



ROMAN
MUSIC THERAPY
SERVICES

workshop

CBMT Exam

Exam Tips & Reference Guide



By the Music Therapists at Roman Music Therapy Services



Reference Guide

I. Where should I look first?

CBMT.org → Download Candidate Handbook

Find out exactly what you need and the deadlines for the exam. Give yourself plenty of time. Everything you need to apply and schedule an exam is in this handbook.

II. Where do I start studying?

Candidate Handbook → Scope of Practice

Go through each statement and ask yourself, "Where are my weak areas?" There's also a small practice exam on the following pages.

Then take a look at the items on this reference list...

Recommendations:

American Music Therapy Association. (2000). *Code of ethics, Professional competencies, Standards of clinical practice* (revised).

ALL found at <http://www.musictherapy.org/about/therapists/>

Certification Board for Music Therapists. (1998). *Code of professional practice* (revised).

Download at http://cbmt.org/upload/CBMT_CoPP_2012.pdf or find in your candidate handbook

Hanser, S. B. (1999). *The new music therapist's handbook*. Boston: Berklee.

Bruscia, K. E. (1998). *Defining music therapy* (2nd ed.). Gilsum, NH: Barcelona.

Also good reads, Bruscia's "The Dynamics of Music in Psychotherapy" and "Case Studies in Music Therapy"

ANY of your Intro to Music Therapy books such as...

Davis, W. B., Gfeller, K. E., & Thaut, M. H. (2008). *An introduction to music therapy: Theory and practice* (3rd ed.)

Look through all your old textbooks including ones on music theory and ear training. You should know any of the basic theories such as scales and transposition (don't forget transposing between instruments!)

Know music therapy in psychology and psychotherapy. Look through any of your old textbooks and study cognitive, behavioral, existential, psychodynamic, rational-emotive therapies, etc. You should know the ideas of Freud (psychoanalytic theory), Erikson, Piaget (both theories in development), B.F. Skinner (conditioning), etc.

Find a Practice Exam: purchase for \$75 at <http://cbmt.org/examination/preparing-for-the-exam/>

The reference list is a good place to look for study material at the end of practice exams. Also, list any of the answers throughout the exam that look unfamiliar to you and look them up for study.

Credits: Laura Micheli, MA, MT-BC; Lisa Spall, MT-BC, CCLS; Kristina Barbo, MT-BC; Scott Ruland, MT-BC; Channing Shippen, MT-BC



TERM GUIDE
(not all-inclusive)

DISORDERS:

Scoliosis: curvature of the spine

Spina Bifida: means "open spine", a defect in the spinal covering, protrusion of cord/meninges

Hydrocephalus: when spinal fluid is prevented from leaving the brain

Spinal Meningitis: inflammation of the meninges that cover the brain and spinal cord

Cerebral palsy: describes a set of disorders exhibited by difficulty in movement, voluntary muscle control, or posture from brain injury in childhood or womb

Williams syndrome: a genetic developmental disorder, similarities to downs, very social, affinity for music

Rett syndrome: mostly affects girls, developmental reversals at around 1yr; problems w/ hands & gait, social engagement & language

Childhood disintegrative disorder: normal development up til 3/4yrs then loss of learned skills

Global Developmental Delay: a newer term that is generally defined as significant delay in 2 or more developmental areas. Similar term: Mental Retardation – they are diagnosed differently depending on a variation of circumstances. MR is not diagnosed in younger children.

Downs syndrome: congenital abnormality of the trisomy 21 gene - extra chromosome, includes mental retardation and abnormalities

Huntingtons disease: an inherited disorder, affects the Central Nervous System and causes involuntary movements and contortions

Parkinsons disease: a nervous system disorder, tremors, rigidity, and slow movements.

Ataxia: lack of coordination of muscle movements

Apraxia: loss of ability to execute or carry out purposeful movements

Dysphagia: language disorder associated with swallowing issues

Dysarthria: problems with muscles that make it difficult to pronounce words (also associated with Parkinsons)

Aphasia: a communication disorder, *types of aphasia;*

expressive: can understand, but not relay

receptive: can't understand relayed info

global: difficulty speaking/understanding words and unable to read/write

Dysnomia: learning disability associated with difficulty retrieving correct words/names/etc from memory

Dyslexia: learning disorder associated with reading

HARMONY TERMS:

5 tonal MODES: Ionian, Dorian, Phrygian, Mixolydian, Aeolian

Natural minor scale: Aeolian

Major scale: Ionian

Natural, harmonic, melodic minor scales differences: harmonic has #7, melodic has #6, #7 on descent

Pentatonic scale: 5 note scale with no half steps, major is 12356, minor is 1b345b7

Chords and scales: I, ii, iii, IV, V, vi, vii: Ionian, Dorian, Phrygian, Lydian, Mixolydian, Aeolian, Locrian

Modulation types: direct, prepared, pivot, transitional

Consonant intervals: perfect (P8, P5) imperfect (3rd/6ths) variable (P4)

Tessitura: note range of a vocal part



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12-bar blues: III, IV IV II, VII

Concert Pitch: a term used to distinguish between the "written" and "sounding" notes of a transposing instrument. Ex. Playing a written C on a B \flat clarinet or trumpet produces a non-transposing instrument's B \flat . **SAMPLE:** In a score, if a B \flat trumpet is notated in the key of E, the piano is played in the key of? The trumpet is playing a whole step below C, so in the key of E, one step below is D – the key the piano is playing in.

Rubato: no strict tempo

Allegro/Allegretto: brisk tempo/faster

Andante: moderately slow

Moderato: moderate tempo

Ostinato: a pattern that is persistently repeated

Staccato vs Legato: notes are shortened, almost punchy vs elongated

Ritenuendo/Ritard: to hold back, a sudden slowing down

Adagio/Largo: slow tempo

Vivace: lively, vivid

Clave rhythm: 3:2 latin rhythm, mambo/salsa, hold the rhythm together - strong accompaniment

Waltz rhythm: music in triple meter 3/4, european style, like Gershwin

Tango rhythm: 4/4 music from Argentina

Cha Cha rhythm: Cuban 4/4, syncopated rhythm

KEY TERMS:

Universal Precautions: wear protective barriers to block from any and all bodily fluids

IDEA, what law?: Public law 94-142

F.A.P.E.: Free and appropriate public education

I.E.P.: Individual education program

P.L.O.P.: present level of performance

L.R.E.: least restrictive environment

Current FAPE law: IDEA (was EHA prior to 1990 amendments)

Define S.M.A.R.T.: goal setting: Specific, Measureable, Attainable, Realistic, Time frame

Define related services: transportation and developmental, corrective, and supportive services.. as may be required for a student to benefit from special education.

EXPERIMENTS and PSYCHOLOGY:

event recording: number of times a behavior occurs

duration recording: length of time a client performs a behavior

continuous recording: noting all behaviors that occur during a time frame

fixed ratio schedule: part of operant conditioning - scheduled reinforcement, only after a specified number of responses

variable ratio schedule: response is reinforced after an unpredictable amount of time (like gambling, increases rate of responding), random/variable rewarding

fixed interval schedule: first response is rewarded only after a specified amount of time has elapsed

variable interval schedule: response is rewarded after an unpredictable amount of time

Response definition: complete behavioral description of a target behavior

Antecedent: events that occur before a behavior

Consequence: events that follow a behavior

Reliability coefficient: agreements over total x100%



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Matched-pairs or correlated/equivalent group design: equates subjects and then gives one group treatment and one none

Multiple baseline design: treatment is added successively to 2+ subjects/behaviors/settings/etc. while other conditions are constant

Repeated measures design: multiple conditions, subjects are own controls

Reversal design: ABAB baseline, treatment, take away, treatment

Free association: used in psychoanalysis (and psychodynamic theory), Freudian technique where clients relay first thought that comes to mind

Approaches/models: psychodynamic, behavioral, neurological, guided imagery, rational-emotive, cognitive, existential

Psychodynamic: emphasis rests on the examination and resolution of inner conflicts

Behavioral: therapy based solely on reinforcement of desired behavior and elimination of maladaptive behavior – no psychoanalytic process

Cognitive: psychotherapy developed by Beck. Idea is to overcome difficulties by identifying and changing dysfunctional thinking, behavior, and emotional responses

Cognitive-behavioral: a combination of the two combining inward reflection as well as reinforcement for behavior.

Existential: inner conflict is due to confrontation with the givens of existence. Keywords: death, freedom, responsibility, meaninglessness

Goal of insight therapy: psychotherapy where the goal is awareness of causes or motivation for behavior which leads to control over that behavior

Transactional analysis and whose idea?: Berne's; psychotherapy that examines interactions as a method of understanding patterns of behavior

Rational emotive therapy and whose idea?: Ellis's psychotherapy that confronts one's rational belief system for problem solving

Reconstructive therapy (analytic/cathartic oriented therapy): insight oriented therapy focused on past experience, deeper than re-educative (here-and-now), examining unconscious emotions in order to restructure the personality

Re-educative therapy (insight/process oriented therapy): promotes growth and adjustment, reorganize values/behavior, responsibility for one's own actions (challenge maladaptive behaviors and facilitate creative problem solving)

Phenomenological: perceived through subjective reality. phenomenology: study of structures of consciousness as experienced from the first-person point of view

Countertransference vs. Transference: therapist's projection vs. client's projection of feelings toward another

Supportive therapy (activities oriented therapy): active involvement, increase behavior control and develop healthy feelings (provide the experience of success)

Unkefer and Thaut (therapists): adaptations of psychotherapy procedures with mental health clients; supportive, reconstructive, re-educative

Autogenic relaxation: Schultz invention, daily practice of visualizing for relaxation (like meditation) to relieve stress

Applied relaxation training: using techniques prelearned through experience to control anxiety

Operant/behavioral conditioning (B.F. Skinner): an individual's behavior is modified by its consequences, operant is a voluntary behavior

Classical/respondent conditioning: Pavlov's dog - bell vs food, (aversion therapy or systematic desensitization) one stimulus comes to be associated with another stimulus "learned by association"

Fading: gradual removal of cues in an attempt to maintain behavior on its own

Shaping: developing new behaviors by reinforcing successive approximations of the desired behavior

Successive approximations: behaviors which gradually resemble the target

Discriminative stimulus: a cue that results in a response only after this stimulus

Paired-associate: presentation of one word as a stimulus for the recall of another word

Inter-observer agreement: measure of reliability of observers, concurring events have occurred

Dysphoric: feelings of dejection, underestimation of self

Flat Affect: no expression of emotion

Labile: a quickly altering emotional state

Metaphor (in music therapy): an experience within which behavior is representative of other life experiences; the music setting is used as a metaphor, how they act there is indicative of how they act elsewhere