will hinder their achievement, as well as your own.

If you are unable to attend a particular rehearsal, class or workshop you should inform your Module Leader or the Department Administrator immediately, and in advance of the class wherever possible. All members of staff have voicemail and email. You will then be entered on the register as an ‘explained absence’. Failure to do this will mean that you will be marked ‘unexplained absent’.

Absence for reasons of external work commitments, timetable clashes or time mismanagement will not be accepted.

You should be aware that poor attendance and/or lack of commitment will inevitably affect your ability to meet the module learning outcomes to a satisfactory standard, and consequently your mark may be affected.

5. Assessment

[Note: Assessment information is provisional until approved by the External Examiner].

The following assessment tasks relates to Learning Outcomes as tabled below and as detailed on the Module Definition Form.

**Essay 1:** Child Development Essay relating to infant observations and to the clinical practice of music therapy

This contributes 50% of the module mark and relates mainly to Learning Outcomes 2 & 3

**Details:** Choose two aspects of / approaches to child development which interest you (eg: mother-infant interaction, developmental theory, attachment theory etc.). Discuss their relevance to music therapy, illustrating your discussion with examples from your infant observation and from your current experience and understanding of music therapy.

You should attach to your essay your notes from any two of your observations.

3000 words

Hand in date: **Monday February 8th 2010, to the iCentre (Mel 002) by 5pm**

Marking scheme:

15% choosing & introducing two aspects  
25% their relevance to the practice of music therapy  
20% examples from your infant observation, appropriately used  
20% relating these examples to music therapy practice  
10% clarity of structure & language  
10% references
Essay 2: Music therapy and its relationship to psychoanalysis

Details: Discuss the contribution psychoanalysis makes to music therapy

This contributes towards 50% of the module mark and relates to all the learning outcomes.

5000 words

Hand in date: Monday April 26th 2010, to the iCentre (Mel 002) by 5pm

Marking scheme:

25% choose a focus (i.e an aspect of psychoanalytic theory) and explain your choice;
30% discuss your focus in the light of existing psychoanalytic theories that you have read about, or encountered in lectures, seminars, supervisions, tutorials etc.;
30% discuss your chosen focus in the light of existing music therapy literature, using your own clinical experience and examples from music therapy casework to illustrate your discussion;
15% title, structure & references

5.1 Feedback

You are entitled to written feedback on your performance for all your assessed work. For all assessment tasks which are not examinations, this is provided by a member of academic staff completing the assignment coversheet on which your mark and feedback will relate to the achievement of the module’s intended learning outcomes and the assessment criteria you were given for the task when it was first issued.

Anglia Ruskin is committed to providing you with feedback on all assessed work within 20 working days of the submission deadline or the date of an examination. This is extended to 30 days for feedback for a Major Project module (please note that working days excludes those days when Anglia Ruskin University is officially closed; e.g.: between Christmas and New Year).

At the main Anglia Ruskin University campuses, each Faculty will publish details of the arrangement for the return of your assessed work (eg: a marked essay or case study etc.). Any work which is not collected by you from the Faculty within this timeframe is returned to the iCentres from where you can subsequently collect it. The iCentres retain student work for a specified period prior to its disposal.

To assure ourselves that our marking processes are comparable with other universities in the UK, Anglia Ruskin provides samples of student assessed work to external examiners as a routine part of our marking processes. External examiners are experienced academic staff from other universities who scrutinise your work and provide Anglia Ruskin academic staff with feedback and advice. Many of Anglia Ruskin’s staff act as external examiners at other universities.

On occasion, you will receive feedback and marks for pieces of work that you completed in the earlier stages of the module. We provide you with this feedback as part of the learning experience and to help you prepare for other assessment tasks that you have still to complete. It is important to note that, in these cases, the marks for these pieces of work are unconfirmed as the processes described above for the use of external examiners will not have been completed. This means that, potentially, marks can change, in either direction! Marks for modules and individual pieces of work become confirmed on the Dates for the Official Publication of Results, which can be checked at www.anglia.ac.uk/results.
6. Assessment Criteria and Marking Standards

6.1 Anglia Ruskin University Generic Assessment Criteria

Please consult your student pathway handbook for details about Anglia Ruskin’s generic assessment criteria and policy. This information can also be found under the Student section of ANET.

6.2 Module Specific Assessment Criteria

In addition to Anglia Ruskin’s generic assessment criteria, your work will also be marked against module-specific assessment criteria. Assessment tasks for this module will be marked against the marking criteria for **Written Work**:

**Assessment Criteria – Written Work**

**Distinction [80%-100%]**

This work is characterised by an outstanding degree of independent research and distinctive originality. Work of this standard is in full command of its topic and capable of overturning orthodox positions or received opinion with strikingly new analyses or innovative creation. Upper first-class work is rare and exceptional; it will be a sustained demonstration of intellectual rigour, technical excellence, creative and imaginative flair and the highest standards of achievement and research proper to the field of study.

Work at this level is comparable to existing exemplars of the repertoire or displays outstanding originality. Work of this standard far exceeds module learning outcomes and will display some or all of the following characteristics:

- Compelling analysis demonstrating complete command of the topic
- Outstanding originality, capable of overturning received opinion, where relevant
- Sharp focus on the full implications of the question asked, with a sophisticated and comprehensive awareness of associated problematic issues
- Effectively structured and convincing argument
- Command of relevant theory and/or critical context, fully supported with detailed evidence properly referenced
- Persuasive and highly articulate use of written English.

**Distinction [70%-79%]**

This is characterised by independent learning and freshness of approach. Work of this standard fully explores the topic and is not afraid to challenge orthodox positions or received opinion where relevant. The work is outstanding and displays a selection or combination of the qualities of intellectual rigour, technical excellence, creative and imaginative flair and very high standards of achievement and research proper to the field of study.

Work at this level displays a sophisticated level of engagement with the material and substantial attainment and expansion of pathway and module learning outcomes. Work at this level will display some or all of the following characteristics:

- A penetrating level of analysis fluently at ease with the topic
- Originality of approach and the ability to challenge received opinions, where relevant
- Focus on the full implications of the question asked and an intelligent awareness of associated problematic issues
- Careful organisation and cogent, progressive argument
• Wide knowledge of relevant theory and/or critical context, well supported by detailed evidence properly referenced
• Clear, articulate and effective use of written English.

Merit [60%-69%]

Work in this class demonstrates some of the qualities that define work in the category of Distinction but not in as sustained a manner. A Merit denotes very good work, but it is not intellectually, practically or creatively outstanding. An abstract or generalised piece of work must be of very high quality to gain a Merit mark.

Work at this level will display clear engagement with course aims and substantial attainment of learning outcomes and will display some or all of the following characteristics:

• Good powers of analysis, systematically deployed
• A thorough and intelligent treatment of the topic
• An accurate and sustained focus on the main implications of the question
• Clear organisation and a well-developed argument
• Good knowledge of relevant theory and/or critical context, supported with evidence, adequately referenced
• Literate, clear use of written English

Pass [50%-59%]

Work in this class is of average to good, and not merely passing, standard. Work at this level will display acceptable engagement with course aims and satisfactory attainment of learning outcomes, and will display some or all of the following characteristics:

• Reasonable powers of analysis, but sometimes over-generalised or unfocused
• A sound treatment of the topic, but omitting some key points
• A partial answer to the question
• An argument advanced, but largely derived from secondary sources
• Adequate knowledge of relevant theory and/or critical context, although supporting evidence offered is insufficiently detailed and/or inconsistently referenced
• Satisfactory, but sometimes imprecise, use of written English.

Pass [40%-49%]

Although weak, this is of passing standard and should not be confused with failed work. There is little engagement with course aims and limited attainment of learning outcomes. Work at this level will display some, or all, of the characteristics listed here:

• Limited powers of intellectual analysis
• An inadequate focus on the topic, omitting many key points
• An evasive or poorly directed address to the question
• An underdeveloped argument, with a heavy reliance on paraphrase or summary
• Limited knowledge of relevant theory and/or critical context, with assertions insufficiently substantiated by evidence
• Pedestrian, repetitious or inaccurate use of written English
Fail [30%-39%]

Although inadequate at postgraduate level, work within the mark range of 30%-39% qualifies as a marginal Fail. Work at this level displays little or no engagement with course aims and failure to attain most learning outcomes. The 30%-39% range is used carefully to indicate the extent of the failure and the work’s closeness to being of passing quality. In some circumstances, compensation rules may apply (i.e. resubmission of work or retaking the module may not be obligatory). Work at this level will display some, or all, of the characteristics listed here:

- Negligible or feeble powers of critical analysis
- A lack of focus on the question asked, omitting most key points
- A failure to answer or misunderstanding of the question
- Little developed argument, marred by fallacies and/or confused organisation
- Poor knowledge of relevant theory and/or critical context, with unsupported and/or dubious assertions
- Ineffective use of written English, with many errors in syntax, spelling, word choice and punctuation.

Fail [0%-29%]

Work within the range 0%-29% is very weak and clearly fails to reach passing standard. Typically, course aims are ignored and no attempt is made to attain any learning outcomes. A mark of 0% will usually denote a failure to submit work at all. Work within this range cannot be compensated. Depending on individual circumstances and the requirements of the module, failed work at this level must either be resubmitted or the module retaken. Failed work at this level will show some, or all, of the serious weaknesses listed here:

- No evidence of critical analysis
- Disregard of the question asked, omitting all key points
- No attempt made to answer the question and/or extensive misunderstanding of its implications
- No argument advanced. The majority of the work will be illogical, incoherent and confused
- No knowledge of relevant theory and/or critical context, with inaccurate assertions
- Poor use of written English, with incoherent syntax, extensive spelling mistakes, confused work choices and incorrect punctuation.

7. Assessment Offences

You are reminded that any work that you submit must be your own. All suspected assessment offences will be investigated and can result in severe penalties. Please note that it is your responsibility to consult the relevant sections of the Academic Regulations (section 10 – see www.anglia.ac.uk/academicregs) and the Student Handbook.

When you are preparing your work for submission, it is important that you understand the various academic conventions that you are expected to follow in order to make sure that you do not leave yourself open to accusations of plagiarism (e.g. the correct use of referencing, citations, footnotes etc.) and that your work maintains its academic integrity.

Plagiarism is theft and constitutes the presentation of another’s work as your own in order to gain an unfair advantage. You will receive advice and guidance on how to avoid plagiarism and other elements of poor academic practice during the early stages of your studies at Anglia Ruskin.
A Guide to Academic Integrity and Good Academic Practice

A primary purpose of a University education is to instil in each student an understanding of, and a capacity for scholarship, independent judgment, academic rigour, and intellectual honesty.

It is the joint responsibility of university teachers, support staff and students to work together to foster these ends through relationships which encourage freedom of inquiry, demonstrate personal and professional integrity, and foster mutual respect.

Good academic practice refers to the process of completing your academic work independently, honestly and in an appropriate academic style, using good referencing and acknowledging all of your sources.

To demonstrate good academic practice you must:

• develop your own independent evaluation of academic issues;
• draw upon research from academics in your field of study;
• discuss and evaluate existing concepts and theories;
• demonstrate your understanding of the key literature;
• develop your own arguments.

To support your own good academic practice you will need to develop:

• study and information skills (eg. reading, note-taking, research etc);
• skills of critical enquiry and evaluation (eg. taking a balanced opinion, using reasoning and argument);
• appropriate academic writing skills (eg. for essays, reports, dissertations etc);
• referencing skills;
• examination techniques (eg. preparation and timing etc).

Achieving good academic practice is not as complicated as it may appear. In a nutshell, you need to:

• know the rules;
• make sure you reference all sources.

Poor academic practice or academic dishonesty (plagiarism, cheating, fraud etc.) is sometimes caused by insecurity as to what is expected and what is allowed. If you are in any doubt you should talk to a librarian and/or your module or personal tutor.

Our Expectations of Students

The Student Charter (http://web.anglia.ac.uk/anet/students/pdfs/ 11473_Charter_16ppA5.pdf) requires you to ‘be aware of the academic rules relating to your studies’, p9). We expect you to agree that you will:

i) ensure that you are familiar with the academic conventions regarding the citing (acknowledgement, referencing) of the work of others (see, for assistance, http://libweb.anglia.ac.uk/referencing/referencing.htm);
ii) only hand in your own original work for assessment;
iii) correctly reference all the sources for the information you have included in your work;
iv) identify information you have downloaded from the internet;
v) never use another student’s work as if it were your own work;
v) never use someone else’s artwork, pictures or graphics (including graphs, spreadsheets etc. and information from the internet) as if they were made by you;
vii) never let other students use or copy from your work;
viii) work through ‘PILOT’, the online tutorial available on the University library website (http://libweb.anglia.ac.uk/pilot/). PILOT addresses a number of study skills which will help you develop good academic practice.

8. Learning Resources

8.1. Recommended Texts

<table>
<thead>
<tr>
<th>Key Texts/Literature:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Selected Reading List for MA Music Therapy</strong></td>
</tr>
<tr>
<td>Clarkson, G. (1998) <em>I Dreamed I was Normal – A Music Therapist’s Journey into the Realms</em></td>
</tr>
</tbody>
</table>
of Autism. St Louis, MO: MMB Music


Segal, H: ‘Notes on Symbol Formation’ in Delusion and Artistic Creativity pp. 49-65


Books are available through the library; many journal papers are available electronically through the University Library or in hard copy through inter-library loan.

**Videos /DVDs**

[The following are training videos produced by Anglia Ruskin University, available from the University Library.]


Other useful videos:

Channel 4 (1996): *Baby, it’s You!*

McEvoy, W (2001) *A 3 year old child observed*

Robertson et al. (1952) *A two year old goes to hospital*
8.2. Recommended Internet Resources

Three websites dealing with current ideas, developments and controversies in music therapy throughout the world:

Music Therapy World  http://www.musictherapyworld.de/
Voices  http://www.voices.no/

The Nordic Journal of Music Therapy  http://www.njmt.no/index.ssi

For a wide range of papers and links to other useful websites devoted to psychoanalytic ideas, go to:

Psyche Matters  http://www.psychematters.com/psych.htm

Institute of Psychoanalysis  http://wwwpsychoanalysis.org.uk/paper.htm

For a good introduction to the central issues of attachment theory from the New York Attachment Consortium:  http://www.psychology.sunysb.edu/attachment/

8.3. Other Resources

These are outlined in the study pack and power point presentations will be electronically available. Students are also encouraged to attend conferences and other events as outlined by the staff team, the Association of Professional Music Therapists, and the British Society for Music Therapy.
Module Title: maximum 100 characters
Music Therapy & Multi-Disciplinary Theoretical Studies

Module Leader: Eleanor Richards
Department: Music & Performing Arts
Faculty: ALSS

Level: see guidance notes
Module Type: see guidance notes

Level 4
Module Type: Standard

Credits: see guidance notes
Study Hours: see guidance notes

30
300

Restrictions
Pre-requisites:
Co-requisites:
Exclusions:
Pathways to which this module is restricted:
Music Therapy Pathway

Learning, Teaching and Assessment Information

Module Description: 200 – 300 words
This module provides the theoretical framework for the clinical knowledge and understanding of music therapy, together with its role in securing, maintaining and improving health and well being for patients/clients. At the end of the module students will have a detailed and professional understanding of the nature and dynamics of arts therapists' relationships and more specifically, music therapists, and their management both with individuals and with groups. Specifically they will have acquired a detailed specialised knowledge and understanding of a variety of music therapy approaches and the client groups relevant for these. This will happen through reading, lectures, independent research and study, and through an integration of the knowledge and skills acquired in the other modules for the MA Music Therapy. Students will discuss and write about mind-body models of human functioning, such as attachment theory, child development, the recovery model, and many others. They will discuss the role of music therapy within these models.

More specifically students will understand a wide range of health, educational and social contexts and the place of music therapy within these as evidenced by research and effective practise. Lectures and Seminars will enable the student to reflect upon, and have an informed understanding
of core processes in therapeutic practice (e.g. the therapeutic frame, the centrality of the therapeutic relationship, transference, counter-transference.) Seminars will involve students as presenters and researchers, where independent participation, innovative thinking and critical analysis will be the norm. Students will learn about different methods of assessment, treatment and evaluation in music therapy and related disciplines.

Assessment will be through two essays relating music therapy to child development and to psychoanalysis, where the student will be expected to demonstrate an understanding of the music therapy models that have drawn on these frameworks. One essay includes a presentation of infant observations which are also presented to the whole group.

6b. Outline Content:

- The student reads, prepares presentations, and attends a variety of small and large group seminars, lectures and discussion groups in order to compare and contrast different models of clinical practice. The student develops an in-depth understanding of at least two music therapy approaches and others in less detail, learning about their relevance in the clinical field.
- The student writes about, discusses and interprets psychoanalytic theory and literature and its relation to a wide variety of music therapy theoretical literature.
- The student studies a number of different mental health and learning disability fields, including medical, hospice-based work, community, social and education fields, and the role of music therapy and related interventions. The student learns about diagnosis treatment and evaluation in order to promote health and well being of clients/patients.
- There will be active reflective learning, with a focus on logical systematic thinking, intuition imagination, reasoned conclusions and sustainable judgements. The students will also be able to understand and be familiar with the impact of social circumstances upon health, and understand social and political context and influence. Health Legislation, Professional and Statutory Body involvement, and an understanding of music therapy and other health interventions in the UK and wider International network will be essential.
- The student compares, contrasts and evaluates different child development theories and their relation to music therapy.
- The student attends academic conferences and seminars on specialist subjects and keeps their own portfolio of experiences which show the ability to gather and evaluate evidence about music therapy and related practices which will advance clinical knowledge and practice.

6c. Key Texts/Literature:

A Full list is available in the Module Guide

6d. Specialist Learning Resources:


7. **Learning Outcomes (threshold standards):**

<table>
<thead>
<tr>
<th>Knowledge and understanding</th>
<th>On successful completion of this module the student will be expected to be able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Demonstrate an informed understanding of medical, psychological, psychiatric, social and educational fields both institutional and community-based, and the clinical practice of music therapy within these fields.</td>
</tr>
<tr>
<td></td>
<td>2. Discuss, analyse and critically evaluate relevant theoretical approaches in music therapy and other relevant disciplines such as psychotherapy and child developmental theories.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intellectual, practical, affective and transferable skills</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Demonstrate a working knowledge of the clinical music therapy process for patients/clients through a critical analysis and understanding of a variety of approaches from the literature and from the students own music therapy case work</td>
<td></td>
</tr>
<tr>
<td>4. Apply and reflect upon multi-disciplinary cultural issues such as equal opportunities, user involvement, current modernisation agendas and other legislation, showing how music therapy is relevant and clinically beneficial</td>
<td></td>
</tr>
<tr>
<td>5. Autonomously evaluate and apply own thinking and an awareness of own therapeutic process, to compare and contrast different approaches to assessment, treatment and evaluation in music therapy.</td>
<td></td>
</tr>
<tr>
<td>6. Communicate effectively about how different music therapy approaches are relevant in the promotion of heath and wellbeing in a variety of fields such as mental health, learning disabilities, autism, dementia care and other fields</td>
<td></td>
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</table>

8. **Learning Activities**

<table>
<thead>
<tr>
<th>Learning Activities</th>
<th>Hours</th>
<th>Learning Outcomes</th>
<th>Details of duration, frequency and other comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lectures:</td>
<td>40</td>
<td>All</td>
<td>Lectures, Seminars, Videos, Case Presentations, Visits</td>
</tr>
<tr>
<td>Other teacher managed learning:</td>
<td>110</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student managed learning:</td>
<td>150</td>
<td>3, 4, 5, 6</td>
<td>Seminars, Group Discussion Reading, Presentation, Audio/Video Analysis, Baby Observations</td>
</tr>
</tbody>
</table>

**TOTAL** 300
9. Module Assessment

<table>
<thead>
<tr>
<th>Method</th>
<th>Learning Outcomes</th>
<th>% Weighting &amp; Fine Grade (FG) or pass/fail (PF)</th>
<th>Qualifying Mark see guidance notes</th>
<th>Length/duration and other comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essay 1.</td>
<td>2 &amp; 3</td>
<td>F/G 50%</td>
<td>40%</td>
<td>3,000 words (Child Development &amp; Music Therapy) equivalent with baby observations</td>
</tr>
<tr>
<td>Essay 2.</td>
<td>All</td>
<td>F/G 50%</td>
<td>40%</td>
<td>5,000 words Psychoanalysis &amp; Music Therapy</td>
</tr>
</tbody>
</table>

In order to pass this module, students are required to achieve an overall mark of 40%.
In addition, students are required to:
(a) achieve the qualifying mark for each element of fine graded assessment as specified above
(b) pass any pass/fail elements

OTHER TECHNICAL DETAILS

10. Delivery of the Module Please delete as appropriate

<table>
<thead>
<tr>
<th>Delivery</th>
<th>This module is delivered over...</th>
<th>Yes or No?</th>
<th>Indicate which by deleting as appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>…two semesters</td>
<td>Y</td>
<td>Semester 1</td>
</tr>
</tbody>
</table>

11. Subject: see guidance notes
10. Report of Last Delivery of Module

Module Code and Title: AF430002D
Music Therapy and Multi-Disciplinary Theoretical Studies

Anglia Ruskin Department: MPA
Location(s) of Delivery: Cambridge

Academic Year: 2008-2009
Semester/Trimester: 1 & 2

Enrolment Numbers (at each location): 16

Module Leader: Eleanor Richards

Other Module Tutors: Helen Loth, Amelia Oldfield, Helen Odell-Miller + visiting lecturers

Student Achievement

The mean mark awarded was 63.2%. Passing marks were awarded in the range 45% - 76%, the majority being above 60%. One student failed one assignment, which she was required to resubmit.

The general standard of work indicated a clear grasp of the requirements of academic and clinical writing at this level; the external examiners commented upon students’ ability to integrate theoretical ideas and clinical material.

Feedback from Students

The overall satisfaction rating for the module was 86%. Students commented very positively on the content of the module, emphasising two areas in particular: the seminars on psychoanalytic theory (including attachment theory), and the teaching on child and family issues. Both are delivered by members of the staff team.

One respondent felt that some visiting lecturers did not always appear well organised; another suggested that the sequence of hand-in dates brought particular pressure of work at the end of semester 2.

Module Leader/Tutor’s Reflection on Delivery of the Module, including Response to Feedback from Students

Overall this module has been successfully delivered this year; the quality of students’ written work, seminar presentations, and contributions to discussion has been generally high.

Visiting lecturers (some of whom have contributed to the course for a number of years) are always thoroughly briefed about requirements; in the coming year the module leader will, as usual, discuss with them what is needed well ahead of sessions.

The final piece of course work for the year forms part of a different module (Music Therapy Practical and Clinical Skills), but is based upon material which has been taught by various visiting lecturers throughout the year, so with clear planning students should not find the workload unduly heavy.
**Developments during the current year or planned for next year**

| Two papers forming part of the reading matter for the psychoanalytic seminars have been altered for 2009-10, in order to incorporate recently published material. |

**External Examiner's Comments**

| The external examiners agreed with all the marks internally awarded. They commented: |

| 'The profile of student marks was healthy, showing most students achieving good or very good results. This is a tribute to the work of the programme team overall.' |

| 'Assessment criteria and standards were appropriate and the range of assessments is well thought out; they combine to ensure effective assessment of the learning outcomes necessary for a professional training.' |

| 'The general standard of feedback to students was very high.' |