



Meganne K. Masko, PhD, MT-BC/L

Centering Marginalized Voices in Teaching and Assessment: Lessons from IUPUI's Music Therapy Program



200 YEARS

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Presentation Outline

1. Introduction/Background
2. Cultural and structural barriers to music therapy education.
3. Music therapy education as liberatory practice at IUPUI.



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“ *Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program.”*

Cultural and structural barriers to music therapy education





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“ I celebrate teaching that enables transgressions – a movement against and beyond boundaries. It is that movement which makes education the practice of freedom.” – bell hooks



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music

THE RAPY

at IUPUI

A large, stylized musical note graphic is positioned to the left of the word "music". The note has a black stem and a red body. Above the word "music", there is a black wavy line that starts from the note's stem and extends upwards and to the right, ending under the letter "i". Below the wavy line, the word "music" is written in a large, black, cursive script font. Underneath "music", the word "THERAPY" is written in large, bold, red capital letters. Below "THERAPY", the words "at IUPUI" are written in a smaller, black, sans-serif font.



**Whose voices are amplified in
our curricular and co-
curricular decisions?**



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Reducing costs

1. Scholarships for application fees
2. eTexts available via the university
3. Group lessons instead of individual lessons to reduce fees
4. Course packs
5. Library partnerships
6. Food pantry
7. Providing polos for practicum



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Universal Design for Learning (UDL)

Multiple ways of representing information

Multiple ways to engage students

Multiple ways to demonstrate learning



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Assessment

1. Question the “WHY”
2. Be creative
3. Provide opportunities for pushback and autonomy
4. Formative before summative
5. Be open to assessment by the students



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Questions?

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Centering Marginalized Voices in Teaching and Assessment: Lessons from IUPUI's Music Therapy Program

Presenter: Meganne K. Masko, PhD, MT-BC/L

Moderator: Natasha Thomas, PhD, MT-BC

Documents/websites of importance:

- [American Music Therapy Association Professional Competencies](#) (2013)
- [Certification Board for Music Therapists Board Certification Domains](#) (2020)
- [AMTA Workforce Analysis](#) (2018)
- [Give A Note Foundation](#)
- [IUPUI Music Therapy Program](#)

I. Introduction/Background

- A. Music Therapy as a profession
- B. Traditional Music Therapy education
- C. Challenges to the traditional model
- D. IUPUI's Music Therapy program

II. Cultural and structural barriers to MT education

- A. Finances
- B. Pre-collegiate musical experiences
- C. Euro-centric education model centering Whiteness
- D. Middle and upper-class education model
- E. Able body-centered education model
- F. Faculty demographics

III. Music Therapy education as liberatory practice

- A. Removing barriers along the way
- B. Universal design for learning (UDL)
- C. Whose voices do we amplify in our curricular designs?
- D. Assessment

Centering Marginalized Voices in Teaching and Assessment: Lessons from IUPUI's Music Therapy Program

Slide 1

Introduction:

My name is Natasha Thomas. I am an Assistant Professor of Music and Arts Technology, Clinical Director for the undergraduate music therapy program at IUPUI, and moderator of this session. I will be monitoring the Q&A and chat features of the webinar, so please use those for questions and/or comments.

I am happy to introduce our presenter for this session. Meganne Masko is Assistant Professor of Music and Arts Technology and director of music therapy programs in the Purdue School of Engineering and Technology at IUPUI. Take it away, Meganne.

Slide 2

Thank you, Natasha, for serving as the moderator for this session. As Natasha said, my name is Meganne Masko and I am the music therapy program director at IUPUI. There is a general handout with links to important information for this session on the Institute website and these slides and recording will be available after the presentation.

Our mission in the IUPUI music therapy program is to make the field of music therapy more inclusive, just, and equitable for professionals, students, and the people with whom we work. I'm mentioning our mission here at the beginning of the presentation because it impacts everything about our program from the application and audition process to how we teach and assess students.

We are going to do a quick overview of music therapy for those of you who may not be familiar with it, talk about the barriers to music therapy education faced by marginalized and minoritized students, and then explore how we center marginalized and minoritized students in our teaching and assessment at IUPUI.

Slide 3

In its most general sense, music therapy is the use of music-based interventions to help clients achieve specific goals within a therapeutic relationship. It's general, as is the definition on the screen, because the clinical practice of music therapy is highly contextual. How I practice with patients at end-of-life is different from how someone else might practice while working with clients on the Autism Waiver in Indiana.

Music therapy as an academic discipline is a competency-based education program. There are approximately 115 competencies to be addressed in undergraduate course work and clinical training. In addition to eight semesters of course work, students also complete 1200 hours of supervised clinical training, most of which happens during a six-month full-time (usually un-paid) internship. All of this training makes the student eligible to take the board certification exam and earn the credential MT-BC (music therapist-

board certified). In most states with licensure, the MT-BC also allows the new professional to apply for a license to practice.

Traditionally, music therapy programs are housed in schools or departments of music. Some programs are housed in creative arts therapy departments or in schools of nursing. The majority of music therapy programs run on what is known as a “conservatory model,” with a heavy emphasis on education and training in Western European Art music.

Slide 4

There are multiple cultural and structural barriers to music therapy education, which also highlight challenges to the conservatory-based model of music therapy education. Examining these barriers, which has led to challenging that traditional model, arose from industry, society, external stakeholders such as clients and prospective MTs, and from within the profession itself.

Those of us who build and implement undergrad curricula need to be mindful of these barriers and challenges when thinking about centering marginalized and minoritized students in our work.

As many of us know, a primary predictor of whether or not a student completes their degree is unmet financial need. The traditional model of music therapy training expects that a prospective student has either been able to afford years of private music instruction, or attended elementary, middle, and high schools with excellent music programs. Either the family had to be able to invest in music education, or the community has chosen to do so (and has the funds to make it happen). For prospective students who've not had the resources for such education, the field and practice of music therapy can inaccessible.

According to the Give A Note Foundation, participation in ensembles is the most common way students experience music education in public junior and senior high schools. That can vary widely between school districts.

A note on fees for participation in ensembles. Some schools require students to fundraise and/or pay cash for participating in ensembles, even in public schools. For example, marching band may cost over \$2000 per student per year in fees.

In reality, there are incredibly talented people who would make outstanding music therapists who have sometimes decades of informal musical experience but who may lack formal musical training. They, too, should be welcomed into music therapy training programs. Along with them are career musicians (studio artists, touring performers, composers, buskers, etc.) who should also have an entry point into the profession.

Collegiate music therapy programs are expensive for students. There are private lesson fees, the cost of purchasing music and instruments, the need for professional clothing

for clinical placements, the expectation that students have reliable transportation to travel to clinical placements, that unpaid internship I mentioned earlier in the presentation, and exam fees to earn their credential. I don't have the numbers, but I can guess that unmet financial need is likely higher in music therapy programs than say in English or History.

For a long time, music therapy curricula have centered Western European art music. Our general practice in the United States is based on colonized ideas of music. Everything from audition requirements to expectations of behavior in the clinic have centered primarily white, Middle or upper class, able bodied, neurotypical students who study Western European Art music. It's not surprising that in 2020, that music isn't culturally relevant to huge swaths of the American population – including the people with whom music therapists work in clinical settings.

It's also not surprising then that the vast majority of practicing music therapists are white (and identify as female – common for a helping profession). This means that the few Black, African American, Latinx, Asian American, Indigenous, Pacific Islander, Middle Eastern-American, and multi-racial students we have rarely see themselves reflected in the faculty teaching and supervising their programs.

Slide 5

We believe in doing things differently at IUPUI. As I said at the beginning of the presentation, our program mission is to make the field of music therapy more inclusive, just, and equitable for professionals, students, and the people with whom we work. So, when I designed the undergraduate curriculum at IUPUI in 2016, I concentrated on three things: First, making the program as accessible as possible for students from lower-resourced communities. Second, incorporating technology into the curriculum as a major subject of study. Third, looking at education as the practice of freedom for both faculty and students.

This quote is from “Teaching to Transgress” by bell hooks; I highly recommend it. Education as the practice of freedom embraces teaching and learning as liberatory practices. I will explain more in a bit.

Slide 6

As you heard in our introductions, Natasha and I are faculty in the Department of Music and Arts Technology in the Purdue School of Engineering and Technology at IUPUI. We are the only music therapy program in the world housed in a school of engineering and technology, and (as of right now) we are the only program in the world that treats technology as a core competence for music therapists.

All of that is to say that we are not a conservatory or a traditional music therapy program by any stretch of the imagination.

Before I go any further, I am going to preface everything I say from here until the end with what I call the “Because...2020” clause. COVID-19 caused undergraduate MT programs to pivot to online and hybrid education quickly. Even our program, with its emphasis on technology, faced struggles moving from in-person to completely online training. We’ve had to rethink clinical placements, music-based instruction, research, and how to keep students connected to one another. And, as I’m sure we’ve all experienced at some point – the technology breaks down. Sometimes catastrophically. The best laid plans often go wrong, especially right now.

Slide 7

We have 115 competencies to teach *and* we have a fair amount of latitude from our approval and accrediting agencies to do so.

The questions we ask every semester when creating and revising courses are these:
Whose text books are we purchasing for our classes and libraries?
Whose articles are we highlighting?
Whose points of views are we reinforcing?
Whom are we PAYING to help diversify our resources, supervise students, and teach?
Are we expecting un-paid labor from some folks but not others?

We as faculty have to interrogate and know ourselves before we can answer these questions. We need to know our implicit biases and how to address them if we are in fact going to create diverse and equitable spaces in which students can learn, and the answers to these questions provide the foundation for everything else we do in designing classes and clinical placements.

Slide 8

Now, music therapy programs routinely engage in many high impact practices:

- *First Year Seminars
- Learning communities
- *Collaborative assignments and projects
- *Undergraduate research
- *Diversity/Global learning (we have a social justice education curriculum woven throughout our program at IUPUI).
- *Using ePortfolios
- *Our students engage in service learning and community-based clinical learning
- *Internships, including projects, that serve as capstone experiences

All of that is well and good, but it doesn’t do anything to promote education as a practice of freedom unless we center our most marginalized and minoritized students in our planning and implementation of those high impact practices.

First, we have to reduce costs for every stage of the education process in order to reduce students’ unmet financial needs.

Second, we don't require students to have any formal musical training to apply and audition. The program plan is tight, but students can take remedial classes in music technology and music theory and still stay on track. These extra classes may not cost them more in tuition dollars if they are within the banded tuition range.

We offer students scholarships to pay for their applications to the program, we use eTexts and work with the library to reduce textbook costs for students, we start students in group lessons in order to reduce those fees, our campus has a food pantry to help with food insecurity, and we provide polos to students to wear to their practicum placements so they don't have to worry about what to wear to look professional.

Slide 9

Reducing financial barriers is only one part of making education more equitable. How we design our classes is another part of the puzzle.

You've likely heard quite a bit about universal design for learning (UDL), but in case you haven't, the basics are on this slide. UDL helps us make education more accessible to students. That, in turn, can help diversify our professional base. In time, that can lead to academic and clinical instructors who better reflect the diversity of our communities.

How are we teaching right now? What does UDL look like in the music therapy program at IUPUI? Again, this gets the Because...2020 caveat.

I gave a presentation like this last November to a group of music therapy faculty and I talked about the importance of making content deliverable in online platforms. Little did I know. That said, having an asynchronous option works well for our students with families, those who work during the day, the ones who get sick, and the ones who need to take care of sick family members.

Everything I ask students to do should be able to be done on a smart phone or tablet for the foreseeable future. Not everyone has a laptop. Not everyone has a stable internet connection, either. A lot of my students have unlimited data.

I check to see if texts are available as e-books that can be read on a personal device, and I use PDFs of articles students can read. I've also been using podcasts, videos (including TedTalks and cartoons), songs, and movies to deliver pertinent information. People learn differently, so the information needs to be available in different formats.

Practicum is currently happening via Zoom Health. Dr. Thomas is facilitating some of those experiences. But Zoom doesn't work for everyone, and that means we're not connecting with all of our partners. It's certainly not everyone we would meet in a non-COVID semester. We're doing the best we can, as are our community partners.

My lectures are recorded in both video and audio formats (like a podcast). I, personally, use Loom to record video lectures outside of class time. I like Loom because students

can comment on the recording and ask questions that are related to time stamps in the recording. That way, I know exactly to what they are referring when they comment.

Normally, we flip a lot of our classrooms. We usually have students in Intro to Music Therapy (which is our FYS) complete their readings and do some kind of assessment prior to class so we can do hands-on experiences during class time. We're finding that this is not currently working well for our students.

For my upper-level students, I am using case-based learning. You may use problem-based learning or something similar in your programs. CBLs are good at improving students' critical thinking and information literacy skills, and they enjoy them more than lectures. Normally, we would do this in-person. Now, we do part of it via Zoom and part of it on Canvas using Discussions which can be done via smartphone.

Our service learning activities have changed because of COVID-19. Right now, my students are assisting me in a project focused on building resilience in frontline COVID providers. It's something we can work on both in and outside of class depending on schedules. Students can also do the work on or off-line depending on what works for them.

Slide 9

Assessment is sometimes seen and used as a way to reinforce power differentials between faculty and students, especially in music schools. When that happens, it's usually marginalized students who suffer most. But, there are things we can do to assess students in ways that are meaningful both to them and their future clients.

When I think about student assessment, I think through the following questions:

Why am I assessing what I am?

Why is it important?

Who benefits?

Who may be harmed?

How/Can I solve these issues?

I try to be creative and give students freedom in demonstrating their knowledge, skills, and abilities. I am a child of the 80s and a fan of choose your own adventure books.

Several years ago, I started offering choose your own assessment options to students in classes. If they want to take a quiz, fine. They can take a quiz I write. If they want to write a paper, create a song, record a podcast, make a video, create a piece of visual art, dance, act, write poetry, or do a critical book review, they can. I've had students do all of those things over the years...and more.

There is always an option for students to propose something outside of the list I created. They know how they best learn and demonstrate their knowledge, so they should have some input in that process.

Right now, I'm not assigning papers to people. I offer writing a paper as an option for assignments, but it's not required that everyone to write one. Our largest project involves students engaging in a behavior modification program to change a behavior they selected. That project can be uploaded in segments to Canvas, and students can complete that project using their smartphones.

I do give tests. My students have to take a long multiple-choice board certification exam at the end of all of their schooling, so they need to be familiar with the process. I write my exams so they are comparable to the board certification exam. I don't know what's on the test at any given time, but I know what the board certification domains are on which they will be tested. My exams follow the same pattern in my upper-level classes: formative and then summative.

Finally, we are open to assessment of the program and our classes by students. We just finished our midterm assessments a couple of weeks ago and I needed to answer to the students. They don't like 13-week classes. They want to meet more than once a week. They want more lectures where they can ask questions live. They also know we're trying really hard.

I also led the first of what I hope will be a series of town halls on our professional disposition rubric. After participating in the Academics for Black Survival and Wellness intensive this past summer, I realized that there were major problems with how we evaluate students. So, we're seeking their counsel. I am owning up to my shortcomings and biases, and I'm learning from the students.

In conclusion, be open, be flexible, and be reflective. Know the barriers to students wanting to access your programs and do your best to dismantle them. Give students opportunities to learn in different ways, and to demonstrate their learning in different ways. Encourage them to push back by genuinely seeking their input on how and what you and your colleagues are doing.