

“The Music Child” - The role of music therapy in the over-all treatment plan for special needs children.

Wanda Gascho-White, MTA

This presentation will explore the philosophies and methodologies of music therapy with a variety of special needs populations and will also address the role of music therapy within a trans-disciplinary treatment team. Although music therapy is a specialized field of study, many of the approaches used can be effectively adapted for related professions. Music is a powerful motivator and is, in and of itself, an important mode for self-expression and communication. Music can be used to establish non-verbal communication links between therapist and child and can also be expanded to help develop verbal and augmentative modes of communication. In this way, music therapists and communication specialists, both speech pathologists and CDAs can work together to help a child reach his highest potential for interactive communication.

A very brief History of Music Therapy:

- It all began in 1945 when soldiers returning from the Second World War began coming home with more than just physical injuries.
- Treating emotional trauma – “shell shock” became a serious issue in hospitals in North America and it was obvious that there were no drugs or surgery to treat this ailment.
- Music was used to help relieve anxiety and the field of music therapy was born.
- Over the next 30 years a number of music therapy texts were written and music therapists in North America and Europe began putting forth philosophies of music therapy and developing methodologies.
- Professional training programs emerged and music therapy associations formed in a number of countries.
- In Canada, a professional association for music therapy, the CAMT, was formed in the mid-seventies, and gradually training programs were developed at a number of Canadian universities.

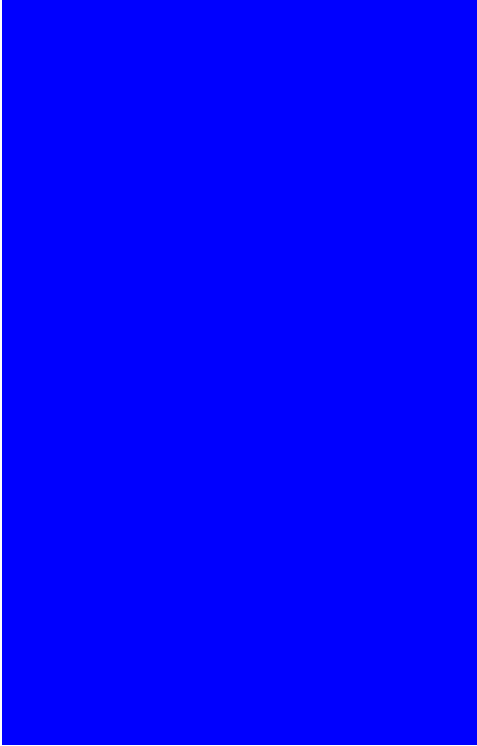
- Today, there are many different philosophies and methodologies of music therapy.
- Music therapists in Canada must complete an approved training program at the bachelor or master's level and also a 1000-hour supervised internship to be fully qualified in the field.

“The Music Child”:

- The phrase: “The Music Child” comes from the work of Paul Nordoff and Clive Robbins. Music therapists who developed the Nordoff-Robbins approach to music therapy in the mid- seventies.
- In a film called “The Music Child” Nordoff and Robbins demonstrate a remarkable discovery. They notice that a number of severely developmentally disabled children. (at that time living in residential care), responded to music in a surprising way. Paul Nordoff would sit at the piano with a child and imitate, expand and develop musical themes from the sounds that the child would make either playing the notes, or vocally.
- In many cases children who otherwise seemed to be non-responsive and very passive would become animated and involved in the music. They would turn-take with the therapist, make eye-contact and even play improvised musical phrases.
- They seemed to understand some of the basic structures of music – like rhythm, pitch and phrasing. They could “feel” the end of a musical phrase.
- The “Music Child” refers to that hidden child. The one behind the serious disability that limits communication and cognitive function; the very centre and the spirit of the child.

As Therapists:

- We have a tendency to focus on the deficits of the special needs child or adult. We are interventionists, and that means that we identify goal areas, areas that require remediation and we design programs to help fill in gaps so that our clients can acquire or regain skills.
- In our eagerness to address needs, we may overlook aptitude and core personality. The idea of the “Music Child” reminds us to regard the child or client as a whole person and to seek the underlying personality of clients, not just the disability on the surface.
- Music is a medium in which many clients feel and demonstrate wholeness. We are designed to respond to music and make music. Special needs children and adults have these same needs and abilities. Many goal areas can be addressed through music therapy so that clients can develop to their best potential.



What Music Therapy is:

Music therapy is the skillful use of music and musical elements by an accredited music therapist to promote, maintain, and restore mental, physical, emotional, and spiritual health. Music has nonverbal, creative, structural, and emotional qualities. These are used in the therapeutic relationship to facilitate contact, interaction, self-awareness, learning, self-expression, communication, and personal development.

Canadian Association for Music Therapy / Association de Musicothérapie du Canada Annual General Meeting, Vancouver, British Columbia, May 6, 1994.



The Canadian Association for Music Therapy serves as a professional organization for qualified music therapists by:

- *Setting standards for music therapy training.*
- *Registering qualified therapists as MTA's (Music Therapist Accredited)*
- *Maintaining a Code of Ethics and disciplinary procedures*
- *Administering a Continuing Education Program*
- *Holding a yearly AGM and conference*
- *Publishing quarterly newsletters and a yearly journal for members*
- *Maintaining a website resource for music therapists and the general public.*

*Canadian Association for Music Therapy
Wilfrid Laurier University,
Waterloo, ON
N2L 3C5
Ph: 1 800 996 CAMT
Email: camt@musictherapy.ca
Website: www.musictherapy.ca*

Music Therapy is based upon a number of different Psychological Theories including:

- Psychodynamic
- Humanistic
- Behavioural
- Developmental



Music Therapy employs many different methodologies including:

- **Listening** – for relaxation, pain reduction, memory retention.
- **GIM** – guided imagery and music – for psychodynamic healing
- **Singing** – self-expression, vocal and verbal development, cognitive development, emotional expression.
- **Playing instruments** – creative expression, development of social skills, self-esteem, fine-motor development, cognitive development.
- **Dancing and moving to music** – fine motor development, self-expression
- **Improvising in any musical medium** – for social development, self-expression, cognitive development, emotional expression, dealing with trauma and other emotional loss.
- **Creative song writing** – self-esteem, development of self-image, dealing with emotional loss and trauma.

Music Therapy serves many different populations, including individuals of all ages with:

- Developmentally delay
- Autism or P.D.D. spectrum disorders
- Alzheimers or other dementias
- Chronic Illness
- Physical Disability
- Fragile health
- Terminal or life-threatening illness
- Behavioural Disabilities
- Emotional Disabilities
- Mental Illness

Music Therapists may work privately or within facilities like:

- Schools
- Treatment centers
- Hospitals
- Long-term care facilities
- Hospices
- Prisons
- Mental Health Care facilities
- Programs for victims or trauma or abuse
- Wellness Centres
- Drop in Centres for street youth.
- Programs for Infants

Education Programs

Capilano College

Coordinator, Music Therapy Program
2055 Purcell Way
North Vancouver, British Columbia
V7J 3H5
CANADA

(604) 986-1911 Local 2307

Stephen Williams -
mtherapy@capcollege.bc.ca

School of Music
Windsor, Ontario N9B 3P4
CANADA

519-253-3000 ext. 2791
fax: (519) 971-3614

Sandi Curtis- scurtis@uwindsor.ca

Université du Québec à Montréal

département de musique
C.P. 8888, succursale 'Centre Ville'
Montréal, Québec H3C 3P8
CANADA

(514) 987-3000 poste 7639#
télec. (514)987-4637

Connie Isenberg-Grzeda -
isenberg-grzeda.connie@uqam.ca

Acadia University

School of Music
Music Therapy Program
Wolfville, NS B0P 1X0

(902) 585-1512

Paul Lauzon
musictherapy@acadiau.ca

Wilfrid Laurier University

Director, Music Therapy Program
Faculty of Music
Waterloo, Ontario N2L 3C5
CANADA

(519) 884-1970 ext. 2658
Colin Lee - clee@wlu.ca

Canadian Mennonite University

Music Therapy Program
Winnipeg, Manitoba R3P 2N2

(204) 487-3300

(877) 231-4570
Jim Wiebe

University of Windsor

Music Therapy Program

Why Music?

Music is not an object or activity that exists outside or separately from us. Music is an integral part of who we are as human beings.

We don't just respond to music – we are music. The music we create or listen to is just a reflection of what we have within us.

Children or adults who have deficits in the cognitive, physical or language areas of their brains do not necessarily have the same deficits in the music centers. They may not be able to learn to play instruments or sing like their 'non-disabled' peers. But they are able to make music to communicate their feelings and interact with adults and peers. They are also able to enjoy the rich social experience of playing music together with a group.

Music therapists working as part of a multi-disciplinary team – or trans-disciplinary team can provide an aspect of programming that capitalizes on the meaningfulness of music to the child. They can integrate goal areas and address challenges for the child within the context of a motivating and personalized musical experience.

Music therapists can adapt the tools of other therapeutic mediums in order to enhance their music programming.

Social stories, scripting, pic-syms, picture exchange and Prompt are just a few examples of communication therapy tools that are very useful in music therapy.

Likewise, music therapists can provide repertoire and activities that can be used by teachers, occupational therapists and communication therapists.

Some Examples of Music Interventions

Songs:

Songs have text and meaning that can be expanded with props, actions and pictures. Songs have clear patterns and repetition. They employ rote learning that is often more accessible to special-needs individuals than conceptual learning. Songs provide scripted language so that children can practice vocabulary and articulation. They have pitch and melody – which exaggerates intonation and expression. Songs can be used in creative ways to encourage new language and receptive language learning.

Rhythm:

Rhythm in songs, instrument playing or chanting engages attention and focuses concentration. It emphasizes syllables and phrases and encourages a child to attempt to articulate all the words or sounds in the phrase. Rhythm connects the therapist to the child and creates a communicative bond – or shared experience beyond the verbal exchange.

Movement with music:

Movement provides sensory input and expression. It can create a structured “break” from table activities. It helps to develop sensory integration and helps a child to develop self-control.

Improvisation:

Whether it is complex or simplistic, improvised music is a dynamic, reciprocal shared experience. It can be powerful with no vocal communication at all, or it can include improvised singing both vocalizing and singing text. It is not scripted and has an element of unpredictability, so it challenges a child cognitively. At the same time, it establishes a clear structure, repetition, rhythm and patterns that provide a secure base for therapist and child.