

# Music Therapy and Leisure for Persons with Disabilities

**Alicia L. Barksdale, M.T.-B.C.**

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*Guitar,  
by Maddie, age 5*





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*Jingle bells are a universal favorite.*

*Piano is often used in an individual music therapy session.*



*Harmonicas provide portable, instantaneous music making.*



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# Introduction

The power of music was recognized by the ancients as a means of promoting health and well being. Plato, Pythagoras, and even the apostles in the Bible wrote of the restorative and healing qualities of music. The discipline of music therapy is a modality that harnesses the power of music to effect positive changes in individuals.

Music therapists work with many types of populations in a variety of settings. This book will explore the use of music therapy in school and community settings to enhance the development of independent leisure skills with a variety of client populations, including children, adolescents, adults, and the elderly with mental health needs, developmental and learning disabilities, Alzheimer's disease and other aging-related conditions, substance abuse problems, brain injuries, and physical disabilities.

Chapter 1 will offer a description of the historical development of music therapy and training of the music therapist. Chapter 2 describes the types of people who may benefit from music therapy, and the types of interventions that are commonly used with specific populations.

The next section of the book addresses issues specific to the use of music therapy in schools. Chapter 3 describes models of music therapy service delivery in school settings. Chapter 4 will address assessment and treatment planning for the IEP. Chapter 5 will elaborate on IEP goals and objectives, and offer appropriate activities that may be used to meet IEP goals.

The next two chapters provide information on music therapy in community settings, with specific description of leisure skill development through music therapy activities. Chapter 6 describes models of service delivery in community settings, including assessment and treatment planning, while Chapter 7 offers ideas for goals, objectives and activities.

In Chapter 8, the modalities of dance therapy, art therapy, and drama therapy are described, with suggestions for integrating a variety of creative arts activities into music therapy treatment. Specific attention is paid to creating therapeutic performing arts opportunities.

Chapter 9 describes music therapy program development, including suggestions for equipment purchasing as well as organizing a music therapy department. Chapter 10 offers resources including current web sites in the field of music therapy, vendors and suppliers of equipment, recommended readings and song books, and organizations for support.

As we enter the new millennium and beyond, it is hoped that some of the suggestions in this text will provide alternative avenues through musical experiences that will enable individuals with disabilities to achieve their greatest potential for independence and a high quality of life.



*A student expresses the joy of music.*



## Chapter 1

# Music Therapy: An Overview

*After silence, that which comes nearest to expressing the inexpressible is music.*  
–Aldous Huxley

It is a profoundly rewarding experience, as a music therapist and a musician, to have the opportunity to use music to help enrich others' lives. As a nonverbal means of interaction and one of humanity's oldest and most natural resources for communication and expression, music has become a powerful therapeutic tool and one that can be utilized specifically to help individuals with disabilities develop independence and meaningful leisure skills that enhance their quality of life. Music therapy can be a vehicle that affects not only the attitudes of individuals with disabilities toward themselves, but has an influence on the attitudes of the general public regarding the contributions of these individuals to society.

### **Music Therapy: a Definition**

Music therapy is the prescribed use of music by a board-certified person to effect positive changes in the psychological, physical, cognitive, or social functioning of individuals with health or educational problems. The overall goals of treatment through the therapeutic use of music are (a) to effect personal change, (b) to facilitate interpersonal relations, (c) to nourish growth and development, (d) to contribute to the attainment of self-actualization, and (e) to assist the individual's entry into society. The following Joint Declaration of the 1982 International Symposium of Music Therapists' offers an elaboration:

*Music therapy facilitates the creative process of moving toward wholeness in the physical, emotional, mental, and spiritual self in areas such as: independence, freedom to change, adaptability, balance, and integration. The implementation of Music therapy involves interactions of the therapist, client, and music. These interactions initiate and sustain musical and non-musical change processes which may or may not be observable. As the musical elements of rhythm, melody, and harmony are elaborated across time, the therapist and client can develop relationships which optimize the quality of life. We believe Music therapy makes a unique contribution to wellness, because man's responsiveness to music is unique.*

A major aim of the music therapist is to actively engage individuals in their own growth, development, and behavioral change and for them to transfer musical and nonmusical skills to other aspects of their life, bringing them from isolation into active participation in the world. Music therapy is rooted in participation, in actively making music, whether repeating a rhythmic pattern of a drum or playing a classical piano piece, singing isolated words of a song or performing an aria, blowing one note on a whistle or melodiously playing a flute. In the very act of making music and responding to musical stimuli, a person experiences instantaneous psychological and physiological sensations on many levels. The concrete reality of sensing auditorially, visually, tactually, kinesthetically, and emotionally brings the person into the present and has immediate results (Anderson, 1977). Because of mental, physical, or psychological dysfunction, however, experiencing the world around them sometimes occurs on a subliminal, or unconscious, level. Through music therapy strategies and techniques (see Chapter 5), the therapist aims to bring this life experience to consciousness, to open up lines of communication, in the broadest sense, by awakening, heightening, and expanding awareness (Boxhill, 1981).

Music therapy effects positive changes on many levels. It has the unique properties of being able to:

- Facilitate creative expression in people who are either nonverbal or have deficits in communication skills
- Provide the opportunity for experiences that open the way for and motivate learning in all domains of functioning
- Create the opportunity for positive, successful, and pleasurable social experiences otherwise not available to them
- Develop awareness of self, others, and the environment that improves functioning on all levels, enhances well-being, and fosters independent living

In the development of independent leisure skills through the music therapy process, the following long-term goals are commonly addressed:

- Improve of self-image and body awareness

- Increase communication skills
- Increase ability to use energy purposefully
- Reduce of maladaptive (stereotypic, compulsive, self-abusive, assaultive, disruptive, perseverative, impulsive) behaviors
- Increase interaction with peers and others
- Increase independence and self-direction
- Develop creativity and imagination
- Enhance emotional expression and adjustment
- Increase attending behavior
- Improve fine and gross motor skills
- Improve auditory perception

The dynamic process of music therapy is a continuum of therapeutically oriented musical experiences flexibly and creatively generated to accomplish long-term goals and short-term objectives. Those goals and objectives are part of a music therapy treatment plan formulated by the music therapist in conjunction with other professional staff or an interdisciplinary treatment team. The plan is based on findings of the music therapy assessment in such areas as awareness of self, others, and the environment; general characteristics; motor, communication, cognitive, affective, and social functioning; creativity and self-expression; and specific musical behaviors and skills. Methodology is based in three categories of music—composed music, which is written prior to the therapy session; clinically improvised music, which is a spontaneous expression through singing, vocalizing, or instrument playing; and adapted music, which is the adaptation of a song to meet the specific needs of the client (i.e., changing the words of a familiar tune to address a specific skill or idea)—and in three modes of therapeutic music activities—singing/chanting, instrument playing, and music-movement (Boxhill, 1985).

Boxhill identifies the following fundamental reasons for the efficacy of using music as a therapeutic agent:

- It is a cross-cultural mode of expression.
- Its nonverbal nature makes it a universal means of communication.
- As a sound stimulus, it is unique in its power to penetrate the mind and body directly, whatever the individual's level of intelligence or condition. As such, it stimulates the senses, evokes feelings and emotions, elicits physiological and mental responses, and energizes the mind and body.
- Its intrinsic structure and qualities have the potential for self-organization of the individual and organization of the group.
- It influences musical and nonmusical behavior.
- It facilitates learning and the acquisition of skills.

It is an eminently functional, adaptable, and aesthetic modality applicable to all client populations.

The domain of the music therapist is knowledge of a special kind: a unique understanding of the profound influence of music on a person's total being. This

understanding is deepened through the study of the psychology and aesthetics of music as well as the theoretical foundations of music therapy as a discipline. And, although it is basic for humans to understand the power of music, being able to communicate that power is vital. It is this ability that makes the highly skilled music therapist able to practice music therapy as a normalizing, humanizing, and socializing intervention.

When the interdisciplinary nature of music, as it is used in music therapy, is fully understood, the dimensions of the therapy become clear. Treatment addresses improving motor skills (physical, occupational, and recreation therapies); cognitive skills (special education and speech and language therapy); affective states and adjustment (psychology); and social skills (all disciplines). This interdisciplinary aspect of music makes the therapy uniquely appropriate for disabled individuals because it supplements and reinforces other therapies and disciplines while implementing its own program (Boxhill, 1985).

### **Historical Development**

If we ask ourselves where the history of music as therapy begins, we find at once that it has been part of human life from the earliest times. When a modern music therapist undertakes an intervention with a client with disabilities, another link is added to a chain of tradition that stretches back to the dawn of mankind. The development of music therapy as a profession has continued since the power of music as a universal means of communication was first discovered in ancient times. This power lies in music's inherent congruence with human states of being: physical, cognitive, emotional, and spiritual.

In literature ranging from that of the Egyptians and Greeks to that of the present day, the power of music is evident. The shaman or medicine man in many cultures used music directly in healing and was aware of its curative powers long before the advent of the profession of music therapy. In classical Greece, Pythagorus described the healthful properties of specific musical intervals and modes to promote health. Plato's *Laws*, a work that contains a description of music and movement as a prescription for restoring health and harmony, drew associations between music and the moral welfare of the nation. Even the Bible describes the restorative effects of music.

There has been a search for methods of using music for mental disorders over the centuries. The introduction of milieu therapy into psychiatric hospitals, whereby it was determined that a patient's surroundings and environment were important in restoring mental health, sowed the seeds for a new therapy to develop. Professional musicians began to perform in hospitals, arrange choral and band groups, and encourage patients to participate in the playing of instruments in an attempt to bring positive and joyful experiences into patients' lives.

When World War II veterans filled hospitals beyond capacities, musicians involved in hospital work became aware of the need for knowledge and understanding of the psychopathologies experienced by war victims. It became clear that entertainment and distraction through musical activity were not enough; rather, that there was an imperative to offer service of a therapeutic nature through mu-

sic. It was recognized among professionals in the fields of medicine, psychology, and music education that a new type of training and preparation would be necessary to deliver such service. In 1944, the first academic training program for music therapists was established in the United States at Michigan State University in Lansing, Michigan.

The need to develop standards for the training and education of music therapists became clear as the field emerged and grew. The year 1950 marked the beginning of music therapy as a profession, in which a group originating at the Manninger Clinic in Topeka, Kansas comprising of psychiatrists, music educators and professional musicians, met in New York City for the purpose of founding a national organization named the National Organization for Music Therapy (NAMT). By 1953, several college and university music therapy programs were instituting minimal education and clinical training requirements leading to a baccalaureate degree and registration as a music therapist, granting the graduate the legally authorized distinction of Registered Music Therapist (R.M.T.)

Another national organization, The American Association for Music Therapy (AAMT), was founded in 1971. This organization, originally named the Urban Federation for Music Therapists, was developed to meet the needs of a growing field and expanding diversity of client populations, especially those in large metropolitan centers. The organization approved its first music therapy program at New York University in New York City, through which graduates were granted the designation of Certified Music Therapist (C.M.T.)

In 1983, NAMT established a certification board (CBMT) to ensure accountability of the music therapy profession. Through the creation of a national certification exam, CBMT set the standards by which individuals who wish to enter, continue, and/or advance in their field, practice music therapy.

As the field of music therapy continued to develop and expand to include a wide range of clinical populations and client ages, including research into the effects of music on brain functioning and cognitive development, it became increasingly clear that NAMT and AAMT could join forces to achieve the greatest promotion of music therapy as a profession. In 1998, the two organizations merged, becoming the American Music Therapy Association (AMTA). As stated in the AMTA charter in 1998:

.... its purpose is the progressive development of the therapeutic use of music in rehabilitation, special education, and community settings. AMTA is committed to the advancement of education, training, professional standards, credentials, and research in support of the music therapy profession.

### **Training and Certification of the Music Therapist**

The AMTA requires that each college and university design a competency-based curriculum, at either the bachelor's or master's level, that is subject to organizational approval. The approved curriculum for entry-level study in music therapy is based on the following professional competencies:

- *Music Foundations*
  - Music Theory and History
  - Composition and Arranging Skills
  - Major Performance Medium Skills
  - Keyboard Skills
  - Guitar Skills
  - Voice Skills
  - Nonsymphonic Instrument Skills
  - Improvisation Skills
  - Conducting Skills
  - Movement Skills
- *Clinical Foundations*
  - Understanding of Exceptionality
  - Principles of Therapy
  - The Therapeutic Relationship
- *Music Therapy*
  - Foundations and Principles
  - Client Assessment
  - Treatment Planning
  - Therapy Implementation
  - Therapy Evaluation
  - Documentation
  - Termination/Discharge Planning
  - Professional Role/Ethics
  - Interdisciplinary Collaboration
  - Supervision and Administration
  - Research Methods

Entry-level study includes practical application of music therapy procedures and techniques learned in the classroom through required fieldwork in facilities serving individuals with disabilities in the community and/or on-campus clinics. Students learn to assess the needs of clients, develop and implement treatment plans, and evaluate and document clinical changes.

The education of a music therapist is unique among college degree programs, because it not only allows a thorough study of music, but encourages examination of one's self as well as others. Students may begin their study on the undergraduate or graduate level. The entry-level curriculum includes clinical coursework and extended internship requirements in an approved mental health, special education, or health care facility. Upon successfully completing academic and clinical training, and subsequently passing the national examination administered by the independent Certification Board for Music Therapists, the student acquires the credential of Music Therapist-Board Certified (MT-BC).

### **Primary Focus of Book**

Music therapy is a modality that is unique in its adaptability to a variety of populations, settings, and treatment outcomes. The next chapter is devoted to

describing music therapy interventions with several different child and adult populations. The book will then address the use of music therapy as a primary treatment modality in special education and community-based settings. Rationales for the modality in both areas will be discussed and models of service delivery described.

In discussing the utilization of music therapy in special education, discussion will focus on assessment tools and treatment planning, development of goals and objectives, suggested activities, materials, and equipment. The development of a music therapy IEP (Individualized Education Plan) for special education students will be explored, and the following skill areas specified: (a) social skills and appropriate school behavior, (b) conceptual learning and cognition, (c) recreation and leisure skill development, (d) facilitation of communication, (e) gross and fine motor development, and (f) addressing emotional needs of special education students.

In describing models of music therapy as a primary treatment modality in community-based settings, the following treatment goal areas will be elaborated with examples of objectives, activities, and recommended equipment and materials:

- Facilitation of group participation, social interaction, and relationship building
- Development of independent recreation and leisure skills
- Development of decision-making/planning/responsibility skills
- Facilitation of relaxation and stress reduction
- Development of activities of daily living and independent living skills
- Addressing mental health needs

Music therapy in conjunction with other creative arts therapies (dance and movement, art, and drama therapies) will be explored, both in pairings and as a holistic creative arts therapy approach. Considerations for new music therapy program development will be offered. The last chapter of this book lists a variety of resources, including organizations for information and support, activity songs, web sites, recommended readings and music books, assessment formats, session plans, and equipment companies.

It is exciting to note the continuing growth of music therapy as a profession, in tandem with growing public awareness of the needs of persons with disabilities. Legislation has continued to support and encourage the notion of the “least restrictive environment” for students with disabilities in public education, and “inclusive programming” in community recreational settings. It is hoped that some of the suggestions offered in this text will enable more individuals with disabilities to have enjoyable and successful leisure experiences through music-making.

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