деятельности. Ключевые компетенции проявляются в качестве личностно осознаваемой, вошедшей в субъективный опыт, именуемой личностной смысл системы знаний умений, навыков, которая обладает универсальным значением, т.е. может быть использована в различных видах педагогической деятельности при решении множества жизненно важных проблем. Ключевые компетенции — это личные ценности студента (педагога), личные смыслы его образования (профессиональной деятельности) [2, с.24]. Включение ключевых компетенций в содержание образования позволяет перейти от обезличенных, отчужденных «знаниям» к личностным смыслам, т.е. престрастному, ценностному отношению к ученику.

Рассматривая профессиональную компетентность учителя музыки, нужно подчеркнуть, что компетентность предполагает постоянное обновление знаний, владение новой информацией для успешного решения профессиональных задач в это время и в данных условиях. Компетентность учителя музыки предполагает обязательное наличие способности творческого подхода к профессиональной деятельности, ориентацию в предметной области владение современными педагогическими технологиями, способность к интеграции с отечественным, зарубежным, историческим инновационным опытом.

Компетенции, которые лежат в основе профессиональной подготовки учителя музыки, предполагают определенную универсальность. Являясь до определенного уровня обобщенными, ключевые компетенции определяются таким образом, чтобы они были пригодны для использования в процессе обучения. Анализ государственного образовательного стандарта по специальности «Музыкальное образование» позволил сделать попытку выявить некоторые ключевые компетенции учителя музыки. К ним, на наш взгляд, можно относить владение представлениями о цель, задачах, принципах, содержании, методах и формах музыкального образования о многообразии исторического развития музыкальных культур различных регионов и стран Запада и Востока; владение умениями построения образовательных моделей развитыми музыкально-исполнительскими и дирижерскими навыками, эстетическими способностями. Компетентность не может быть изолирована от конкретных условий ее реализации и базируется на опыте и деятельности обучающегося. При этом она должна представлять собой целостную, индивидуально-творческую и оптимальную деятельность, ориентированную на социально-значимый конечный результат и оптимальный процесс его достижения, [1, с.9].

Таким образом, проведенный теоретический анализ проблемы позволил выделить основные подходы к понятию компетенции специалиста в условиях управления качеством образования и выделить их основные составляющие.

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TRAINING MUSIC THERAPISTS IN EUROPE AND USA:
THEORETICAL FOUNDATION AND TRAINING PROGRAMS

У статьи "Подготовка музыкотерапевтов в Европе та США: теоретичні основи та навчальні програми" розглядається специфіка підготовки музыкотерапевтів в різних країнах Європи та
Music, in its many aspects, can serve as a powerful therapeutic tool, helping to correct abnormal development. It influences our senses, feelings, and is understood by everyone, and it can reach an individual at any level of intelligence or education. Music therapy often aims at bypassing or removing the emotional or intellectual obstacles standing between the child and his/her environment.

Many cultures recognize the importance of music and sound as a healing power. In the ancient civilizations of India, the Orient, Africa, Europe and among the Aboriginal and American Indians, the practice of using sound to heal and achieve balance from within has existed for many years. The Tibetans still use bells, chimes, bowls, and chanting as the foundation of their spiritual practice. In Bali, Indonesia, the echoing gamelang, gong, and drum are used in ceremonies to uplift and send messages. The Australian Aboriginal and Native American shamans use vocal toning and repetitive sound vibration with instruments created from nature in sacred ceremony to adjust any imbalance of the spirit, emotions or physical being.

Music is a field of multifarious experiences that affect man’s mind, body and emotions. It is a non-intrusive medium for promoting cognitive interaction between child and environment. Music is effective because it is a non-verbal form of communication, it is a natural reinforcer, it is immediate in time and provides motivation for practicing non-musical skills. Most importantly, it is an effective stimulus because almost everyone responds positively to at least some kind of music. All musical activities are primarily directed by auditory perception and rest of the activities by the power of sound to penetrate, to be associated with some event and to be remembered. Sounds can be charged with emotions and memorized at conscious or subconscious level. They may reappear charged with the same emotions as when first perceived. The mental memory of sounds and their sequences is vital to the acquisition of verbal or non-verbal language of speech or music, although both processes function in two different parts of the brain (1, p.88).

Although the power, range and effectiveness of music has many variables, there are certain traits that are Universal. First of all, music captivates and maintains attention, stimulating and utilizing many parts of the brain, supports and encourages movement and it is an effective memory aid. Second, music is adapted to, and it can be reflective of, a person's ability and music structures time in a way that we can understand. Third, music sets up a social context by setting up a safe, structured setting for verbal and nonverbal communication. And fourth, music is success oriented. People of all ability levels can participate. Therefore training reliable music therapists is a very important task.

In my article I want to describe the system of education, educational specifics of training of music therapists in some countries.

Austria. In 1959 the first European music therapy training program was initiated at the former Academy of Music and Performing Arts in Vienna. In the very first years (1959 - 1970) multi-disciplinary structures were formed between important clinics and the Academy. At that time the science of world harmonics (after the model of the Swedish school of Aleks Pontvik) built the theoretic background. Prof. Alfred Schmölz headed the "Lehrgang für Musiktherapie". In close co-operation with famous medical directors (Erwin Ringel, Andreas Rett, Otto Hartmann etc.) practical studies in the three most important fields psycho-somatic, pediatrics and psychiatry were established. A definite direction towards psychotherapy, based mainly on psycho-dynamic and humanistic methods. Students are studying personal therapy, as well as individually (90h), in groups (180h), and practice under permanent supervision of a music therapist who belongs to the University (650 h) in more than 4 fields, this characterizes the music therapy training. Obligatory practical studies are in the fields of the neuro-psychiatry for children and juveniles, psychosomatic, and psychiatry. For alternative practical studies the choices are: neurology, children's psychosomatic, special education school, pediatric, and geriatric. From 2003, the new laws for Austrian universities enables a Ph.D. study of music therapy after a minimum of 4 years, and dissertations will be possible very soon. A new contract of cooperation with the University of Medicine has just been signed and will give music therapy new impulses concerning instruction and science (2).

I think I should have no other mortal wants, if I could always have plenty of music. It seems to infuse strength into my limbs and ideas into my brain. Life seems to go on without effort, when I am filled with music.

George Eliot
Sweden. The first education on academic level in music therapy began at the Royal College of Music in Stockholm in 1981. Four years later a basic education at Sjöviks folkhögskola was started. Then in 1990, a three year post graduate program at the Royal College of Music in Stockholm, and in 2001 - MA Program at the Royal College of Music in Stockholm. Ph.D. Program at the Royal College of Music in Stockholm began in 2004. Now in Sweden, music therapists are educated on a four year post graduate part time training program (MGR), and Doctoral Program (Ph.D.) in the Royal College of Music in Stockholm.

The music therapy education profile at Royal College of Music in Stockholm, which is based on a humanist view of music, is process-oriented and aims to integrate musical and therapeutic competence. The studies confer knowledge of how music is used for the purposes of health promotion and therapy. The programme includes theoretical studies, methodology, practical exercises and supervised work experience placement. It concludes with a Master's essay in the subject field of Music Therapy. This is a Master's programme which also qualifies you as a music therapist. The programme has a psychotherapeutic emphasis, which means that in connection with it, the students themselves must undergo therapy.

The basic subject is functional music therapy (FMT). In this kind of music therapy certain musical codes and patterns are used to influence and improve function. The therapist never uses words. Hjelm (founder of the method) emphasizes that it is not a question of developmental psychology. The purpose is to restore and build up functions by developing the brain. Music therapy is defined as “means, not as goals”. The training program (FMT) includes: theories of special education, neurology, handicap knowledge, specific methods in the model (e.g. total nonverbality, criterias), music (functional piano for the specific code–system of the model), practice and thesis.

Also Swedish students, who are under education at Musikkhögskolen I Stockholm, are studying: music therapy theory, individual therapy, music psychology, developmental psychology, psychotherapeutic theory and methods, psychopathology (mental and physical handicaps), treatment methods, and theory of science and research methods. They have a practicum in individual and group therapy. Students also have 20 hours individual therapy (GIM – Guided Imagery Music Therapy by H. Bonny) and 50 hours individual therapy as a self-experience (3).

Portugal. The first music therapy training program that existed in Portugal was lead by Dr. Jacqueline Verdeau-Pailles and sponsored by the Madeira Regional Department of Special Education. Between its first and second classes, it evolved into a three-year program with 6 weeks of intensive coursework, 3 years of documented fieldwork and the elaboration of a final monograph. This program required that students would have at least a Bachelor's degree, previously acquired musical training and also psychology or special education academic training. As a requirement for graduation, students also needed to show proof of additional training in psychiatry, psychology, music theory and history, as well as ear, vocal and instrumental training. From these two classes, approximately 20 students graduated as music therapists, according to a recognition arrangement between the Paris V/ René Descartes University and the regional department of special education of Madeira.

In October of 2001, a new program started. It functions at the Technical University of Lisbon, Graduate School of Human Psychomotor Development. This is a two-and-a-half-year post-graduate program (10 hrs/week) that issue a non-degree diploma in expressive therapies. The first year has a common curriculum in the areas of psychology, human development, psychopathology and the expressive arts therapies, and in the latter three semesters, students will specialize in either music therapy or dance therapy. This program is mostly based on humanistic theories and developmental psychology (4).

Until the present moment, there have not been any established standards of recognition for either the practice or the teaching of Music Therapy in Portugal. The APMT is planning to discuss and establish such guidelines in the near future, in accordance to European standards.

Denmark. Music Therapy in Denmark covers a five year training programme and a Ph.D training programme both located at Aalborg University, two trade organizations: Danish Association of Music Therapists (MTL) and Danish Society For Music Therapy (DFMT). Music therapists, as in medical and paramedical professions, have a rich diversity of approaches and methods, often developed with specific relevance to meet the needs of a certain client population (5).

Aalborg University offers a five year, full-time MA degree course in music Therapy, and is linked to the music therapy clinic at Aalborg psychiatric hospital, that was established as a centre for treatment and research. The MA program qualifies students to practice music therapy at a clinical and scientific level. Students are trained to work within multi-disciplinary teams in institutions in Denmark or abroad. The program gives equal weight to academic study, personal development, musical training, scientific research methodology and clinical skills. The program was founded on a broad psycho-dynamic and humanistic basis encouraging an integrative approach.
The training programme includes: a) Musical skills: Musical and clinical approach to vocal, instrumental and keyboard improvisation. Musical repertoire; b) Self experience: Individual and group training in the therapy process. Clinical experience at different institutions; c) Theoretical skills: music psychology/philosophy, general psychology, psychiatry, theory of science and therapy, theory of music therapy. The 5th year includes a 6 month, full time clinical trainee period, followed by 6 months supervision of the Masters' theses (6).

In 1992 The international PhD Research School and the research milieu at Aalborg University started.

USA. Music therapy in its current/modern form has existed in the United States since around 1944, when the first degree program in the world was founded at Michigan State University. A music therapist with only this designation has a bachelor's in music therapy and is trained in the specific use of music therapy techniques as an adjunctive/ augmentative therapy, complementing the work of other practitioners from different disciplines such as social work, speech/language, physical therapy, medicine, nursing, education, and so forth. A music therapist may have different credentials or professional licenses and may also have a master's degree in music therapy or in another clinical field (social work, mental health counseling, or the like). Some practicing music therapists have held Ph.D.s in non-music-therapy (but related) areas, but more recently Temple University founded a true music therapy Ph.D. program. A music therapist will typically practice in a manner that incorporates music therapy techniques with broader clinical practices such as assessment, diagnosis, psychotherapy, rehabilitation, and other practices.

A degree in music therapy requires proficiency in guitar, piano, voice, music theory, music history, reading music, improvisation, as well as varying levels of skill in assessment, documentation, and other counseling and healthcare skills depending on the focus of the particular university's program. To become board-certified in the United States, a music therapist must complete 1200 hours of clinical training in addition to required coursework, research, and passing a nationally accredited certification exam (7).

To resume, I can say - All training systems are very interesting, but in an article of this size it’s impossible to describe all the methods available. Music as therapy crosses boundaries of culture, disability, physical etc. It can connect people with their inner creativity, facilitate communication and relatedness, and enable self-expression and improve the quality of life.

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