

The Southern Nevada IEP: Music Therapy Inclusion

Freely distribute this document to advocate for Clark County School District student IEP music therapy referrals.

Author: Judith Pinkerton, MT-BC

Founder

CCTA -- Center for Creative Therapeutic Arts

6375 W. Charleston Blvd, Bldg L/200, Las Vegas, NV 89146

(702) 363-8166

Abstract

Southern Nevada does not offer music therapy as a Special Education related service to benefit children's Individualized Education Program (IEP). The national standard is to incorporate music therapy services within the IEP process. Volumes of research support music therapy's effectiveness achieving IEP goals and objectives in areas of communication, independent skills, social, math, reading and written language. Special Education students usually experience emotional and behavioral challenges that may interfere or prolong attainment of IEP goals and objectives: music therapy can profoundly affect these challenges. Therefore, it is recommended that the IEP team include music therapy referrals to assess music therapy's ability to benefit the student's educational program.

Replicate State and National Programs

Northern Nevada (Reno) has set a pace that challenges Southern Nevada (Las Vegas). Washoe County School District has been the only Nevada school system that offers music therapy services to IEP students. Since 1987, a Board Certified Music Therapist has been employed at this district, providing music therapy programs to students who qualify through the IEP process. M.Diane Bell, MMEd, MT-BC, is employed at Reno's Marvin Picollo School, a self-contained site for children with disabilities, ages 3-21. Although her teaching position is full-time, dual-certified within this Northern Nevada school district's music department, local consult services are available to gain immediate access to music therapy in Southern Nevada.

Nationally, over 4500 qualified music therapists (MT-BC – music therapist-board certified, or registered or certified music therapists) are employed in 55 different work settings, serving 50 different populations (AMTA, 2007). Special Education students with only learning disabilities benefit from the work of 333 music therapists across the country (pp.164-5). The top three states, New York, California, and Pennsylvania, each employ (respectively) 300, 242 and 239 music therapists. Nevada has only eight music therapists. Currently, there are five music therapists in Clark County School District qualified to provide services to IEP students. The following research studies present the dynamics of music therapy within Special Education to broaden the IEP team's knowledge base about music therapy referrals.

Learning Disabilities

Volumes of research studies cite music therapy interventions for children with all disabilities. However, only students with learning disabilities will be addressed for brevity purpose. Treiber & Lahey (1983) cite three most common behaviors that impede the learning process for learning disabled children: impulsivity, attention deficits and excessive motor activity (p. 112). And, students with learning disabilities who may

benefit from music therapy exhibit these behaviors plus symptoms of hyperactivity, perceptual-motor impairments, emotional liability, general coordination deficits, disorder of memory and thinking, speech and hearing disorders, and specific academic deficits in reading, math, writing, and spelling. These symptoms translate into characteristics of a passive learner who lacks strategies to attack academic problems, has learned helplessness, exhibits poor metacognitive skills, and is unable to spontaneously produce appropriate learning strategies. In summation, these students do not actively involve themselves in the learning situation (Pratt & Moog, 1986, p.109).

IEP Referrals

When aforementioned symptoms and characteristics are evidenced within the IEP, then a music therapy referral is recommended for assessment. The music therapy referral form includes an extensive checklist to identify specific deficits with attention span, behavior, academics, visual-perceptual, fine motor and gross motor coordination, communication, and socialization. Additionally, twenty-nine specific issues are checked when applicable, such as poor self-esteem and self-confidence, lacking age-appropriate self-responsibilities and concepts, has difficulties with receptive and expressive language, following directions, completing tasks independently, staying in chair, and attending to task at hand (Henry, Knoll & Reuer, 1986, pp. 96-98).

These referral forms provide an overview of the student's unique problems and needs that contribute to the music therapy assessment process. Mostly a criterion-referenced test, over sixteen assessments are available to measure a variety of musical and non-musical elements, such as musical aptitude, self-expression, motor responses, behavioral responses, cognitive development, and acts of communication (Wilson & Smith, 2000, pp. 108-109). Music therapists develop unique strategies to assess music therapy's potential effectiveness with IEP goals and objectives. Several steps, similar to other related services, are outlined as essential for this complete assessment by a qualified music therapist (Coleman & Brunk, 1997):

1. Review all reports and evaluations contained in the Student's cumulative file.
2. Interview: the teacher of the student; other related service personnel working with the student; and the parents or guardians of the student.
3. Review the student's current IEP.
4. Observe the student functioning in his or her classroom, with a special emphasis on skills found in the IEP.
5. Administer an appropriate music therapy assessment that includes: strategies corresponding to the student's IEP goals and objectives; student responses and behaviors; and therapist feedback.
6. Write a comprehensive report with assessment documentation and music therapy recommendation. When music therapy is recommended, the report includes suggested length and frequency of sessions, who provides the services, and the qualifying statement that music therapy provides significant motivation and/or a significant assist in benefiting the student's educational program.

Learning Strategies

Music therapy services can be provided one of three ways within the IEP process: on a direct basis; or a blend of direct and consult to class or program. Direct services utilize the music therapist working one-on-one with the IEP student and require regular IEP reports. The blend of direct and consult services utilizes the music therapist as a consultant, conducting session(s) to provide the class or program teacher or therapist an example with related instructions and materials to follow-up. This allows the music therapist to be included legally within the IEP “as an educational consultant to the [] program/class” (Coleman & Brunk, 1997).

Once music therapy is recommended, music activities are customized as learning strategies to target specific academic tasks, create positive reinforcement, and/or develop socioemotional skills that correspond to IEP goals and objectives. Examples of educational needs addressed with music therapy include: increase level of appropriate reading behavior; increase ability to focus and concentrate; acquire a more effective learning style; increase memory retention; improve skills in problem-solving; and improve group cooperation.

Academic Goals

Academic tasks utilize music therapy as “a tool for teaching or rehearsing specific academic information” (Davis, Gfeller, & Taut, 1999, pp. 266-267). Music activities mirror skills highlighted in the classroom, including “cognitive constructs” (p. 266) such as object classification, seriation, spatial relationships, and temporal relationships. Music activities can also act as a “carrier of information” (p. 267). This learning strategy creates music as a mnemonic device through well-known songs adapted to include new academic information, or short simple melodies paired with visual aids. Other music activities are adapted to assist reading comprehension, written language, math concepts, speech and language disorders, and learning style.

For example, individual music therapy sessions may focus on acquiring a more effective learning style (Steele, 1984, p. 2). Steele heads up The Cleveland Music School Settlement in Ohio, and documents work with an 11 year-old fifth grader. She reports that the process of producing a product is emphasized over the actual product (music performance). Her article corresponds non-musical deficits assessed by the Psychologist with musical deficits she assessed with music therapy strategies. Deficits assessed included fine motor skills, directionality, visual motor skills, verbal skills and academic tasks of comprehension and retention (p. 3). The music therapist then developed a subset of goals and objectives to accomplish improvements in the aforementioned deficits. For example, the goal of “increase accuracy of keyboard performance” required the music therapist to “design remediation techniques to improve retention and execution of basic concepts and performance technique” (p. 2). This type of teaching and exposure to a sequential program for musical development provides an appropriate structure for acquiring a more effective learning style.

Behavior Reinforcement

Music therapy is also effective as a “reinforcer for desired academic behaviors” (Davis, Gfeller, & Taut, 1999, pp. 267-268). Good behavior as well as accurate responses are reinforced with a desired music preference. Eisenstein (1974) studied the effects of contingent guitar lessons as a reinforcer for improved reading behavior. Twelve subjects from a third grade class of an inner city elementary school, ages 7 to 7.6 years old, were judged by the classroom teacher as below grade level readers (p. 139). The study design provided for increased minutes learning guitar, contingent upon the number of

correct responses from flash cards and reading selections. Reading behavior improved significantly when guitar lessons were used as the reinforcer, and conversely, appropriate reading behaviors decreased when guitar lessons were not offered (p. 145). Passive (listening) music therapy is another form of reinforcement utilizing preferred recordings after desired responses are attained.

Socioemotional Development

When socioemotional development is required within the IEP, music therapy group or individual sessions incorporate learning strategies to build problem-solving skills, express appropriate feelings, and practice positive social skills (Davis, Gfeller, Taut, 1999, pp. 268-269). For example, the group process of putting together a band and writing songs allows appropriate expression of individual feelings such as frustration, anger, worthlessness, loneliness, grief, or fear. The music therapist acts out positive social skills, modeling appropriate language, not interrupting others and giving respect (p. 269). The group performance process necessitates teambuilding skills such as taking turns, giving and receiving non-verbal cues, cooperating, and resolving conflict.

Music therapy's effectiveness in developing socioemotional skills can cross over into the home. Steele (1984) documented a small music therapy group program held weekly for 60 minutes, comprised of five students with unsatisfactory behavior. They were judged as hyperactive, poor readers who frequently fought, and were easily distracted and frustrated. Parents received coaching to reinforce IEP music therapy behavioral objectives, including decrease motor interruptions, increase specified individual behavioral goals, maintain a low rate of interruptions, and maintain individual objectives. An example of an individual's non-musical objective was to "decrease motor interruptions" (p. 6). The corresponding music experience was to teach basic rhythmic notation and apply it to playing percussion instruments. A "Coordinated Music Program" of printed materials was assembled and sent home with each child, including instructions for parental direction. The entire program's carefully planned music experiences guided the children in the practice of age-appropriate behavior.

Passive and Active Music Therapy

A balanced offering of passive and active group music therapy can assist IEP goals and objectives for behavior management. Sixteen preadolescents, ages 11-14, received active (music-making) and passive (listening) group music therapy interventions with the goals of reducing frustration, anger and aggression (Montello & Coons, 1998, p. 49). Homeroom teachers rated these children before and after each of three twelve-week programs. The most significant change occurred in the reduction of hostility and aggression utilizing both interventions. Results provided insights about optimal music therapy techniques for particular personality types and/or clinical diagnoses. And, it was found that offering passive music therapy prior to active music therapy created a vital sense of safety and group cohesion. The end result: increased levels of creativity and self-mastery.

Group experiences through music therapy can offer socioemotional development that is not taught in the classroom. Hibben (1991) interprets the difference between classroom expectations and music therapy group expectations. The classroom is "a task oriented group in which there is submission of individual needs and styles to learning goals" where interaction between children is discouraged (p. 179). The music therapy group can develop play behaviors that encourage risk-taking, tolerate ambiguity, use abstract thinking and share ideas. This reorients children toward a group awareness that

encourages intimacy, bonding, cooperation, and addresses the problems of ego defense vs. ego support. Music therapy goes beyond the classroom's ability to provide instruction for the whole person.

Support one of the largest school districts in the nation with current, national school standards: begin access to music therapy for over 30,000 Clark County School District children with disabilities. Music therapists are available locally to provide interventions that improve communication, independent skills, social, math, reading and written language when other related services may fall short. Supply our children with the optimum support to overcome learning difficulties and to learn socially appropriate behavior to be productive, healthy, adult citizens that benefit our community.

Music therapy inclusion in Special Education begins with education professionals and parents accessing more information:

1. Educate yourself about the differences between music therapy and music education. CCTA's music therapist is available to provide free in-service programs to educate parents, teachers, other health professionals and administrators about the value of music therapy.
2. Evaluate how music therapy may assist your child's education goals.
3. If you decide that music therapy may be of benefit, request a referral during your child's IEP meeting for a music therapy assessment. CCTA can provide board-certified music therapists to complete the assessment with a report that either recommends or does not recommend music therapy.

References

AMTA Member Sourcebook (2007). Silver Spring, MD: American Music Therapy Assn, Inc.

Bruscia, K.E. & Hibben, J. (1991). Case studies in music therapy: Group music therapy with a classroom of 6-8 year-old hyperactive-learning disabled children. Gilsum, NH: Barcelona Publishers.

CCSD Special Education Programs Enrollment (2004). Clark County School District Student Support Services Division.

Coleman, K. & Brunk, B. (1997). Prelude music therapy assessment kit: Special education edition. Grapevine, TX: Prelude Music Therapy.

Davis, W., Gfeller, K. & Taut, M. (1999). An introduction to music therapy: theory and practice. Boston, MA: McGraw-Hill College.

Eisenstein, S.R. (1974). Effects of contingent guitar lessons on reading behavior. Journal of Music Therapy 11(3), 138-146.

Gfeller, K. (1984). Prominent theories in learning disabilities and implications for music therapy methodology. Music Therapy Perspectives 2(1), 9-13.

Henry, D., Knoll, C. & Reuer, B. (1986). Music works, a handbook of job skills for music therapists. Stephenville, TX: Music Works.

Montello, L. & Coons, E. (1998). Effects of active vs. passive group music therapy on preadolescents with emotional, learning, and behavioral disorders. Journal of Music Therapy 35(1), 49-67.

Pratt, R.R. and Moog, H. (1986). First research seminar of the ISME commission on music therapy and music in special education. Bad Honnef, West Germany: International Society for Music Education.

Steele, A. L. (1984). Music therapy for the learning disabled: intervention and instruction. Music Therapy Perspectives 1(3), 2-7.

Treiber, F.A. & Lahey, B.B. (1983). Toward a behavioral model of academic remediation with learning-disabled children. Journal of Learning Disabilities 16, 111-115.

Wilson, B.L. & Smith, D.S. (2000). Music therapy assessment in school settings: A preliminary investigation. Journal of Music Therapy 37(2), 95-117.

Internet Resources (updated 10/07)

http://www.musictherapy.org/faqs.html#HOW_UTILIZED_IN_SCHOOLS

<http://www.preludemusictherapy.com/related.html>

http://www.special-ed-careers.org/career_choices/profiles/professions/mus_ther.html

<http://www.autism.org/music.html>

<http://www.specialchild.com/archives/ia-005.html>

<http://www.music.msu.edu/news/showrelease.php?id=110>

<http://steinhardt.nyu.edu/music/therapy>

<http://members.aol.com/musictherapycc/page17.html>

<http://www.familyeducation.com/whatworks/review/front/0,2562,1-9126-1888-4068,00.html?detoured=1>

<http://www.uwec.edu/admissions/facts/musthera.htm>

http://www.carbuyersnotebook.com/archives/2007/07/chevrolet_supports_cdf_mu.htm

Freely distribute this document to advocate for music therapy inclusion with Clark County School District student IEP referrals.

For education presentations, contact:

CCTA -- Center for Creative Therapeutic Arts

6375 W. Charleston Blvd., Bldg L/200, Las Vegas, NV 89146

(702) 363-8166

Email lasvegas@ccta.us

Website: www.ccta.us