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Music Therapy & Special Needs

Definition:

Guidelines for classifying a person as having special needs vary by state. Common conditions and diagnoses include attachment disorder, attention deficit hyperactivity disorder (ADHD), developmental disabilities, fetal alcohol syndrome (FAS), learning disabilities, and oppositional defiant disorder. They have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health care-related services.

Incidence:

About 9.4 million children are estimated to have special health care needs. Children with special health care needs are present in 20 percent of U.S. households with children.

Characteristics and Need Areas:

The characteristics of each person with a special need vary greatly depending on the specific diagnosis.

- **COGNITIVE:** Children and adults may have mild to severe cognitive delays causing difficulty with concepts such as math, telling time, maintaining attention and focus, and difficulty sequencing and remembering events
- **SPEECH/COMMUNICATION:** Depending on the severity, they may have diminished receptive language, difficulty sounding out words, difficulty understanding words or concepts, delayed speech, or problems discriminating between sounds



C.J. is 5 years old and is in the Shake, Rattle and Roll group. He has Pervasive Developmental Disorder.

- **MOTOR SKILLS/SENSORY:** Poor hand-eye (visual motor), gross and fine motor development and coordination sensory integration problems are common. Motor problems may also be noticeable due to low muscle tone. This may include physical over-activity or extreme under-activity and uneven gross and fine motor skills.
- **SOCIAL/BEHAVIOR:** Music therapy is a motivating setting in which a child's social skills can be enhanced. They can practice following directions, role-playing appropriate responses to social situations and participate in a group experience with peers. Social song stories can be created specifically for the child to address areas of need. These social song stories are used in many ways and can be role-played and generalized outside of the music therapy session. Another technique that may be used is songwriting, which can encourage creativity and emotional expression. Each group member may contribute an idea or word to song that the group is writing. In this way, music can be used to create a successful experience where they child can enhance his or her self-esteem with other peers.

How can music therapy address the need areas for an individual with special needs?

COGNITIVE: Music therapy songs and techniques are effective in addressing academic skills. Some of these skills may include number identification, counting, and mathematical problem solving. Music therapy is motivating and can allow an individual to attend to a task for a longer period of time. Because music is processed in both hemispheres of the brain, music can stimulate cognitive functioning and may be used for remediation of some speech/language skills.



Anthony, one of the In Harmony group participants, is 9 years old and has fragile x syndrome.

SPEECH: Music therapy can enable those without language to communicate, participate and express themselves non-verbally. Often music can assist in the development of verbal communication, speech and language skills. Singing is an effective technique used to increase sentence length, fluency, rate, and appropriate pitch and volume of the speaking voice. Rhythmic cueing can improve the rate of speech. Conversational skills can also be enhanced through “musical conversations” with instruments where the child takes turns “talking” with a peer.

MOTOR SKILLS: Music provides concrete, multi-sensory stimulation (auditory, visual, and tactile). The rhythmic component of music is very organizing for the sensory systems of individuals with special needs. As a result, auditory processing and other sensory-motor,

perceptual/motor, gross and fine motor skills can be enhanced through music therapy. Music therapy strategies can be devised to address poor coordination and balance issues. For instance, tapping rhythm sticks together with a partner requires refined coordination and is a fun, motivating way to work on a motor skill. Because rhythm is structured and predictable, it is often used to improve an individual's gait or walking stride.

SOCIAL: Social song stories can be created specifically for the child to target specific social skills or behaviors such as turn-taking, shared play, joint attention, listening and responding to others and appropriate interaction with peers. In the music therapy setting, the individual has the opportunity to role-play different

scenarios where this skill could be used which can lead to the generalization of skills to other settings. An individual may also learn these skills (such as eye contact) through cooperative instrument playing. For instance, if two people are taking turns playing the marimba (an xylophone-like instrument) they may make eye contact (without words) to signal that it's the other person's turn to play.

Music therapy can also allow individuals the opportunity to develop identification and appropriate expression of their emotions. For instance, individuals may listen to a "sad" (in a minor key) piece of music while singing about feeling sad and practicing making a sad face in a mirror.

Music is predictable, structured and success-oriented. This brings a sense of security, encouraging the individual to take risks and be more spontaneous in interactions with others. Music therapy can provide additional opportunities for positive interaction and building relationships among family members and the person with special needs. Participation in music therapy often allows family members to see their loved one in a "different light," to witness their relative's areas of strength and aptitude, maybe for the first time. Music therapy highlights what an individual can do, enhancing self-esteem and positive self-image.

GOAL EXAMPLE FOR SOCIAL SKILLS

By (date), C.J. will demonstrate understanding of social skills (eye contact and handshaking) as evidenced by correctly role-playing appropriate social behaviors in 5/7 trials without prompting.

Baseline: C.J. rarely (20% of opportunities) demonstrates appropriate social skills in the group without prompting.

RESEARCH:

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NATIONAL ORGANIZATIONS

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