

## The Feeling is Musical

### Episode #034 | Teaching Future Music Therapists

**Erica:** Welcome, friends! You're listening to The Feeling is Musical — as presented by the Snohomish County Music Project. My name is Erica Lee, and today, we are talking about teaching future music therapists, with professor, board-certified music therapist, Dr. Carlene Brown. Dr. Brown is a musician, music educator, music therapist, and arts manager. She is currently a professor, and former chair, of the Music Department at Seattle Pacific University. She is the director of the Music Therapy program, the first music therapy program in the state of Washington. Dr. Brown earned a masters degree and doctorate in systematic musicology, with a focus on the psychology of music, from the University of Washington. In addition to teaching core courses in music therapy, such as the psychology of music, and music in medicine, Dr. Brown teaches the first year curriculum of music theory; she has been honored and recognized twice by the university for her teaching, and received the 2018 Professional Practice Award from the Western Region chapter of the American Music Therapy Association.

#### [Podcast intro music plays]

**Erica:** Welcome, Dr. Brown, to the podcast - I really appreciate you taking time out of your day and schedule to talk with us.

**Dr. Brown:** Appreciate being here. Thanks for the invitation.

**Erica:** Absolutely. SO, to help our listeners get to know you a little bit better - we have a personal relationship so I know all about you, but I'm um I want the listeners to know how great you are - do you mind sharing with us how you originally became interested in becoming a music therapist?

**Dr. Brown:** Oh... Goodness, that is really a serious rewind.

#### [Erica chuckles]

**Dr. Brown:** And it's typical to many of the students I have now. It was in high school - and it was that high school counselor. I couldn't decide - because I was a pianist and I thought I wanted to go into psychology - wasn't sure. And I remember the moment he said, do you know there's a field called music therapy - and I didn't. And it's one thing leads to another. SO I feel very fortunate - I was trained in Boston - small liberal arts school - and earned a degree in music therapy and music ed - I double majored. And was immediately hired into the Brookline, which is a suburb, school system as a music therapist who also could teach music ed. So, um, it was a really wonderful community of folk, and I feel that I was really trained well.

**Erica:** Awesome. As the director for the music therapy program - you do teach some classes also at SPU - how do you describe your teaching philosophy, and is that different than maybe your therapeutic philosophy?

**Dr. Brown:** Well, at SP, I teach music majors or intended music majors for music theory, and I teach the upper division music therapy classes at this point. The program is 10 years old, so I mean, I've taught every one of the classes, but at this point, I am teaching upper division. And I would just say that no matter what I do - whether it's



teaching, if it's in a therapeutic environment, if it's sitting at the table in conversation, I - I aim to be very authentic to who I am. I appreciate the opportunity to showcase my strengths - what I think are my strengths - and I have no difficulty sharing what I feel are areas that I engage and - and need the help with or are not my areas of strength. SO, being authentic to who I am - in my background, in my training, in my personhood, is what students - or what actually anyone - will find when they engage with me.

**Erica:** Mmm. I love that. I mean, it's so spot on. Can you tell us a little bit about the music therapy program at SPU?

**Dr. Brown:** It has developed in these 10 years, but because I was taught with a liberal arts background, and SPU is a liberal arts school - Christian liberal arts school... When I designed the program, it was challenging because there are classes a music therapy student will need to take that they would not have to take if, for instance, they went to Berklee College of Music or any other school - because, again, liberal arts and Christian. SO what does it mean for me to have a program that doesn't compete with those areas, but informs and is interwoven... SO, to me, it's a holistic approach —

**Erica:** Mmhmm —

**Dr. Brown:** In terms of: I aim to see each student individually. I aim, as soon as they are in my program, to understand what it is that they want to do. And it is my role and goal to help them achieve that. Um, some may wanna go to grad school, some may wanna open a private practice, someone may want to work in a medical facility - and so, I aim to have students explore their interests, their desires, and walk with them, individually, to reach the goal. It needs to be a fluid program, even though I'm very clear on what is required of a music therapy student. But, in that, I just believe in life period, there needs to be a fluidity —

**Erica:** Mmm —

**Dr. Brown:** And it needs to be personal, for a student to be motivated to do the program.

**Erica:** Absolutely. And that's one of the strengths of this particular program - is that, as the program - I think you have a cap on the number of graduate students that can actually be enrolled as a declared music therapy major. And so that means that we - the students - me, disclosing that I am an alumni of SPU, get to have small class sizes with professors - you,, other professors - and that is huge in building that relationship. And building that authentic relationship with one another, where it's not just us in a lecture hall, and there's 700 other peers trying to learn the same material..

**Dr. Brown:** It's true. And in particular, a field like music therapy —

**Erica:** Mmm —

**Dr. Brown:** Where, given the age of the typical undergraduate student, um one is going to be challenged, when you are working with individuals with varying degrees of personal, physical, emotional challenges - and the feeling of being inept, the feeling of not knowing what to do, uh being - any number of ways of being challenged. It's important that I and the other music therapy faculty walk alongside that individual —

**Erica:** Mmm —

**Dr. Brown:** SO that they personally grow. There is no blanket statement that's going to be an answer to anything that it - uh, let's say that it's a practicum opportunity for a student to work with a client and it didn't go well, it's important that I or the other music therapy faculty are processing that on an individual level. Because I want success for



the student.

**Erica:** Mmhmm.

**Dr. Brown:** I want them to feel like their education was tailored for them.

**Erica:** Absolutely. That's super cool also. You kinda touched on this with the fluidity of how you have created the program - I know that there are so many requirements of a music therapist. They have to know about a million and a half different things and be competent in a variety of instruments, and that is always growing and evolving, as where they work evolves, and who they're working with evolves. Can you speak a little bit more to like, what are the specific challenges in designing a music therapy curriculum? Because there was no music therapy program 15 years ago at SPU.

**Dr. Brown:** Yeah. So, I must meet the um standards of the American Music Therapy Association, because our program is accredited —

**Erica:** Mmhmm —

**Dr. Brown:** And it's also accredited by the National Association for Schools of Music. Those are requirements for all music therapy programs in the country. So I was handed I'll say a mandate, in that there were about 130 proficiencies that a music therapy student needed to be able to meet by the time they completed the program.

And how I package those proficiencies - whether it's learning an instrument or what I call my class, the Psychology of Music, or another class that we have, Music in Medicine, or Music and Mental Health - those are labels that I put around proficiencies - other universities can arrange their courses in any way they'd like to. SO I wanted to be realistic about we have 10 week terms - it's a fast-paced learning environment. Again, I already mentioned, students must take classes in theology, they must take classes in liberal arts, but again, I have mapped it out in such a way so that a student can see that it is doable.

**Erica:** Mmm.

**Dr. Brown:** And that's important to me, that they can follow the game plan that I've presented to them. Or they - they can use that as a basis for modeling it to what they want to do. But as long as they take the core courses in music therapy - and then I offer opportunities to supplement their education, let's say. Our program was one of the only in the country, for instance, that has 3 different tracks: a student could have a track in psychology, one in wellness and physical health, and the other in special education. And that means that by the time they're in their senior year, they wanna - if they're going in that psychology track, they could take several more classes in that area —

**Erica:** Mmm —

**Dr. Brown:** Or through the special education program to have more depth in their study before they go onto internship. SO, I appreciated that AMTA worked with me in terms of my vision of how I wanted to do this. They gave me the nod, even though there were certain things about our programs that are unique —

**Erica:** Mmm —

**Dr. Brown:** As opposed to others - they understood my philosophy of generalized education, but there's still area for depth.



**Erica:** Absolutely. As you were building the curriculum slash also kinda like as the curriculum has evolved over the last 10 years, how do you address giving students what they need to address cultural competencies that may come up in their work?

**Dr. Brown:** Um, I'm starting to have issues with that term being used.

**Erica:** Mmm, tell me - tell me more.

**Dr. Brown:** Um, especially because of where we are in the fall of 2020, and given the - the last 6 months. There are certain terms that are just being overused I think —

**Erica:** Okay —

**Dr. Brown:** And so I challenge you on it. I get what you mean, but there's a fine line, in my opinion, of um cultural competencies and cultural appropriation. SO, as an African American woman, I'm gonna bring a lens. I don't drop the lens when I walk in the door.

**Erica:** Absolutely.

**Dr. Brown:** It is who I am [chuckles].

**Erica:** Yes.

**Dr. Brown:** It is how I'm perceived. It is how I have to navigate everything from the classroom to my colleagues. And, because I bring my self to SPU, and particularly my students, it matters to me that they have an opportunity to see it through my eyes.

**Erica:** Mmm.

**Dr. Brown:** So, I'll give brief examples. I once had music therapy students partnered with the nursing students, and we went down to a homeless shelter for women in downtown Seattle. And so the music therapy students did a - just a musical session for the - the women. And it was aimed at their attempt to do a music a relaxation group - it was an opportunity for women to come in and just sort of be.

I came in not dressed as the faculty observing; I just became, I'm sitting in here too. I'm just gonna walk in and be a part of this. And what I noticed is that, over the matter of not too long of a period of time, all of the African American women got up one by one and left. And my students, afterward, didn't take note of that - they knew that women left, but they didn't realize that it was African American women that left. And so we had to process what is it that didn't connect with us?

**Erica:** Yeah.

**Dr. Brown:** And so that becomes an opportunity for my lens - to bring it in the here and now - oh no, we gotta talk about this.

**Erica:** Mmm.

**Dr. Brown:** Because you need to see this —

**Erica:** Mmhmm —

**Dr. Brown:** To understand, this doesn't work for us.

**Erica:** Mmhmm.

**Dr. Brown:** And the only way we know how to show you is we get up and walk out [laughs]. That's a gentle way - sometimes it may not be so gentle, right.

**Erica:** Yes.

**Dr. Brown:** SO, no matter what I'm reading, or presenting in class, I will give them a lens. Again, it's my lens - it's my lens as an African American woman —

**Erica:** Absolutely —

**Dr. Brown:** And it's a perspective that they're not going to necessarily hear in other classrooms.



**Erica:** Yes. I so agree with you. I think, particularly because of right now when we're recording this, race is a huge focus in a - in a national conversation, and I think it needs to be addressed in the music therapy community, and in music therapy education. I'm also wondering about how, as an educator, you're looking at work that's being done with the disability community, or working in groups that are part of the queer community in some capacity?

**Dr. Brown:** So, for me - because no one person has this - there isn't anybody that can stand in front of me and say that they - they've got this.

**Erica:** Sure —

**Dr. Brown:** No. Um, some people are more fluent in certain cultures than others, right?

**Erica:** Mmhmm.

**Dr. Brown:** But unless you are an African American, you can't step in my shoes —

**Erica:** No —

**Dr. Brown:** You can't —

**Erica:** Absolutely, eah —

**Dr. Brown:** No. Right?

**Erica:** Yes. Yes. I agree with you, yeah —

**Dr. Brown:** Um, I can't step into the shoes of someone who is queer. But what I can do is have an affinity for an individual —

**Erica:** Mmm —

**Dr. Brown:** Have a heart for the individual, to walk alongside, and do my best to see through their eyes.

**Erica:** Mmm.

**Dr. Brown:** Not interpret it for them - not speak for them - but I can be at their side, and do my best to understand how society treats others.

**Erica:** Yeah.

**Dr. Brown:** And, if I can have the place where I sit, as an African American woman, and fully have this weight on my shoulders, it would be nothing more than ego for me to assume that I'm the only one that experiences this - or only Black people experience this.

**Erica:** Yes.

**Dr. Brown:** SO, what does it mean to, again, be willing - um, I've had really great conversations with individuals recently - the difference I am seeing is who is willing to be intentional - about learning —

**Erica:** Mmm —

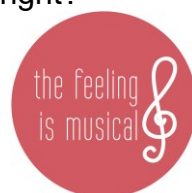
**Dr. Brown:** About being open to realizing your lens is simply that - your lens.

**Erica:** Mmm.

**Dr. Brown:** And the more we see the humanness of each other - the beauty of that, without me trying to take over one's culture, or define that culture for someone else - no, no no. No. But at least understand, to be in partnership with me is to really see me, and understand how I navigate the world is very different than you.

**Erica:** Mmhmm.

**Dr. Brown:** Right. That alone - that level of understanding - means you're gonna walk differently. And that's all I can ever ask, really - that's the start of it. You have to see people. Too often, we're so caught up in our own selves, or we have this benevolence about us that, oh let's fix somebody, right?



**Erica:** Not everybody's a problem to fix.

**Dr. Brown:** Right! [Chuckles]

**Erica:** Yeah.

**Dr. Brown:** Right!

**Erica:** Yeah. Don't pathologize people.

**Dr. Brown:** And don't victimize people.

**Erica:** Mmhmm.

**Dr. Brown:** Just because I am different from you, don't necessarily put the victimhood on me. 'Cause I'm actually liking who I am quite a bit —

[**Erica:** [Chuckles] Yeah.

**Dr. Brown:** So, it really is the respect of humanity I - I could only hope we could get to a place of desiring and loving what it means to be in community with a whole group of different people —

**Erica:** Mmm —

**Dr. Brown:** Than oneself.

**Erica:** Yeah. What are your thoughts on accessibility and inequity within the music therapy field?

**Dr. Brown:** For me personally, I mean, the door is open.

**Erica:** Mmm —

**Dr. Brown:** I mean, how ironic it would be for me to be the one that closes doors based on, what? [Chuckles]

**Erica:** Yeah.

**Dr. Brown:** Right?

**Erica:** Yeah.

**Dr. Brown:** The hypocrisy of that would be stunning - even though I know hypocrisy exists everywhere we look.

No, but for me, it is about, why do you want to do this Where's your heart? What's the purpose?

**Erica:** Mmm.

**Dr. Brown:** What do you bring to the table that you could offer someone.

**Erica:** Yeah.

**Dr. Brown:** That's my starting point, really.

**Erica:** Yeah.

**Dr. Brown:** I don't care who it is. So the beauty of. - what I love about our music therapy program, is we have all ages. I'm finding a lot of adults who are changing careers and coming into this field, because they have a newfound purpose. I find that to be amazing. And like, yup, how do we do this?

**Erica:** Yeah. You said what do you like bring to the table - what do you bring to music therapy. And, I know my 18 year old self would have thought, I don't know - I don't like have any great skills or experience. So if there are high school students listening, or their parents listening, who you are is enough - because somebody needs your exact story - your lived experiences. You don't have to have this huge great resume to become a music therapist.

**Dr. Brown:** I have interviewed students who think that they would like to do music therapy, and when I find that it's their parents —

**Erica:** Mmm —





**Dr. Brown:** Who told them, that's a flag. Because the parent isn't gonna be in my class. I'm aware that an 18/19 year old is like just beginning the process of even understanding what music therapy's all about, but I wanna know their humanness.

**Erica:** Yes.

**Dr. Brown:** That's the starting of a conversation.

**Erica:** SO talking about high school students, what advice - or what would you tell high school students if they're thinking about a career in music therapy? How can they prepare - what can they be doing before it's time to apply for colleges?

**Dr. Brown:** Music is our medium, so it is all really about that. Understanding how even just playing for people - and understanding the dynamics of what happens when I play for others.

**Erica:** Mmm —

**Dr. Brown:** Well, now we're in COVID world - but any opportunity to play and hone your instrument. And then, if there's time, explore other instruments.

**Erica:** Mmhmm.

**Dr. Brown:** It really doesn't matter what the instrument is - and that's important. Um, all music therapy students will have to have proficiency in piano, guitar, and the use of their voice —

**Erica:** Mmhmm —

**Dr. Brown:** Um, and an understanding of rhythm. But, you know, we've had music therapy students who played tuba, who are violinists, it doesn't matter.

**Erica:** Flute, bass guitar —

**Dr. Brown:** Bass guitar, right. But they still had to play piano by the time they were done with the program.

**Erica:** They did, yes.

**Dr. Brown:** And the piano - piano is really a difficult instrument. It just takes time to get coordinated. And no, you don't have to be performance level, but you need to -what we mean by functional is that you're able to accompany yourself while you're singing, while someone else is singing - or you could lead on these instruments and not make it about you.

**Erica:** Mmhmm.

**Dr. Brown:** I don't know what to do next - there has to be a level of comfortableness - functionality - on these instruments, where you're able to use them in a clinic setting.

**Erica:** Absolutely, yeah. In kinda wrapping up, what do you hope for the future of music therapy education? It could be at SPU, statewide, nationally, globally. What are you hoping?

**Dr. Brown:** Well, I have a specific goal of having a music therapy clinic right at SPU.

**Erica:** That'd be so cool.

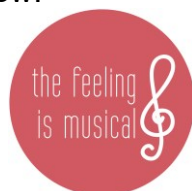
**Dr. Brown:** And so that the students would have more immediate access, as opposed to traveling the distances that they do. Being out in the community is very important, and that would never cease, but I would like to have more flexibility.

**Erica:** Mmm.

**Dr. Brown:** And a clinic would offer that if it was nearby. So that —

**Erica:** Mmm —

**Dr. Brown:** Is my goal. Um, I think that we are in such a period of history that I don't even think we can see a year from now.



**Erica:** Mmm.

**Dr. Brown:** And I'm taking this as an opportunity to re-envision, what are people really needing. I think that education, as a whole, has been stuck in traditional, archaic ways - of educating, experiencing - and it's for a certain type of individual to succeed.

**Erica:** Mmm.

**Dr. Brown:** And so, it is an opportunity to step back. Telehealth is interesting - I don't think that'll go away.

**Erica:** Mm-mm.

**Dr. Brown:** What does that look like, and how do you - how do we maximize that? And yet, personal access and communication is, without question, the ideal.

**Erica:** Yes.

**Dr. Brown:** But I think music therapists have been brilliant in shifting, and accommodating, and adapting on a remarkable level - at remarkable speed. I'm just excited for new conversation. I think that this whole disruption can be so useful for us —

**Erica:** Mmm —

**Dr. Brown:** If we don't shy away from it, but we actually say, what if. Traditional models are being broken, and I say that's a good thing.

**Erica:** Yes. For listeners that are curious, how can they learn more about the SPU program? How can they get in touch with you? Where are you at? Do you have anything else that you want to share or plug?

**Dr. Brown:** The website that I know that you have helped me with —

**[Erica and Dr. Brown laugh]**

**Dr. Brown:** Has been very intentional, in terms of what has been shared through SPU. And I would ask people to follow the link to the American Music Therapy Association to get the big picture.

**Erica:** Mmm —

**Dr. Brown:** Um, but on our website, I'm really pleased that there are videos of our alumni - including one at Snohomish County Music Project. And then there's a frequently asked question link that I've addressed many of the questions that people typically ask me.

**Erica:** Mmm.

**Dr. Brown:** We do not have a graduate program. We have a post baccalaureate program, so those individuals, who either have a music degree or don't have a music degree, can enter, and it's like earning a second BA.

**Erica:** Mmm.

**Dr. Brown:** You would be trained to become a board-certified music therapist.

**Erica:** SO the link for that will be in the episode notes, and also on our website. If you would like to know more about the Snohomish County Music Project or read a transcript of this episode, that's also on our website at S as in Sam, C as in cat, Music Project dot org (scmusicproject.org). We encourage you to connect with us on social media - share the episodes with your friends, your family, your community. Our handle for social media is SCMusicProject.

We have been receiving so many great messages about how people are loving the podcast, and it's helping them explain their work to their families, and all these wonderful things. Thank you so much for sending those messages - um letting us hang





out with you in your car, when you do dishes, taking a walk, whatever you're doing. If you would like to continue to follow along and receive notifications, we encourage you to subscribe, follow - however that works for the particular app that you're on. And then, also, support the podcast by leaving a review; this helps more people see the podcast - learn more about music therapy - whether they're interested in it professionally, or they would like to receive support, we're here for you either way.

Thank you so much, Dr. Brown, for hanging out again with me today —

**Dr. Brown:** Thank you, Erica. Very much appreciate the opportunity.

**Erica:** Absolutely. Thank you, listeners, for listening. And we'll talk to you next time.

**[Podcast outro music plays]**

