

Music Therapy in a School Setting



“Music therapy (MT) is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship. Music therapy interventions can be designed to promote wellness, manage stress, alleviate pain, express feelings, enhance memory, improve communication, and promote physical rehabilitation.” Research in music therapy supports its effectiveness in a wide variety of healthcare and educational settings, and specifically for children with Williams syndrome.

Music Therapy & IDEA

The Individuals with Disabilities Education Act (IDEA) is a federal law, with state education agency oversight, that supports the provision of public education for all children—regardless of the nature or severity of their disability. IDEA stipulates that eligible children and youth with disabilities shall receive special education and related services. The US Department of Education recognizes Music therapy as a related service under IDEA - that means that when *deemed necessary* for a child’s education*, music therapy must be put into the IEP, with costs covered by the school.

- It is critically important to be able to document the child’s response to music, and to include the documentation in your written request for an assessment. If properly documented, the school district is far less able to deny the initial assessment.
- While they are not required to perform every assessment requested in writing, the district can not cite precedence or funding as reasons to deny.

Music therapists should work collaboratively with a student’s IEP team and the family throughout the screening, evaluation, program planning, and intervention process.

Areas of Concern for Students with WS

The interest and emotional responsivity toward music among children with Williams syndrome combined with their relatively intact music abilities suggest music can be a valuable tool in their education.

Music as a therapeutic support can aide in the development of vocalization and address speech and language goals as well as support motor develop-

ment through instrument play and rhythmic movement exercises.

Obtaining Services

The Individualized Education Program (IEP) process involves planning and decision making by the IEP team including parents/caregivers, students, and therapists (if indicated). The components of the process are:

Problem Identification → Referral → Evaluation → Eligibility → Individual Plan (goals) → Services (when/where)

1. Problem identification - identify the areas in which the student is not able to meet the environmental demands or the demands of the curriculum.
2. Referral - the team identifies the resources needed to meet the need including related service frequency and duration, location, and specific criteria.
 - Music therapy is indicated as a related service only when necessary to access and participate in education and the educational environment.
3. Evaluation/Eligibility/Individual Plan - the MT will complete an evaluation and, if appropriate, will write goals for areas in need of specific skill development.
4. Services - will be provided to support the development or achievement of a skill area as needed. Services can be vary by type (direct or consultative) frequency (# of minutes per time period) and environment (private or group; pull out or classroom based).

**Hospital-based and private therapeutic sessions (out side of school) can address areas of concern not covered in the school-based sessions.*

Contributors

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Music Therapy (MT)

MT for Very Young Children

MT can be used to address:

vocalization and speech and language goals through singing

motor development through instrument play and rhythmic movement experiences

Sample goal & objective areas

The child will demonstrate improved language skills:

- ability to sing a 3-4 line song
- ability to verbally identify objects in a song

The child will demonstrate improved fine and/or gross motor skills:

- ability to strum guitar held by therapist
- ability to beat drum rhythmically



MT for Pre-school Children

MT can be used to:

address understanding of syntax and grammar patterns in speech using melodic structure

develop organizational capabilities with the use of melodic and rhythmic patterns

develop communication and social skills

Sample goal & objective areas

The child will improve social skills:

- improve turn-taking
- use appropriate greeting
- improve ability to label & describe

The child will improve academic concepts:

- letter identification/sounds
- calendar concepts
- colors, shapes, sizes

The child will improve daily living & safety skills:

- hand washing
- manners
- phone number/address



MT for School Age Children

MT can be used to:

Address higher level social and academic skills such as empathy, turn taking, compromise and problem solving skills in social situations.

Sample goal & objective areas

Improve academic understanding in mathematics:

- math facts
- telling time
- money concepts

Improve academic understanding in reading/writing:

- phonics and sight words
- story elements

Improve behavior/well-being

- learn classroom rules
- improve attention & focus
- improve self-expression

Improve communication & social skills:

- “wh” (who, what, where, questions)
- vocabulary development



Music Therapy (MT)

MT for Teenagers

MT can be used to:

Help promote healthy emotional expression & continue to support academic goals

Improve self concept/self esteem through task mastery of an instrument or relevant musical experience

Sample goal & objective areas

Improve emotional expression:

- anger management
- self expression

Improve social and communication skills:

- conversation skills
- presentation skills

MT for Adults

MT can be used to:

Support moving toward independence; balance emotions & anxiety

Songwriting can be used to process feelings, plan and problem solve relevant issues

Sample goal & objective areas

Improve emotional expression:

- anger management
- self expression
- self-regulation and relaxation

Improve social and communication skills:

- conversation skills
- interview skills
- understanding emotions

Resources

“Williams Syndrome (WS): Recent research on Music and Sound”; American Music Therapy Association.
http://www.musictherapy.org/assets/1/7/bib_williamssyndrome.pdf

Coast Music Therapy
<http://www.coastmusictherapy.com/who-music-helps/williams-syndrome/>

Davis, W.B., Gfeller, K.E., & Thaut, M.H. (2008). An introduction to music therapy: theory and practice. American Music Therapy Association.

Register, D. (2001). The effects of an early intervention music curriculum on pre-reading/writing. *Journal of Music Therapy*, 38(3), 239-248.

Standley, J.M. (1996). A meta-analysis of the effects of music as reinforcement for education/therapy objectives. *Journal of Research in Music Education*, 44(2), 105-133.

Wolfe, D., & Hom, C. (1993). Use of melodies as structural prompts for learning and retention of sequential verbal information by preschool students. *Journal of Music Therapy*, 30(2), 100-118.

Common Evaluation Tool
Special Education Music Therapy Assessment Process (SEMTAP)



A word about “objectives”

Most children with Williams syndrome will benefit from therapeutic interventions as young children, and some will continue to benefit from some therapies throughout most of their education.

Just as it is important for therapists to learn about Williams syndrome in order to establish the most valuable goals and realistic objectives, it is important for parents to understand the elements of a good objective so that they can be sure their children will get the most benefit from therapeutic intervention.

Regardless of which therapy a child is receiving, a good objective will follow the same format. Each objective must address 4 key elements:

- Audience:** who the objective is for
- Behavior:** what behavior is the objective addressing
- Condition:** Under what circumstances will the result come about? What will contribute to the change? By when should the results be evident?.
- Degree:** what measurement determines successful completion of the goal - 8/10 times, 4/5 days etc.

The best objectives are related to the classroom curriculum, or the child’s role as a student, and ALL objectives must be measurable.

Objectives such as “the child will listen to the speaker 80% of the time”, or “the child will attend to a specified task for “X” minutes” are not good goals.

- It is impossible to know for sure when/if a child is listening, or attending. Many children with WS can appear to be unfocused or looking at something other than what they are supposed to be attending to, but when asked about the topic will know the answer. Therefore a much better goal to gauge a child’s ability to attend is a goal directed at answering questions following the exercise.

There are several different approaches to the development of music therapy goals:

1. Collaborative Approach: Adding “Music Therapist” as a support to goals that may have been written by a speech-language pathologist, occupational therapist, teacher, or other provider.
2. Musical Prompt-Based Approach: Adding music as the “prompt” that will be utilized in the initial stages of teaching the skill. The musical prompts may then be faded and eventually removed so that the student can generalize the skill to the non-music environment.
3. Music Therapy-Specific Approach: In settings where the music therapist does not have ongoing collaborative opportunities with other providers, the therapist may write specific music therapy goals that blend both musical and non-musical achievement. For example, a child may have a goal to play one song on the piano using color-coded notes, which also supports fine motor skills, sequencing, and color matching.



See more at: <http://www.coastmusictherapy.com/how-music-helps/goal-areas/#sthash.1lmhVOPq.dpuf>