

Hearts and Hands Music Therapy Program:
A Music Therapy Program Proposal for The Hagedorn Little Village School

by
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“And now here is my secret, a very simple secret: It is only with the heart that one can see rightly; what is essential is invisible to the eye.”

-Antoine de Saint-Exupery

Summary Statement

The Hearts and Hands Music Therapy Program will focus on addressing the individualized needs of students who would benefit from receiving music therapy services. Music therapy treatment will be designed to provide children with opportunities to achieve their highest developmental potential. Along with traditional music therapy interventions, this program will also provide students, staff, and family members with opportunities to become involved with music in context to the school community. This paper discusses a proposal for a music therapy program at Hagedorn Little Village School.

Hagedorn Little Village School

The Hagedorn Little Village School (HLVS) is a publicly funded, not-for-profit school that provides educational and therapeutic services for children with developmental disabilities. The HLVS opened in 1969 in a single room schoolhouse to serve three children in Seaford, New York (History, 2016). The HLVS now serves hundreds of children with various developmental disabilities including cognitive delays, social/emotional deficits, autistic spectrum disorders (ASD), speech/language delays, orthopedic or motor impairments, visual impairments, and/or significant medical issues. After-school therapeutic programs were introduced in 1982 and offered to the children and families of HLVS. The school provides year-round services including diagnostic evaluations, treatment, and early intervention services.

The HLVS provides educational and therapeutic programs to infants (0-3 years old), preschool age (3-5 years old), and elementary school age (5-12 years old) children with a wide

range of developmental delays and disabilities. The school strives to help every child achieve their highest potential in educational, emotional, and social domains by facilitating a nurturing environment that is supportive of their individualized developmental needs. Currently, the HLVS functions within the framework of Applied Behavior Analysis (ABA). Along with ABA, the school offers therapeutic services such as speech language therapy, audiological services, occupational therapy, physical therapy, psychological and social work services, movement therapy, adaptive physical education programs, computer education, and nursing services.

Introducing Music Therapy

The earliest reference to the therapeutic use of music was in 1789 (American Music Therapy Association [AMTA]; 2019). Today, music therapy is an established health profession. According to the AMTA, 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” (AMTA, 2019, para. 1).

Music therapy is an established health profession in which music is used in a therapeutic framework to accomplish individualized goals within physical, cognitive, social, and emotional domains (AMTA, 2019). A music therapist will assess the strengths and needs of the client and then create a therapeutic treatment plan that will allow the client to reach their highest potential (AMTA, 2019). Treatment plans in music therapy are typically created within the parameters of the four methods of music therapy: receptive, compositional, improvisational, and re-creative methods (Bruscia, 2014). Music involvement in the therapeutic context can help clients to strengthen areas of need in areas of their lives that are beyond the boundaries of musical

experiences (AMTA, 2019). Lastly, music offers individuals with alternative avenues of communication for people with deficits in communicative abilities. Music therapy research supports the effectiveness of music therapy interventions to address physical, emotional, cognitive, and social support (AMTA, 2019).

People who are qualified to practice music therapy have completed an approved music therapy bachelor's, equivalency, or master's level program (AMTA, 2019). Along with a formal education regarding modern music therapy techniques, a person must complete a clinical internship accumulating 1200 hours of experience under the supervision of a certified music therapist. After the completion of academic and internship requirements, a person is allowed to sit for the national examination that is offered by the Certification Board for Music Therapists. Those who successfully complete the administered examination hold the credential Music Therapist, Board Certified (MT-BC) (AMTA, 2019). Music therapists who work in schools often address the needs of students that are outlined in their Individualized Education Plan (AMTA, 2019).

Personal Statement

I developed an interest in music when I joined the marching band in my high school. The experiences I had in this activity made it apparent that music would be a significant part of my life. I enjoyed going to rehearsals, joking around with friends, and engaging in the process of developing and improving our performance. I played in the drumline. We spent the majority of our time rehearsing separately from the rest of the ensemble in a different wing of the school. I began to perceive the drumline as a team with intentions of working together to accomplish a similar goal: musical growth and development. I believe the musical growth and development

was supportive of my development in other areas of my life socially, emotionally, and cognitively.

In college, I separated myself from music education, afraid that a music degree would not prepare me well enough for a life beyond higher education. For the first two years of my college career I explored other fields of study including math, business, and media production. Noticing my dissatisfaction in a life without music, I joined a performing ensemble in hope of discovering what I enjoyed about music-making.

I recognized that what I appreciated most about music-making was the social potential it created for a group of people and the developmental experiences. Music became an entity that supported the growth of relationships, it was a platform for people to stand on equally, and a resource for human connection. Coincidentally, around the same time I was noticing the ways in which music has already impacted my life, a friend of mine began studying music therapy. Intrigued by the information he was giving me about the field, I decided to take an introductory music therapy course. I learned a lot about the surface characteristics of music therapy but also managed look into areas that were still unknown, areas that were ready to be discovered.

My first field experiences in music therapy were with children with various developmental disabilities. I remember experiencing challenges in developing significant clinical relationships. I remember a moment when I was inviting one of the children to play a drum that I was holding. As a result of her diagnosis of Cerebral Palsy, she was having difficulty coordinating the movement of her upper body. After several minutes, I said to her, "I know this is difficult for you but, I really think you can do this." The statement acknowledged her potential while also acknowledging the challenges she faced. She then started to smile and play. I cannot

say for certain that my statement led to her to participate in the music making experience, but it was in this moment that my perception of developmental disabilities had shifted. For the first time, I recognized what it meant to view an individual as a person first and not their disability. In the reflective process of this experience, I recognized that I was learning about the formation of relationships in the context of humanistic philosophy and the music child (Guerrero, Marcus, & Turry, 2015).

I wanted to explore humanistic philosophy and the concept of the music child in more detail, so I decided to complete my clinical internship at The Center for Discovery in Harris, New York. The school is designed to cater the needs of children with various developmental disabilities. Here I was introduced to anthroposophy and the teachings of Rudolf Steiner. After reading the works of Steiner, anthroposophy became the foundation of my approach to music therapy. I started to connect philosophies of anthroposophy and humanistic philosophy.

Statement of Need

The Individuals with Disabilities Education Act (IDEA) makes available a free appropriate public education to eligible children with disabilities throughout the country and ensures special education and related services to those children (About IDEA, 2019). The mission statement at HLVS (2016)

is to provide the finest educational and therapeutic programs to infants, pre-school and elementary school children with a wide range of developmental delays and disabilities.

We strive to help each child we serve achieve their highest potential, educationally, emotionally and socially by creating a nurturing environment for the child and a supportive framework for their families. (para 1)

A music therapy program at Hagedorn Little Village School would be structured in a way that embodies the philosophies of both IDEA and the mission statement at Hagedorn Little Village School. The proposed goals of a music therapy program at the HLVS are as follows:

1. To provide quality music therapy services that address the individualized needs of each student at HLVS.
2. To utilize music as a community-building resource by providing students, staff, and families with opportunities to become involved with the development of music-based performances and events.
3. To provide students with enriching music experiences that embody individualized fulfillments and promote the development of creativity.

Theoretical Orientation

I believe that music is within every child and individual. This is promoted by the Nordoff-Robbins Music Therapy (NRMT), an approach of improvisational music therapy. NRMT is built upon the concept of *the music child*. The music child refers to the inborn musical capacity within every human being (Guerrero, Marcus, & Turry, 2015). The music child is an accessible resource used to promote healthy growth and development regardless of disabling condition. Music therapy pioneers Paul Nordoff and Clive Robbins found that musical encounters could reach children on a deep level and contribute to their individual development. This perspective contributes to the understanding that music is the essential medium for communication and interaction (Guerrero, Marcus, & Turry, 2015).

Therapeutic presence in a music therapy session is similar to an environment that embodies the characteristics of play. According to Huizinga (1955) *play* is a free activity that

stands outside of ordinary life as being “not serious” while at the same time absorbing the attention of the people who participate. It promotes the formation of social groups and proceeds within its own proper boundaries and regulations. I believe that play gives people the opportunity to learn about themselves as they contribute their own imaginative ideas to the shared therapeutic relationship.

In music therapy, the therapist and client work together to help identify the strengths and needs of the client (AMTA, 2019). The newly developed strengths that were once areas of need can then be applied in other areas of the client’s life. In my practice, I believe that music therapy should be couched in the humanistic approach in which every client is viewed as a whole person with unique potentials for health and well-being (Abrams, 2015). I believe the driving force behind change lies within the relationship between the client, therapist, and music. The music acts as a bridge between the client and therapist. In a music making experience, a working relationship is created that links a therapist closely with the development of the client. The therapists efforts, perceptiveness and care become united with the efforts, experiences, and achievements of the client (Nordoff & Robbins 2006).

Nordoff-Robbins Music Therapy. My therapeutic work is strongly influenced by the foundations of Nordoff-Robbins Music Therapy (NRMT) in both theory and practice. I intend to work toward receiving my certification in Nordoff-Robbins Music Therapy from New York University. The training programs will provide me with a greater understanding of this unique form of music therapy and advanced knowledge of clinical skills (NRMT, 2019).

The NRMT approach was founded by Paul Nordoff and Clive Robbins (Guerrero, Marcus, & Turry, 2015). The approach is based on the belief that everyone has an innate

sensitivity to music which can be used for personal growth and development (NRMT, 2019). Dr. Clive Robbins had written that “almost all children respond to music. Music is an open-sesame, and if you can use it carefully and appropriately, you can reach into that child's potential for development” (AMTA, 2019, para. 3). In this approach, clients take an active role in the music making process alongside their therapist. The process of therapy unfolds when the therapist can draw upon a vast range of musical tonalities, elements, structures, and styles (Guerrero, Marcus, & Turry, 2015). It is not necessary that the client know how to play music competently because structure and integration will be supported by the efforts of the therapist. NRMT sessions are balanced between the creative process of spontaneous music making and the therapists knowledge of the therapeutic process (Guerrero, Marcus, & Turry, 2015). The contributions and responses of the client are accounted for by the therapist and incorporated into the construction of the musical experiences. The client therefore, becomes an integral element of the music making process.

According to Cohen (2018), the NRMT approach can be utilized in individual or group settings. In both settings, clients may choose to play instruments, use their voice, or use another means of creative expression. The music is created structurally or spontaneously as the clients explore their instruments to learn about their unique contributions to the music experience. The client’s role is to become actively or passively involved with the music making experience, interact with the therapist to the extent possible, and try out healthier ways of being or living (Bruscia, 2014). The music experience is guided by the therapist who provides musical structure while the clients make the ultimate creative decisions. Music therapy sessions are typically structured in a way such that the client can receive an appropriate amount of support in response

to their individualized needs. As the clients proceed in the process of music making, the therapist uses various techniques that help to facilitate and guide the music experiences into intended areas of focus as they relate with treatment goals and objectives. The potential targeted areas of development include internal awareness, awareness to creative impulses, self-esteem, awareness of others, and cooperation (Cohen, 2018).

NRMT therapists use various techniques that help the client to reach their greatest potential in music therapy. Common techniques include *non-directivity*, *engagement*, *supportive music coactivity*, *aesthetic shaping*, and *awareness and response* (Cohen, 2018). *Non-directivity* is a technique used to promote expression and encourage participation as opposed to directiveness in the context of clinical improvisation. *Engagement* is the process of getting the client to participate musically with musical interventions, sounds, gestures or cues (Cohen, 2018). Engagement alternates with non-directivity. *Supportive music coactivity* can be referred to as a musical acknowledgment (Cohen, 2018). Here, the therapist offers supportive musical responses to allow the client to recognize their own musical contributions. *Aesthetic shaping* involves the process of shaping the client's musical contributions into a larger context (Cohen, 2018). By enhancing the general music experience, the client may feel more inclined to engage in more music making. *Awareness and response* is used when the therapist has intentions of directing the client's attention to the participation of other people in the music space (Cohen, 2018). It is used to facilitate awareness among participating members and the creative process.

Anthroposophy. In my process of becoming a music therapist, I learned about the influences of anthroposophy on the development of NRMT. The term *anthroposophy* derives from two Greek words - *anthropos*, meaning "human being" and *sophia* meaning "wisdom".

Anthroposophy is a human-based spiritual philosophy that aims to create an objective and comprehensible spiritual world that is accessible to human experience (Steiner & MacDermott, 1984). Anthroposophy is a theory of knowing the world, a practical path of inner development, and a series of descriptions of human development in terms of thinking, feeling, and willing (Steiner & Bamford, 2002). Anthroposophical philosophies have been applied in educational institutions, biodynamic agriculture, fields of medicine, and therapeutic communities (Steiner & Bamford, 2002).

In the process of development, the brain divides into three parts: the thought-brain, feeling-brain, and the will-brain (Steiner, 2018; Intveen & Clark, 2016). The acts of thinking, feeling, and willing are known as soul-faculties (Steiner, 2018). The division of the three brains is not defined by a physical or measurable reformation of the brain, rather it is an anthroposophical construct to understand the balanced order of the human being (Steiner, 2018; Intveen & Clark, 2016). The soul-faculties function in relation to each other, so an imbalance or disorder of one of the soul faculties will hinder the function of the other two. Steiner (2018) had written “the student’s great achievement is the attainment of complete mastery over the combined activity of the three soul-forces.” (Loc. 1921). Therefore, a consideration of soul faculties is relevant when determining and managing treatment of vulnerable individuals.

The thought-brain involves the act of intuitive thinking. According to Steiner (2018) cognition and meaning making is an instinctual function of the human being. The feeling-brain provides people with the capacity to experience joy and pleasure as well as sadness and despair. The willing-brain maintains the order of executive function (Blomberg, 2013). Music therapist Kenneth Aigen (1998) says the willing-brain is associated with conscious and deliberate action.

The willing-brain supports a person's capacity to relate with the world around them (Steiner, 2004).

Soul-faculties and music therapy. The soul-faculties described above are applicable to the construction of musical experiences (Edwards, 2016). Edwards (2016) discusses the link between the soul-faculties and different elements of music. Thinking is associated with melody, feeling with harmony, and willing with rhythm. Harmonic constructions of major or minor keys can help to express opposing feelings (Edwards, 2016). I believe the connections between soul-faculties and different musical elements can help clinicians to more mindfully create constructive music experiences. For instance, music experiences with an emphasis on harmony can be used in music therapy sessions to address the needs of students who are working on developing skills of emotional regulation. Music experiences with an emphasis on the rhythmic component of music can be used in music therapy sessions that address psychomotor functions. The use of melody can help a person to exercise cognitive function by providing experiences that promote the process of identifying a melody or predicting melodic movements.

An approach to music therapy within the framework of anthroposophy is parallel with the mission statement statement at HLVS. Educational programs that are rooted in anthroposophical philosophies cater toward the individualized needs and interests of each child (Waldorf Education, 2019). HLVS (2019) aims to help each child achieve their highest potential, educationally, emotionally and socially within a supportive environment. A music therapy program that is built within the framework of anthroposophy would support the mission of the school and help each child to achieve their own unique potentials.

Comparing Music Therapy and Music Education

Although music therapists and music educators work with a similar set of resources to accomplish tasks at hand, there are significant differences between the two professions. The primary differences between music therapy and music education are found within the intended goals. A music educator focuses on music related goals such as learning to sing, play an instrument, perform, read music, compose, or analyze (Adamek & Darrow, 2018). A music therapist on the other hand focuses on goals that may not relate to music competencies. For instance, a music therapist might address goals that are in conjunction with a person's cognitive, behavioral, physical, emotional, social, or communication skills through musical engagement (Adamek & Darrow, 2018).

Review of Literature

Music Therapy Methods

Music therapy is implemented in forms that are based on the client's individual needs. According to Bruscia (2014) there are four main methods of music therapy: improvisation, re-creation, composition, and receptive. Each method involves the use of different sensorimotor functions and therefore, require different skills to become engaged with the therapeutic process (Bruscia, 2014). Each music therapy approach has a different therapeutic value and potential.

Improvisational methods involve spontaneous music making while singing, playing instruments and creating melody, rhythm, or harmonies. The therapist provides the client with instruments as well as musical structure to allow the client to become involved to their greatest potential. Improvisational methods are used for establishing a channel of communication, self

expression and exploration, developing skills for building interpersonal relationships, and developing cognitive skills (Bruscia, 2014).

In *re-creative methods*, the client is given the opportunity to learn, sing, and play precomposed songs. Re-creative methods are typically used for when clients benefit from structure in order to achieve an individualized or collectivized goal. In re-creative methods, clients develop sensorimotor skills, improve attention, learn about specific roles in music making, develop a sense of community, and develop skills for interactivity (Bruscia, 2014).

Compositional methods are used to develop skills for creating a structure for self-expression, develop organizational skills, explore various ways of expressing, and exercise decision making skills. This application of music therapy involves the client and therapist writing songs, lyrics, or instrumental pieces. The therapist's role is to support the client in their creative endeavours by providing guidance and musical expertise (Bruscia, 2014).

Receptive methods involve the client listening to music and responding either verbally, silently, or another modality of expression. The listening experience could focus on the physical, emotional, or intellectual elements of the music. The client can respond according to the therapeutic purpose or individualized needs. Receptive methods are used to promote receptivity, evoke body responses, evoke imagery, connect listeners to a community, and promote relaxation or stimulation (Bruscia, 2014).

Community Music Therapy

Modern views of music therapy can be affiliated with institutions and ideologies (Pavlicevic & Ansdell, 2004). While these traditional practices occur in the music therapy room, the branch of music therapy called Community Music Therapy extends beyond the clinical space

and into the cultural formation of an environment. The framework of community music therapy is about humanizing communities and institutions (Pavlicevic & Ansdell, 2004). In this approach of music therapy, the music therapist maintains a focus on individualized needs but also emphasizes the needs of the community or systematic needs. The music therapy program at HLVS will be multifaceted in that it will focus on the physical, emotional, cognitive, and social well-being of individuals, but also on community engagement. Community music therapy will be implemented at HLVS by means of choir performances that provide people with opportunities to become involved with performing as well as the organizational component of putting on a larger community event.

Music Therapy in Special Education

Each student's Individualized Education Plan (IEP) Team, consisting of professional service providers and the child's parents, construct an education plan designed to meet the needs of the individual student. Children are entitled to related services that are determined to be beneficial for the education of the student. Through a music therapy assessment process, credentialed music therapists are able to determine if music therapy is a necessary service that will assist a child in a special education setting.

Individuals with Disabilities Education Act (IDEA) regulations. Music therapy is considered a related service under the IDEA (IDEA, 2019). When music therapy is deemed a beneficial service for a child in special education, goals are documented and tracked in the student's IEP. Music therapy services can be an integral part of helping a child to accomplish goals outlined in their IEP. Music therapy can be used to address goals in a child's physical, emotional, cognitive, and social domains (AMTA, 2019). In addition to music therapy services, a

professional music therapy can also offer classroom teachers effective methods for utilizing music in the classroom and academic curriculum. Music therapy can stimulate and support attention and encourage participation within the least restrictive environment (AMTA, 2019).

Benefits of Music Therapy in Special Education.

Music therapy sessions are documented in treatment plans and are conducted based on the individualized needs of the client. Research shows that music therapy can be used to increase attention, improve behavior, decrease self-stimulation, enhance auditory processing, improve cognitive functioning, decrease agitation, increase socialization, improve receptive/expressive language, promote successful and safe self-expression, and enhance sensory-motor skills.

Emotional readiness. ASD hinders the development of a person's social and communicative skills and can affect sensory regulation (Dombrowski, 2018). It becomes difficult to navigate situations that are overly stimulating. For instance, loud noises can be upsetting and the texture of clothing can be bothersome (Dombrowski, 2018). Children with developmental disabilities need support that accommodates their individualized needs. Music therapy can be an effective tool to support children as they organize their experiences and regulate their feelings (Drossinou-Korea & Fragkouli, 2016). Research shows that regulation of emotional experiences and feeling help children to develop their capacity to form relationships (Drossinou-Korea & Fragkouli, 2016). Music has the potential to elicit emotional responses in people with and without disabilities (Constantin, 2015). Since music is reflective of a spectrum of emotional experiences (Intveen & Clark, 2016), it can be used as a regulatory tool to achieve a sense of balance when emotional experiences become overwhelming.

Redirecting emotional expressions. Music therapy can help to decrease aggressive behaviors and help to facilitate self-expression by transforming feelings into meaningful creative experiences (AMTA, 2019). Montello and Coons (1998) reported on the levels of attention, motivation, and hostility, as rated by the classroom teacher, of preadolescent students with emotional, learning, and behavioral disorder. Sixteen students were divided into three groups, with two groups who participating in active music therapy and the other group who participating in passive music therapy. Classroom teachers were given the Achenbach's Teacher Report Form (TRF) to report on the attention, motivation, and hostility behaviors of their students. Students improved significantly after participating in active and passive music therapy. The most significant changes were found on the aggression/hostility scales. Results from this study indicate that group music therapy and help students to engage in the process of self-expression. Music therapy can provide students with a channel to communicate feeling of frustration, anger, and aggression into creative experiences (Montello & Coons, 1998).

Development of social behavioral skills. Music therapy can provide conditions which can stimulate communicative behaviors and increase opportunities for developing skills for social interaction (Hackett, Morison, & Pullen, 2013). In a recent study, researchers Hackett, Morison, and Pullen (2013) examined the effects of six months of music therapy on the developmental, functional, social, and emotional outcomes for a 4-year-old child with Rett syndrome. Music therapy sessions consisted of a routine greeting song, improvisational section, and goodbye song. Retrospective video analysis was used to assess changes in turn-taking behavior during music therapy sessions. Analysis using Statistical Process Control charts showed

improvements in the frequencies of hand use and turn-taking. This study indicates that music therapy services can be beneficial in the development of a person's social skills.

Students with autism spectrum disorder. Students on the autism spectrum experience challenges affecting social skills, communication, and behaviors (Adamek & Darrow, 2018; Dombrowski, 2018). Music therapists typically will work with students who are on the autism spectrum (Adamek, & Darrow, 2018). Treatment goals are typically structured in accordance to the student's IEP. Music therapy goals for students with ASD will typically address primary areas of focus including communication, social interactions, academics, physical, and leisure skills such as learning an instrument or participating in a choir (Adamek, & Darrow, 2018). Since Autism is a spectrum disorder, treatment goals will be individualized in order to address the unique needs and strengths of the students who are referred to music therapy.

Students in music therapy who are in the process of developing communication skills could engage in music interventions that are focussed around decision making and following directions. Skills pertaining to social interactions could develop through music activities that incorporate turn taking and sharing of feelings. Academic skills could be addressed in the form of counting games or identifying types and quality of instruments (e.g., color, shape, or size). The development of motor skills can be addressed using music interventions like instrument playing or movement activities (Adamek, & Darrow, 2018).

Students with intellectual disabilities. Students with intellectual disabilities (ID) experience challenges in intellectual functioning such as reasoning, learning, or problem solving. Students might also experience challenges in a range of everyday social and practical skills (AAIDD, 2019). Students with ID can receive services to address nine potential areas of support:

human development, teaching and education, home living, community living, employment, health and safety, behavioral, social, and protection and advocacy (AAIDD, 2019). A wide range of goals can be addressed in music therapy including those related to academic skills (teaching and reinforcing academic concepts with music), social and emotional support (using music to facilitate emotional expression), physical skills (developing fine and gross motor skills by using music), communication skills (using music to learn and practice language and communication skills), and leisure skills (using music as a resource for leisure activities) (Adamek & Darrow, 2018).

Students with speech and language disorders. According to the IDEA (2019), a speech and language disorder is characterized as a communication disorder that adversely affects a child's educational performance. Language disorders can affect language related with *content* such as slow development of vocabulary, difficulty with spatial concepts, or difficulty understanding synonyms and antonyms; *form* such as difficulty organizing letter sounds or using appropriate grammar and language structure; and *functional use*. Deficits in the functional use of language include difficulty using language to communicate in social contexts such as appropriate greetings, initiating conversation, or maintaining a conversation (Adamek & Darrow, 2018). Students with speech and language disorders who are referred to music therapy will work primarily in areas that address communication skills. These goals could be addressed with songwriting interventions, activities that involve responding to verbal cues, group music making to develop social skills, or motivational activities to promote interest and attention (Adamek & Darrow, 2018).

Students with vision impairments. Visual impairment means an impairment in vision that adversely affects a child's educational performance. The term includes both partial sight and blindness (IDEA, 2019). Students who experience adversities in vision can engage in music making by learning to read Braille music, but most students learn music by habitual repetition (Adamek & Darrow, 2018). Music making provides individuals who have vision impairments with a space of belonging where different perception styles do not matter (Metell & Stige, 2016). Since many skills are learned through vision, students with vision impairments must receive a necessary amount of direct instruction to navigate their world. In music therapy, students can engage with their world through assistive technology, musical technology, adapted music rooms and equipment, and adapted music instruction (Adamek & Darrow, 2018). Students with vision impairments who are referred to music therapy could work on goals that are associated with listening skills, orientation and mobility skills, daily living and academic skills, social and interpersonal communication skills, and reducing repetitive behavior that may accompany blindness (Adamek & Darrow, 2018).

Students with physical impairments. The Individuals with Disabilities Act (IDEA, 2019) uses the term *orthopedic impairment* to refer to congenital anomaly, impairments caused by disease, and acquired impairments. Most people who work in special education and music therapy refer to these conditions using the terms *physical impairments* (Adamek & Darrow, 2018). Both terms refer to a severe physical impairment that adversely affects a child's educational performance (IDEA, 2019). Music and rhythmic interventions can be used to develop motor competencies such as balance and walking, as well as mental health conditions (Jeong & Kim, 2007). Students with physical impairments who are referred to music therapy will

primarily work on goal that address physical function (Adamek & Darrow, 2018). Music can be used to motivate physical movement, structure exercises by using music synchronization techniques, promote adherence to physical exercise programs, develop and maintain muscle function, and facilitate relaxation (Adamek & Darrow, 2018).

Benefits of a Music Therapy Program at HLVS

Music therapy at HLVS would support the individualized development of each student as well as the community of students, staff, and families. A music therapy program at HLVS would embody that mission of the school by providing students with quality services that are suitable for children with various developmental disabilities. Through the use of strategic music therapy interventions, students will have access to a resource that will help them to excel in their development in the physical, emotional, cognitive, and social domains. HLVS also provides support and direction for families (HLVS, 2016). The Hearts and Hands Music Therapy Program would provide individualized support for families and their children as well as collaborative opportunities with families to become involved with community-based musical events such as concerts and other performances.

Detailed Description of the Program

The music therapy program at Hagedorn Little Village School will embody a student-centered and holistic approach to address the social, emotional, cognitive, and physical well-being of each student. Students will have the opportunity to participate in music therapy and music-based activities to accomplish individualized goals that align with their IEP. The assessment process will determine whether music therapy is a potentially beneficial component of their IEP and whether to be placed in group or individual music therapy.

Individual music therapy sessions. People participate in music therapy differently depending on their strengths and areas of need (Bruscia, 2014). Some people might be in the process of developing the skills necessary to interact soundly in a group setting. In such cases, individual music therapy sessions would be more beneficial to develop skills such as self-regulation, attention to task, or attention to others.

Music therapy group. Students who are referred to Music Therapy Group group will work to develop skills that are related with peer to peer interactions as well as skills for everyday living. Students in group music therapy sessions will participate in activities that involve instrument playing and singing. Group singing provides children with a range of stimulating experiences that can contribute to their growth and development (Nordoff & Robbins, 2006).

Group music therapy sessions will begin with a “greeting song” such that the children can familiarize themselves with the event of music making and to form a sense of unity in the group (Nordoff & Robbins, 2006). Songs in music therapy can be about academic content that the children are learning in the classroom such as the days of the week, the weather, counting, or spelling, or about skills related to identifying different feelings, safety, and interpersonal relationships (Nordoff & Robbins, 2006). Music therapy sessions will end with a “goodbye song” to indicate the coming of a transitional period.

Re-creative drumming group. While the Music Therapy Group will focus on gaining knowledge, behaviors, skills for enhancing social experiences, the music therapy drumming group will focus on developing interpersonal skills. Students in this group will experience and learn about group leadership, problem solving, responsibility, and flexibility.

The music therapy drumming group will function more so as a rehearsing performance ensemble. The session will start with students preparing their instruments for music making. They will be tasked with arranging instruments at the appropriate time and in the correct order and position. After the instruments are set-up, the therapist will lead the group members through a warm up activity that involves listening and playing in sync with other group members and being aware of the therapist's cues. For the remainder of the session, the students will learn the music that is provided by the therapist. The music provided by the therapist will be learned by the students over the course of the school year. The students will be involved with the workings of group dynamics and making achievements individually and as a group. Here, the musical outcome is the product of an unspoken connectedness. (Davies, Richards, & Barwick, 2015). Social connectedness is experienced through rehearsal and performance preparation and the execution of a performance in a public setting.

The HLVS choir. The choral group at the Hagedorn Little Village School will be performance-based. The students who are in this group will develop skills similar to the ones outlined in the Re-creative Drumming Group such as leadership, problem solving, responsibility, and flexibility. The choral group will be different than the other music therapy groups in that the members will experience growth by being a part of the process of music therapy as well as the product of a performance. The process will incorporate the collaborative efforts of other staff members and families. Staff members and families will be invited to help support the growth of the community by joining committees that focus on constructing a successful performing arts program. This will include ticket sales, advertising/public relations, fundraising, and other tasks that arise in the process.

School Community and Student Participation

Music therapy is grounded in notion that all individuals can successfully participate in music regardless of skill level (Guerrero, Marcus, & Turry, 2015). Developing musical skills in music therapy is not a primary concern. Music therapy helps people to develop non-musical skills that are applicable to the development of a fulfilling and healthy lifestyle (AMTA, 2019). This approach to music involvement is different than traditional ways of playing music in that music-making is not always performance-based. This perspective of music-making might be linked to the many ways adults have learned music in school (Hall, 2012). A performance-based mindset hinders the potential for adults to relax during improvisational music making experiences or allow children time before they respond in music (Hall, 2012). Successful applications of support by staff members will help students to gain control of their environment. Drossinou-Korea and Fragkouli (2016) asserts that a primary form of learning occurs within the interaction between one's behaviors and environmental reactions. Staff members are encouraged to supply a level of support that will allow students to succeed in music therapy, but they are not expected to play the music for the individuals they are working with. For instance, hand-over-hand is a commonly used teaching technique when working with children with ASD (Autism Society, 2019) and can be applied in music therapy sessions to promote active participation.

Financial Justification

The annual cost accounts for the yearly salary as well as other employee benefits. The initial costs include one-time purchases necessary for development of the program. This includes

money to purchase new instruments and other resources for music therapy interventions (see Table 1).

After two years of being employed as a full-time music therapist at Hagedorn Little Village School, I will be eligible to apply for the national roster internship program (AMTA, 2019). I will be eligible to supervise two music therapy internship students for their clinical internship hours.

Table 1

Financial Justification

All materials and instruments can be found on <https://www.westmusic.com/>

Salary is based on information extracted from <https://labor.ny.gov/stats/lswage2.asp>

Annual Budget	
Item	Amount
Salary:	\$72,200.00
Benefits: 31.4%	\$22,670.80
Salary: 68.6%	\$49,529.20
Total: \$72,200	
Initial Expenses	
Item	Amount
Remo World Music Drumming PP-WMDC-EE Package E 3 - Remo 10" Tubanos, 7 - Remo 12" Tubanos, 3 - Remo 14" Tubanos, 1 - Remo 12" Tunable Djembe, 1 - Remo Talking Drums, 1 - Remo Talking Drum Mallets, 2 - Remo 16" Bahia Buffalo Drums, 1 - Remo Bongos, 8 - Remo Crown Percussion Mini Maracas, 2 - Remo Guiros, 3 - Remo Claves, 4 - Remo Maracas, 1 - Remo Gankogui, Medium, 1 - Remo Gankogui, Large, 2 - Remo Shekere, Axaste, 2 - Remo 5-1/2" Acousti-Blox, 1 - Remo Wood Sticks, Pair, 1 - World Music Drumming by Dr. Will Schmid	\$3,350.00
Piano Yamaha Piaggero NP32B Ultra-Portable Digital Piano, 76-Keys, Black	\$279.99

Ocean Drum Remo ET-0212-10 12" Ocean Drum Fish Graphic	\$46.15
Xylophone Sonor Global Beat SX-GBF Fiberglass Soprano Xylophone	\$350.00

Total: \$4,026.14

Other Items	
Bear Paw Creek Extra Large Stretchy Band Bear Paw Creek	\$88.95
On-Stage 10-Pair 5B Wood Tip Drumsticks with Stick Bag On-Stage	\$19.85

Outcomes and Assessment

Students who participate in music therapy will be evaluated based on their strengths, needs, and areas of potential development. A comprehensive music therapy assessment will take place during the initial music therapy session in which the therapist will evaluate the student's responses to musical stimuli. The therapist will observe the student's social, emotional, and motor functions and indicate a level of function on a numeric scale. Based on the assessment of social, emotional, and motor domains, the therapist will report on general observations such as instrumental and musical preferences. In addition to an assessment of the student's musical tendencies, the therapist will account for a student's Individualized Education Plan. The goals that are structured by classroom teachers will be accounted for when determining the structure of music therapy sessions. An assessment form will be completed for each student who participates in either individual or group music therapy sessions. See Appendix D for the music therapy assessment form.

Individual and group music therapy sessions will be tracked with session notes which will be written at the end of each music therapy session. The session notes will be written to address the progress of treatment goals. See Appendix E for the music therapy notes form.

Treatment evaluation will be completed by the therapist at the end of each treatment period. This document will be a cumulation of progress in music therapy and will address observable changes in the student as well as significant moments that occurred throughout the course of treatment. See Appendix G for an example of the music therapy treatment summary form.

Conclusion

A music therapy program at The Hagedorn Little Village School will support the individualized development of its students. The spontaneous creation of music is like good conversation (Davies, Richards & Barwick, 2015) in which the individuals who are involved experience newness and discovery at every moment. The Hearts and Hands music therapy program will provide students with opportunities to learn about themselves and their developmental potentials. The skills learned in music therapy can help students to navigate their worlds beyond the music therapy room.

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Appendix A - Proposed Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-9:00	Plan	Plan	Plan	Plan	Plan
9:00-9:45	Individual music therapy session (NRMT)				
9:45-10:30	Individual music therapy session (NRMT)	NRMT group	Individual music therapy session (NRMT)	NRMT group	Individual music therapy session (NRMT)
10:30-11:15	Music therapy group (Drumming)	Individual music therapy session (NRMT)	Music therapy group (Chorus)	Individual music therapy session (NRMT)	Music therapy group (Chorus)
11:15-12:00	Individual music therapy session (NRMT)	NRMT group	Individual music therapy session (NRMT)	NRMT group	Individual music therapy session (NRMT)
12:00-1:00	Documentation/ Lunch	Documentation/ Lunch	Documentation/ Lunch	Documentation/ Lunch	Documentation/ Lunch
1:00-1:45	Individual music therapy session (NRMT)				
1:45-2:30	Individual music therapy session (NRMT)	Individual music therapy session (NRMT)	Music therapy group (Chorus)	Individual music therapy session (NRMT)	Music therapy group (Chorus)
2:30-3:15	Individual music therapy session (NRMT)	NRMT group	Individual music therapy session (NRMT)	NRMT group	Individual music therapy session (NRMT)
3:15-4:00	Documentation	Documentation	Documentation	Documentation	Documentation

Appendix B - Budget

All materials and instruments can be found on <https://www.westmusic.com/>

Salary is based on information extracted from <https://labor.ny.gov/stats/lswage2.asp>

Annual Budget	
Item	Amount
Salary:	\$72,200.00
Benefits: 31.4%	\$22,670.80
Salary: 68.6%	\$49,529.20

Total: \$72,200

Initial Expenses	
Item	Amount
Remo World Music Drumming PP-WMDC-EE Package E 3 - Remo 10" Tubanos, 7 - Remo 12" Tubanos, 3 - Remo 14" Tubanos, 1 - Remo 12" Tunable Djembe, 1 - Remo Talking Drums, 1 - Remo Talking Drum Mallets, 2 - Remo 16" Bahia Buffalo Drums, 1 - Remo Bongos, 8 - Remo Crown Percussion Mini Maracas, 2 - Remo Guiros, 3 - Remo Claves, 4 - Remo Maracas, 1 - Remo Gankogui, Medium, 1 - Remo Gankogui, Large, 2 - Remo Shekere, Axaste, 2 - Remo 5-1/2" Acousti-Blox, 1 - Remo Wood Sticks, Pair, 1 - World Music Drumming by Dr. Will Schmid	\$3,350.00
Piano Yamaha Piaggero NP32B Ultra-Portable Digital Piano, 76-Keys, Black	\$279.99
Ocean Drum Remo ET-0212-10 12" Ocean Drum Fish Graphic	\$46.15
Xylophone Sonor Global Beat SX-GBF Fiberglass Soprano Xylophone	\$350.00

Total: \$4,026.14

Other Items	
Hemmed Scarves (Includes 12 scarves)	\$25.00
Bear Paw Creek Extra Large Stretchy Band Bear Paw Creek	\$88.95
On-Stage 10-Pair 5B Wood Tip Drumsticks with Stick Bag On-Stage	\$19.85

Appendix C - Music Therapy Fact Sheet

Music Therapy
Fact Sheet



What is music therapy?

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 (AMTA, 2018)

Music Therapy Outcomes

- Music therapy for improving speech and communication
- Music therapy for improving cognitive function
- Music therapy for exercising motor skills
- Music therapy for enhancing social domain

Music Therapy Methods and Techniques

There are four main methods of music therapy: improvising, re-creating, composing, and receptive experiences (Bruscia, 2014).

Brief Definitions:

Improvising: Making up music in the moment by using words, sounds, or instruments

Recreative: Learning, singing, playing, or performing precomposed music

Composing: Writing songs, lyrics, or instrumental pieces under the guidance of the therapist

Receptive: Individual/group listens to music and responds silently, verbally, or in another form

Sample Goals

Improvising	Recreative
<ul style="list-style-type: none"> · Establishes non-verbal channel of communication · Fulfilling form of self-expression · Develop interpersonal/group skills · Stimulate and develop senses · Develop perceptual and cognitive skills 	<ul style="list-style-type: none"> · Develop sensorimotor skills · Foster adaptive/time ordered behavior · Improve attention and reality orientation · Develop sense of community · Identify with a group, community, or culture
Composing	Receptive
<ul style="list-style-type: none"> · Developing skills of expressivity in structured space · Develop skills of organizing thoughts and feelings · Develop decision making skills · Explore various ways of expressing 	<ul style="list-style-type: none"> · Evoke specific body responses · Stimulate or relax the person · Develop auditory/motor skills · Connect the listener to community or social group

The Qualifications of the Music Therapist

The American Music Therapy Association's definition of music therapy specifies that for someone to identify as a music therapist, one must complete a credentialed music therapy program. The AMTA is responsible for overseeing the music therapy education requirements throughout the country.

Music is a resource that is available to every person. Since the age of technology and the development of the internet, music has become easily accessible to anyone with a computer or cell phone. So, what is the role of the music therapist? The music therapist is specialized in coordinating and analyzing music experiences that are suitable for the individuals receiving services. The music therapist carefully and conscientiously determines the strengths and needs of an individual to create well-structured music experiences that allow the individuals involved to reach their highest potential.

Appendix D - Music Therapy Assessment Form

Name _____

Age _____

Diagnosis _____

Date _____

Assessment Completed By _____

Music Assessment

Observation Summary:

Event of Session	Observation

Music Skills/Characteristics:

Areas of Focus/IEP:

Social Assessment

Does not respond 1 2 3 4 5 Stable & Confident

Notes:

Emotional Assessment

Unregulated 1 2 3 4 5 Consistent regulation

Notes:

Motor Assessment

Some difficulty 1 2 3 4 5 No difficulty

Notes:

Is music therapy recommended: Yes No

Future music therapy sessions: Individual Group

Notes for future music therapy sessions:

Music therapist signature _____ Date _____

Appendix E - Individual Music Therapy Notes

Name _____
Age _____
Diagnosis _____
Classroom teacher _____

Treatment Goal:

Session Date/Attendance	Notes

Appendix F - Group Music Therapy Attendance
Attendance

Classroom Teacher _____

Music Therapist _____

Group Music Attendance and Notes

Group Member												

Session Date	Notes

Appendix G - Treatment Evaluation
Treatment Evaluation

Name _____

Age _____

Diagnosis _____

Date _____

Session # _____

Duration _____

Goal:

Objective(s):

Session Notes:

Appendix H - Annotated Bibliography

Clark, G. (2012) Case two: Music therapy for a non-verbal autistic adult. K. Bruscia, (Ed.). *Case examples of music therapy for autism and Rett syndrome*. (pp. 26-35). Gilsum, NH : Barcelona Publishers.

This case study explores two years of music therapy experiences with Jerry, a 22-year old man with autism spectrum disorder. Jerry grew up attending a public school until he was 17 when his tantrum experiences became too difficult for the classroom teachers to manage. Jerry's expression of musical aptitude made him a potential candidate for music therapy services. Jerry began receiving music therapy in the fall of 1988. The primary music techniques used throughout treatment involved improvised and structured instrument playing, singing, and dancing and moving to recorded music. Jerry engaged in music therapy services that derive primarily from Nordoff-Robbins music therapy techniques. Phase one of treatment was about forming a trusting clinical relationship. After about six months, Jerry was making regular eye contact with the therapist. By phase two, Jerry was verbalizing musical suggestions such as "hello", "goodbye", "dance" and "more". In phase three, Jerry was learning about notation and melody. In phase four, Jerry was fully interactive for full 50-minute music therapy sessions. Music therapy provided Jerry with a creative means of self-expression, learning experiences, and communicative opportunities to interact with others.

Constantin, F. A. (2015). Emotional effects of music therapy on children with special needs. *Journal plus education*, 12(1), 178–183.

This research article is broken down into two parts. First, the author highlights literature pertaining to the backgrounds, aims, and the effects of music therapy services among children with special needs. The second part of the paper focuses on the application of music therapy experiences by having participants engage in the process. Children were exposed to both active and receptive forms of participation and were asked to reflect creatively. The creative reflections were used for a part of the evaluations. The researcher concluded that music helped the children to take risks, socialize, express emotions, and be spontaneous in their interactions with others. Music therapy was an effective resource for the development of relationships between the children and therapist, and between the children and their families.

Coyne, N, Dwyer, M, Kennedy, M., & Petter, N. (2000). *The effects of systematic*

implementation of music on behavior and performance of the special needs student.

In this study, researchers examined the effect of the implementation of music on the behavior and performance of special needs students in four classrooms. Research took place over the course of 16 weeks. The first week was designated for classroom observations without music. In the following 14 weeks recorded music was played in the classroom, the researchers alternated between four weeks of classical music and one week of alternative styles of music. In the 16th week, the researchers observed the classrooms again without music. Data was gathered using anecdotal records, teacher observation reports, and student interviews. In all four classrooms, music was shown to be an effective resource for altering student behaviors. Researchers reported a decrease in the volume of the participant's voices, out of seat behavior, and a slight reduction in

self-stimulatory behaviors in one of the classrooms. The classroom teachers indicated that they will continue to play 60 beat-per-minute classical music selections during various activities.

Drossinou-Korea, M., & Fragkouli, A. (2016). Emotional readiness and music therapeutic activities. *Journal of research in special educational needs, 16*(1).

This research aims to investigate the effect of music therapy among children with autism in a special needs school. Therapeutic outcomes were assessed via video analysis. The video analysis showed that the first moments of contact were experienced when bodily stimuli and emotional experiences aligned with features of the music. The researchers concluded that music therapy has the capacity to support children in their understanding of emotional experiences. The organization of emotional experiences presented greater opportunities for the children to connect with others.

Intveen, A., & Clark, J. (2016). Rudolf Steiner and the development of anthroposophical music therapy. In J. Edwards, (Ed.) *The Oxford handbook of music therapy* (pp.494-514). New York, NY: Oxford University Press.

This article discusses the essential components of anthroposophy and anthroposophical music therapy. The author discusses the fourfold human being, the threefold human being, and their connections with musical elements and instruments. The fourfold human being consists of the physical body (or mineral kingdom), ether body (or plant kingdom), astral body (or animal kingdom), and ego (or core personality). These four different bodies work harmoniously together to construct the human being. The threefold human being consists of the thinking brain, feeling brain, and willing brain. The thinking brain is

closely associated with melody, the feeling brain with harmony, and the willing brain with rhythm. In a therapeutic context, the anthroposophical music therapist believes that a strong rhythmic element in musical structure has the capacity to activate the will. An anthroposophical music therapist claims that pathological imbalances can be addressed using therapeutic intentions that is based upon the alignments of soul faculties and musical structure.

Efraimidou, V., Sidiropoulou, M., Giagazoglou, P., Proios, M., Tsimaras, V., & Orologas, A. (2016). The Effects of a music and movement program on gait, balance and psychological parameters of adults with cerebral palsy. *International journal of special education*, 31(2), 238–249.

This research aims to investigate the effects of music and movement interventions on gait, balance, and psychological parameters. The study involved 10 male athletes who participated in throwing events (ball and disk) with Cerebral Palsy (CP) (spastic hemiplegia). The 10 individuals were divided into two groups of five. The intervention group (IG) received music therapy interventions twice a week for 50-minute sessions for eight weeks. Intervention programs were designed within the framework of Rhythmic Auditory Stimulation (RAS). The control group (CG) maintained a regular training program in ball and disk. The researchers concluded that an 8-week music therapy intervention program can increase gait, balance, and psychological parameters of athletes with CP. This research indicates that the rhythmic component of music can be used to improve the function of lower limbs on the affected side of individuals with CP. While

the CG reduction in measurements of gait, balance, and psychological parameters, the IG demonstrated a clear pattern of improvements.

Eren, B. (2018). Teaching the skill of reading facial expressions to a child with autism using musical activities: A case study. *Journal of education and learning*, 7(6), 156–164.

The researcher aimed to explore the effect of music interventions on teaching the skill of reading facial expressions to a child with ASD using music activities. The case study was undertaken with a 5-year-old boy who was diagnosed with ASD. A total of 12 one-on-one music therapy sessions took place once a week for three months. Music therapy sessions were videotaped and used for further analysis by the researcher. Music therapy sessions consisted of activities such as singing, listening to songs, movement and dance, musical storytelling, and coloring and drawing. Over the course of treatment, the subject was able to provide responses more independently without being prompted by the therapist. It was reported by the subject's mother that skills gained in therapy were generalized to situations at home and with other people in his life.

Guerrero, N., Marcus, D., & Turry, A. (2015). Nordoff-Robbins Music Therapy. B. L. Wheeler, (Ed.), *Music therapy handbook* (pp. 183-195). New York, NY: The Guilford Press.

This chapter discusses the history, development, and therapeutic tenets of Nordoff-Robbins music therapy. Paul Nordoff was a special education teacher in England and Clive Robbins was a working pianist in the United States. Nordoff and Robbins were both influenced by Rudolf Steiner and anthroposophy. The development of Nordoff-Robbins music therapy was built on the fundamental tenets of anthroposophy. They were heavily impacted by the idea that working children with disabilities could

produce further implications pertaining to human development in general. From Nordoff-Robbins music therapy emerged the concept of the music child. The music child refers to the inborn capacity for musical perception and response within every human being. Through collaborative musical improvisation, the music child can become activated within the client and therapist to meet as equals in the creative process. The process that unfolds in Nordoff-Robbins music therapy offers unique opportunities for growth and development regardless of disabling condition.

Jellison, J. A., & Gainer, E. W. (1995). Into the mainstream: A case-study of a child's participation in music education and music therapy. *Journal of Music Therapy*, 32(4), 228–247. <https://doi.org/10.1093/jmt/32.4.228>

This case study examined the behavior of Ann, an 11-year-old child with disabilities in music therapy and music education settings. The purpose of this study was to describe the child's participation over the course of the school year and to provide information pertaining to her educational programming. Ann participated in music therapy with her special education peers and attended music education took place with nondisabled children. Videotaping of sessions took place once a month for the duration of the study and were used for collecting data. On-task behaviors were recorded to be twice as high in music therapy than in music education. The rates of correct responses were higher in music therapy when compared to the music education setting. Results indicated that Ann benefitted from both music therapy and music education. Further examination indicated that collaboration between the music therapist, special educator, and music educator

could be effective for constructing an individualized music therapy program with a focus on teaching for transition.

McFerran, K.S., & Rickson, D. (2014). Community music therapy in schools: Realigning with the needs of contemporary students, staff and systems. *International journal of community music*, 7(1), 75.

In the past decade, public schools have been gravitating toward more inclusive environments for individuals with different backgrounds and abilities. This article explores the elements of community music therapy in schools that promote inclusivity. Community music therapy emphasizes equality, resource-orientation, collaboration, and recognition of the social and cultural systems that shape the work of a music therapist. The authors outline theories and principles pertaining to a shift from an individualized pathological treatment perspective to one that embodies cultural music experiences that contribute to the betterment of the whole school system.

Ritter-Cantesanu, G. (2014). Music therapy and the IEP process: Individualized education program. *Music therapy perspectives*, 32(2), 142–152. <https://doi.org/mtp/miu018>

This article describes the essential components of an Individualized Education Plan (IEP) and the relationship between IEP's and music therapy. Understanding IEP's and the protocols that are accompanied with them is essential knowledge for school-based music therapists. According to the Individuals with Disabilities Education Act (IDEA), music therapy is recognized as a related service. Music therapy can therefore be a component of a student's IEP. This article supplies the reader with information about overcoming barriers of being included in IEP's and becoming an integral part of the IEP team. A

familiarity with IEP's and special education laws will assist the music therapist in being a constructive member of a student's education plan and the success of the student.

Appendix I - Resume**Thomas Kevin Mullane**

Email – Tommullane95@gmail.com

Phone – (516) 477-9388

Education:**State University of New York at New Paltz, New Paltz, New York**

- Master of Science: Music Therapy, Class of 2019
- Bachelor of Fine Arts: Music Therapy, Class of 2017

Honors and Awards:

Mid-Atlantic Region American Music Therapy Association Graduate Student Scholarship (2019)

Mary Boyle Music Therapy Scholarship (2019)

Professional Experience:**Ramapo for Children**, Lead Music Instructor, Rhinebeck, New York

(June 2019 - Present)

Summer camp for children with various developmental disabilities.

- Develop and implement music therapy program suitable for children and young adults with various developmental disabilities
- Mentor to developing music therapist

The Center for Discovery, Music Therapy Intern, Harris, New York

(September 2018 – April 2019)

School and residential facility for children and adults with various developmental disabilities.

- Lead and co-lead music therapy sessions
- Collect and analyze video recorded data
- Clinical presentations for teachers, staff, and colleagues.

Health Alliance Hospital, Music Therapy Fieldwork Student, Kingston, New York

(January 2018 – May 2018)

Partial program for adolescent outpatients

- Lead and co-lead DBT courses for outpatient adolescents

The Greens at Greenwich, Music Therapy Fieldwork Student/Employee, Greenwich, Connecticut

(August 2017 – June 2019)

Assisted living facility providing services for older adults with various dementias

- Provide group and individual music experiences for older adults
- Provide support during activities and transitional periods.

SUNY New Paltz, Graduate Assistant, New Paltz, New York
(August 2017 – May 2019)

SUNY New Paltz Music Therapy Program

- Aid professors in preparing materials for class
- Teach guitar and piano to prospective graduate music therapy students
- Liaison between students and faculty.

Brookside Pre-School Summer Program, Teachers Aid, Cottekill, New York
(July 2017 – August 2018)

Integrative preschool for children with and without developmental disabilities or delays.

- Assist teachers and children in preschool environment and programs
- provide group music-making experiences

Westchester Creative Arts Therapy Services, Music Therapy Practicum Student/Employee,
Hastings on Hudson, New York

Creative arts therapy provider to children with various developmental disabilities.

(January 2017 – June 2017)

- Observe, lead, and co-lead music therapy experiences
- Assist art therapists

Potomac Community Resources (PCR), Asst. Music Therapist, Potomac, Maryland
(June 2016 – August 2016)

Community organization designed to promote a fully inclusive community life for teens and adults with developmental differences.

- Provide two 40-minute music therapy sessions once a week for adults with various disabilities.

Leadership and Involvement

Mid-Atlantic Region American Music Therapy Association Student Representative (2017 – 2019)

New Paltz Music Therapy Club President (2017 – 2018)

New Paltz Music Therapy Club VP (2016 – 2017)

New Paltz Music Therapy Club Treasurer (2015 – 2016)

Relevant Workshops

Pediatric Palliative Care Music Therapy Symposium at The Elizabeth Seton Pediatric Center (2018)

Arts-based Research: Getting Messy and Asking Critical Questions (2018)

Mid-Atlantic Region American Music Therapy Association Conference Attendance (2017-2019)

International Perspectives on Improvisational Music Therapy and ASD (2015)

Training and Affiliations

Member of American Music Therapy Association (March 2019 – Present)