MUSIC THERAPY

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To the glory of God,
who gave us music and the ability to use it to help others,
and to the memory of
Leo C. Muskatevc (1917–1998),
who, by his instruction and mentorship, profoundly
influenced my life as a music therapist.

PREFACE

SINCE THE FIRST edition of *Music Therapy: An Introduction* was published in 1987, the field of music therapy has continued to develop, and a wealth of new research and clinical literature has been published. For this second edition, I have extensively reviewed the music therapy literature since 1985 to update and expand the information contained in the first edition, particularly with regard to clinical practices in music therapy. The chapters dealing with definitions of and guiding principles for music therapy also reflect developments in my own thinking and perspectives, based on reading, research, and clinical work.

Like the first edition, this revision aims to provide an overview of basic information regarding (1) a definition of music therapy; (2) the skills, knowledges, and attitudes that are needed to become a competent professional music therapist; (3) the historical development of the music therapy profession; (4) general principles and procedures that guide music therapy practice; and (5) major areas of music therapy clinical practice. Due to the many new developments in music therapy practice during the past decade, the clinical practice section (Part III) has been extensively revised and greatly expanded, with each population or area of music therapy clinical practice being given its own chapter. This second edition also tries to include more information on adult clients whom music therapists may serve in each disability area. Readers may choose to read the entire text to get an idea of the broad scope of music therapy and its history, processes, and practices, or they may choose to focus on topics of particular interest. Thus, this book will be useful both to those who want to know about the field of music therapy as a whole and whose who are only interested in an overview of particular topics.

The book is divided into three major sections. Part I presents a definition of music therapy (Chapter One) and discusses the music therapist's education and training (Chapter Two). Part II gives the historical background for music therapy, both from the perspective of the use of music in healing practices from ancient times to the present (Chapter Three) and from that of the development of the modern music therapy profession (Chapter Four). The concepts and historical overview presented in these sections provide a foundation that will enhance the reader's understanding of the clinical examples and applications presented in the final and most extensive section of the book. Part III begins with a discussion of general guidelines for the use of music in therapy (Chapters Five and Six), followed by specific examples of music therapy clinical practices with various client populations (Chapters Seven through Twenty-one). This final section concludes with an overview of several "schools" of music therapy practice (Chapter Twenty-two) and a discussion of the importance of research to the practicing clinician (Chapter Twenty-three). Some of the specific information that the reader should be able to gain from this text are enumerated in the introductions to each part of the book. Each chapter concludes with a summary, questions to help the reader reflect upon or apply the information, and suggestions for further reading. All references are contained in a separate section at the end of the book.

Those readers who are familiar with the first edition of this text will note several differences in this second edition. First, the definition of music therapy has been revised and expanded to place more emphasis on the interactional nature of the music therapy process and the importance of individualized

assessment. The discussion of general guidelines for practice has also been expanded, particularly with regard to some reasons *why* music is useful for therapeutic purposes. Thus, theoretical principles and practical planning considerations now are treated in separate chapters. As mentioned above, each clinical population is now discussed in its own chapter, and more examples of music therapy interventions are given. The information on music therapy with geriatric clients has been greatly expanded, and now includes sections on the well elderly, those who are semi-independent, those who are chronically ill and cared for at home, and those who have Alzheimer's disease, as well as those in nursing homes. In addition, this second edition has several new clinical sections: music therapy and medical treatment, music therapy in physical rehabilitation programs, music therapy to promote health and well-being in the general population, and a separate chapter on music therapy for individuals who have autism. Throughout the book, there is a greater use of subheadings, which hopefully will make the outline of each chapter more apparent to the reader.

Since it is an *introduction* to music therapy, this book is directed primarily toward an audience that has little or no knowledge of the field of music therapy: students in introductory music therapy courses; professionals in related disciplines who desire a basic knowledge of the scope of music therapy, including some of the research on which music therapy is based, but who have neither the time nor the inclination to search through many sources; individuals who are contemplating a career in music therapy; those in the general public who want to find out more about the field; and the like. However, because of its copious references and wealth of suggestions for music therapy clinical work with various populations, this book may also be useful to some practicing music therapists: those who are looking for a summary of research related to music therapy and a certain population; those who are searching for additional clinical techniques they might use in their practice; those who desire a current overview of music therapy practice and research; or those who are contemplating working with a different client population.

The purpose of this text is to give the reader an idea of the entire scope of music therapy in the United States; therefore, it presents an overview of several basic topics and key concepts, rather than treating any one area in great depth. In keeping with the survey nature of the project, only brief examples of music therapy treatment procedures, rather than complete case histories, are presented. Therefore, when this text is used in an introductory music therapy course, the instructor may wish to use journal articles, case studies, and experiential activities to supplement and exemplify the material included in this book. In addition, those who use this text should be aware that its construction was guided by the philosophy that introductory courses in music therapy should primarily emphasize the *use of music* as an integral part of the treatment process, since using music and music-based experiences as their primary treatment modality is what sets music therapists apart from other therapists. To be sure, an understanding of client problems and needs and an awareness of the dynamics of the client-therapist relationship are also important to the successful practice of music therapy, and these topics are mentioned briefly in this text. However, a detailed explanation and exploration of these topics is left for more advanced courses.

This book also tries to provide the reader with a beginning list of sources for additional information on the topics surveyed. Therefore, all information presented is well-referenced, and suggestions for further reading have been provided at the end of each chapter. These sources (as well as the references they cite) should provide the reader with a good starting point for finding more detailed information on a particular topic of interest. Due to the survey nature of this project, many references listed refer to reviews or compilations of literature related to a particular topic rather than to numerous individual studies (although many individual studies are also referenced). In addition, a conscious choice has been made to cite secondary rather than primary sources in some instances, in the hope of providing references that might be most accessible (in libraries, etc.) to the average reader who desires more information or elaboration on a particular topic.

Since this book compiles information from many sources in its attempt to provide an overview of the field of music therapy, I especially want to thank all of those whose names are listed in the reference section for taking the time and making the effort to

publish their findings and add to the body of knowledge of the field of music therapy. All of us interested in the field of music therapy appreciate your work! In addition, I would like to thank the many colleagues and friends who encouraged me to keep going through the tough times and complete this revision. Your support was invaluable! Finally, a special measure of thanks to my husband, Randy, and my daughters, Elizabeth and Sarah, for all their patience, love, and support as I spent time at the computer instead of with them. This project never would have been completed without their cooperation, and they have my deepest love and appreciation. Above all, my gratitude to Him who created both human beings and music and gave us the wonderful gift of being able to use music to make a difference in people's lives. For His guidance throughout life and His grace in giving me the strength and ability to complete this project, all praise, honor, thanks, and glory be to God through our Lord and Savior, Jesus Christ.

J.S.P.

CONTENTS

MUSIC THERAPY

PART I

MUSIC THERAPY AND THE MUSIC THERAPIST

IN THE FIRST section of this book, the reader is provided with some initial answers to some basic questions: What is music therapy? What does the music therapist do? What kinds of training and education does the music therapist receive? What kinds of skills and knowledges does the music therapist possess?

The information presented in Part I helps to provide a frame of reference for the material in subsequent sections. In Chapter One, a definition of music therapy is presented and discussed. In Chapter Two, attention is focused on the process of becoming a music therapist. After discussing the knowledges, skills, and attitudes that are important to the professional music therapist, the chapter gives a general overview of music therapy education and training programs in the United States and describes the professional credentials that are commonly held by music therapists in the United States.

After completing Part I, the reader should have gained the knowledge and information needed to perform the following tasks:

1. Give a brief description or definition of music therapy.

2. List the key elements that must be present for an activity or experience to be music therapy.

3. List knowledges, skills, and attitudes that are important to the professional music therapist.

4. List major areas of study and experience included in a music therapy curriculum.

5. List and briefly explain the professional credentials that are commonly held by music therapists in the United States.

Chapter One

A DEFINITION OF MUSIC THERAPY

MUSIC THERAPY has been an organized professional discipline in the United States since 1950. It is recognized by the Joint Commission on Accreditation of Health Care Organizations as one of the creative arts therapies, is listed as a related service in The Education for All Handicapped Children Act (Public Law 94-142), and was even given special recognition by a hearing before the U.S. Senate Special Committee on Aging on August 1, 1991 (Special Committee on Aging, 1992). Yet, although public awareness of music therapy has increased to the point where two thirds of the people in a recent survey had at least *heard* of music therapy (Furman, Adamek, & Furman, 1991), many people are still not sure exactly what music therapy is. If you stood on a street corner and asked people to define music therapy, you probably would get a lot of quizzical looks and a wide variety of verbal responses:

"*What* kind of therapy?"
"I think I read something about that somewhere . . ."
"Making sick music sound better?
"Using music to help people feel good."
"Teaching music to people in institutions."
"Playing music to relax and reduce stress."
"Music *what*?"

Even if they may have some vague idea that music therapy uses music to help people in some way, members of the general public often do not realize that music therapy is a distinct professional discipline that has a large body of research and stringent educational and training requirements.

While music therapy has been defined in many ways, most definitions recognize "the significance of music and sound in achieving a broad variety of nonmusical goals in the areas of mental and physical health" (Moreno et al., 1990, p. 43). The American Music Therapy Association (AMTA) broadly defines music therapy as "the use of music in the accomplishment of therapeutic aims: the restoration, maintenance, and improvement of mental and physical health" (AMTA, 1998, p. xii). More specifically, **music therapy may be defined as a planned, goal-directed process of interaction and intervention, based on assessment and evaluation of individual clients' specific needs, strengths, and weaknesses, in which music or music-based experiences** (e.g., singing, playing musical instruments, moving or listening to music, creating or discussing songs and music) **are specifically prescribed to be used by specially trained personnel** (i.e., music therapists or those they train and supervise) **to influence positive changes in an individual's condition, skills, thoughts, feelings, or behaviors**. This definition contains several key elements that help differentiate music therapy, a scientifically-based, allied health profession, from new age music healers and mass-marketed music healing solutions (Summer, 1995; Summer & Summer, 1996) or from the general beneficial effects some individuals may experience when they participate in certain types of music experiences. For music-based experience to be true music therapy, all of the following components must be present.

MUSIC THERAPY IS A PROCESS

Music therapy is a *process*, something that takes place over time and involves growth, change, and development. Music therapy demands a commitment of time and energy from both the client and the therapist; it is not a simple, instant cure or a magical panacea. The clinical process of music therapy gradually produces an unfolding of growth toward desired outcomes (Aigen, 1995a).

> Music therapy . . . is not an isolated therapeutic intervention or a single musical experience leading to a spontaneous or sudden cure. For the client, therapy is a gradual change process leading to a desired state; for the therapist, it is a systematic sequence of interventions leading to specific changes in the client. (Bruscia, 1989a, p. 48)

The process of music therapy may include various musical, creative, artistic, therapeutic, developmental, educational, interpersonal, behavioral, and scientific components as music therapist and client interact over time in both musical and nonmusical areas. More specific information on these is covered in Part III of this book.

MUSIC THERAPY IS PLANNED AND GOAL-DIRECTED, BASED ON INDIVIDUAL ASSESSMENT

Music therapy is not just any process involving musical experiences. A series of random experiences involving music that somehow help a person feel better are *not* music therapy. Rather, music therapy is a planned process that involves a carefully thought-out sequence of steps and procedures. First, the music therapist observes and assesses the client to determine problems and areas of needs as well as his or her strengths and responses to or preferences for various musical stimuli or musical experiences. Based on the information from this assessment, the music therapist sets specific goals and objectives in one or more of the client's areas of need (with the input of the client when possible). These goals and objectives give direction to the therapeutic process (Hanser, 1987). They specify what changes must occur in the client's condition, thoughts, feelings, or behaviors to indicate improvement in the targeted physical, mental, social, or emotional functioning areas. The music therapist has the same kinds of goals for clients that other members of the treatment team do (e.g., improving motor, social, cognitive, communication, behavioral, or emotional skills/functioning). The difference lies in the treatment modality: The music therapist uses music and music-based experiences to help clients reach their therapeutic goals.

Once the client has been assessed and evaluated and individual therapeutic goals have been formulated, the music therapist designs a series of specific music- and/or rhythm-based experiences that will help the client reach these goals and objectives. This music therapy treatment plan is then implemented over a designated period of time. After this period, the music therapist evaluates client progress to see if goals and objectives have been met or if revisions in treatment approaches are indicated. More specific information on assessment, goal-setting, and the process of planning music therapy intervention strategies is presented in the Chapter Six.

MUSIC THERAPY INVOLVES INTERACTION AND INTERVENTION

Music therapy is not a solitary pursuit; it involves interaction between and among three main entities: the music therapist, the client, and the music. In music therapy, as in any therapeutic or helping encounter, a supportive, success-oriented atmosphere and a caring, trusting relationship are of vital importance. As Hanser (1987) emphasized:

> One of the most significant ingredients in any successful therapeutic program is the establish-

> ment of a caring relationship between therapist and client. Without it, even the most effective techniques may be utterly useless. (p. 46)

While the music therapist and client will undoubtedly interact through words and actions apart from music at times, the primary interactions in music therapy occur through and within music activities and experiences. In the musical relationship that develops within music therapy sessions, client and therapist meet on the common ground of expression in sound. Through their listening, singing, playing, creating, moving, discussing, and responding emotionally to music, they interact in unique ways that go beyond the constraints and limits of verbal expression.

> The musical relationship is a very subtle and intimate way of connecting with another person's emotional and spiritual life, yet it leaves the therapy couple free and impersonal at the mental and physical levels. It is a sensitive and wonderful phenomenon, worthy of a great deal of study. (Priestley, 1985, p. 226)

The interaction of the music therapy process takes place because of a need for some kind of intervention: the client desires to make a change in some area of his or her life and is seeking the assistance of the music therapist in making this change. Therefore, the music therapist has the responsibility to introduce some elements into the relationship or process that will move the client toward positive change and growth in his or her current area of need. In order to find appropriate intervention strategies, the music therapist must assess the client in both musical and nonmusical areas to determine the client's particular strengths, weaknesses, interests, and areas of need. Using both the special knowledge gained from the individual assessment of the client and the more general knowledge of various music experiences and their effects on human beings gained from his or her training and experience, the music therapist then plans a specific series of steps to interact purposefully with the client in and through various carefully chosen music experiences (i.e., music therapy interventions) to facilitate improvement in particular conditions, skills, thoughts, feelings, or behaviors of the client. In the relational, goal-directed process of music therapy interactions, "music is used intentionally to bring about a positive change, and the choice of music and activities is governed by this intent" (Birkenshaw-Fleming, 1993, p. vi).

MUSIC THERAPY USES MUSIC OR MUSIC-BASED EXPERIENCES

"Music therapy to be music therapy requires musical involvement" (Muskatevc, 1967, p. 138). Music is the primary tool of the music therapist, the vehicle through which he or she establishes contact with the client and the structure or modality through which the client develops skills to reach therapeutic goals. "What makes music therapy different from every other form of therapy is its reliance on music. Thus, at the core of every session is a musical experience of some kind" (Bruscia, 1991a, p. 5).

Although musical involvement is a necessary component of music therapy, clients need not be accomplished musicians to partake in or benefit from music therapy experiences. Music is a pervasive phenomenon in cultures and societies throughout the world (see Chapter Five), and most human beings are capable of experiencing music in basic ways by listening to music, feeling its vibrations, singing, moving to music, playing simple instruments, or responding emotionally to music. Music therapists are trained to design music experiences in which people with little or no musical training can participate with some degree of success.

As they formulate activities for use in therapy, music therapists make use of their knowledge of the basic capabilities every human being possesses to make or respond to music as well as the information they have gained about the client's musical preferences and capabilities from their assessment. The music used in music therapy may be precomposed (either selected from works of other composers or specially written by the music therapist) or improvised by the therapist and/or client. It may be in any style or form and may be

conveyed or responded to through singing, listening, playing instruments, moving to music, or any combination of musical media, depending on the needs and capabilities of the client. Musical experiences used for therapy may be active, requiring the client or clients to sing, play, move to, improvise, create, or make music in some way, or they may be receptive, achieving their effect by the client or clients listening to, taking in, or receiving the music (Bruscia, 1989a).

Music therapy interventions may utilize many different kinds of music (e.g., popular, classical, country, rock, vocal, instrumental) and music-based experiences (e.g., singing, playing musical instruments, moving or listening to music, creating or discussing songs and music). No one type of music or music experience is inherently more useful than another for therapeutic purposes. In choosing appropriate music experiences and activities for use in therapy, music therapists consider all possible modes of musical experience and expression and all possible styles or genres of music. Client needs, capabilities, responses, and preferences (as indicated by the assessment) help determine the most appropriate selection of music experiences and materials for use in therapy with an individual client or group of clients. (For more information on planning music therapy intervention strategies, see Chapter Six.)

Since clients are directly involved with music and music materials in music therapy sessions, many clients develop certain musical skills as they move through the music therapy process. However, it is important to realize that the music therapist is not concerned with the development of these musical skills and behaviors for their own sake, as the music educator might be. Rather, the music therapist is concerned with how these musical skills and behaviors can be used to help the clients improve their level of physical, mental, social, or emotional functioning and facilitate the development of nonmusical skills (e.g., motor control and coordination, physical comfort, perceptual skills, cognitive or academic skills, behavior patterns, appropriate emotional expression, communication skills, problem-solving skills, interpersonal skills). "Music therapy contains many elements of recreational music and music education, but healing is its primary aim" (Birkenshaw-Fleming, 1993, p. vi). Therefore, even when music therapy interventions use activities that involve the teaching and learning of musical skills or behaviors, their primary focus is still on using these musical skills and behaviors to improve client functioning in nonmusical areas. In this way, clients develop skills through music activity that help them reach their therapeutic goals.

MUSIC THERAPY IS SPECIFICALLY PRESCRIBED

Music therapists often work directly with other professionals (e.g., physicians, psychiatrists, social workers, physical therapists, special educators) on medical or educational treatment teams. When they work in teams, these specialists meet together and decide how to coordinate their services in a way that will best help the client meet certain therapeutic goals. Musical therapy services, just like the services of other professionals, are prescribed as a specific part of the client's treatment plan. In medical settings, the prescriptive order for music therapy is signed by the physician in charge, just as an order for medication or physical therapy would be. In nonmedical settings, music therapy services may be requested formally by people like the client's caseworker, psychologist, teacher, or parents, or music therapy services may be written into the client's treatment plan by the general consensus of the professional team. When music therapists work in private practice, the music therapist and the individual client (and/or the client's family members) work together in determining the goals for therapy and establish some sort of contract stipulating the goals and objectives, methods to be used, duration of treatment, and responsibilities of each party. In all settings, the important point to remember is that music therapy is not an all-encompassing, "hit-or-miss" diversion, but a specific corrective agent prescribed to help influence positive changes in a targeted condition, skill, thought, feeling, or behavior of an individual client.

MUSIC THERAPY IS IMPLEMENTED BY SPECIALLY TRAINED PERSONNEL

People certainly may experience some benefits by listening to relaxing music on their own or by banging on a drum or playing a piano to let off steam, but this is not music therapy. It also takes a music therapist – a person who is specially trained to select music and structure music experiences for maximum therapeutic benefit and who knows how to use music to establish and guide a dynamic, therapeutic relationship – to transform music activity into music *therapy*. Music activities can at times have therapeutic benefits without the direction of a music therapist, but these at best occur only haphazardly or accidentally. Under the direction of a trained music therapist, however, music and music-based experiences become potent therapeutic tools that can predictably and efficiently influence positive changes in an individual's condition, skills, thoughts, feelings, or behaviors. Music therapists are highly trained professionals, who have skills and knowledge in a variety of areas, including music, human behavior, human abilities and disabilities, and the influence of music on human beings. Those who pass an examination given by the Certification Board for Music Therapists receive the credential "music therapist-board certified" (MT-BC). (More detailed information on music therapy education, training, and credentialling is presented in Chapter Two.)

In planning music therapy intervention strategies, the music therapist carefully selects the music or music activity to be used with a particular client, based on the therapist's knowledge of the effects of music on human behavior and the particular client's strengths, weaknesses, and therapeutic goals. Although the outward appearance of music experiences may change only slightly from client to client, the way these experiences are used and the purposes they serve may vary considerably (Barnard, 1953; Farnan & Johnson, 1988b). It takes the skills of a trained music therapist to adapt and structure music experiences to fit the unique needs, personality, preferences, and response patterns of each individual client, so that each may achieve the maximum possible therapeutic benefit. The music therapist also knows how to use the context of music experiences to establish a nurturing, growth-promoting relationship with the clients that will facilitate the achievement of therapeutic goals. The music therapist always keeps the client's goals in mind, structuring music therapy interventions and guiding interactions within music experiences to help the client gain skills that will help him or her reach those goals. Thus, the skills and guidance of the music therapist play a vital role in transforming music activity into music therapy.

Sometimes, music therapists may assess clients, establish goals, and plan music therapy treatment programs for clients and then train others (e.g., individual clients, family members, teachers, other professionals, or paraprofessionals) to carry out these programs on a daily basis. In these instances, it is important for the music therapist to meet regularly with the person implementing the program to evaluate client progress, make any necessary changes or revisions to the treatment program, and offer suggestions for more effective implementation.

MUSIC THERAPY IS DIRECTED TOWARD MEETING THE SPECIFIC NEEDS OF INDIVIDUAL CLIENTS

Mass-marketed music healing cures or music self-help programs are not music therapy. Music therapy interventions are directed to meet the specific, unique needs of individual clients and are specially formulated to correspond to the individual client's unique preferences, personality, capabilities, and response patterns. Music therapy services exist to serve individual clients who need to improve some aspect of their physical, mental, social, and/or emotional functioning. Without clients who can benefit from what it has to offer, there would be no reason for music therapy. As Sears (1968) pointed out:

> Of most importance in any therapeutic situation is the person receiving the therapy. Only through the individual's behavior, and changes therein, can the success of the therapeutic endeavor be seen. (p. 31)

As more and more adults are learning to play musical instruments, music therapists can also provide valuable assistance to studio teachers or music store instructors who may find themselves working with adults who have learning disabilities. Music therapists might conceivably work with college or vocational programs that serve adults with learning disabilities and develop a private practice to provide adaptive music instruction to these clients. Learning to play a musical instrument can enhance a person's self-esteem and self-confidence and also provide an enjoyable leisure activity which can be useful both for stress reduction and as a means of personal expression. In addition, developing an interest or skill in music can lead to new opportunities to interact with others through concerts, music appreciation or adult enrichment classes, community performance groups, and the like.

SPECIAL CONSIDERATIONS AND TIPS FOR SUCCESS

Individuals who have learning disabilities usually function best within an organized, structured environment. The music therapist should always remember to plan activities in such a way that distractions are minimized. Moreover, "consistency, firmness, warmth, and acceptance on the part of the teacher [or therapist] play a major role in directing successful learning experiences" (Phipps, 1975, p. 130).

Individuals who have learning disabilities will benefit most from an active music program that utilizes a multisensory approach to learning, engaging several skills and senses in the process of presenting or rehearsing any one concept (Atterbury, 1990; Birkenshaw-Fleming, 1993; Gladfelter, 1996; NIMH, 1993; Zinar, 1987). By incorporating many modes of presentation and providing for many modes of responses, the music therapist will be most likely to find ways that teach to the individual's strengths and work around his or her areas of weakness. For example, individuals with difficulties in visual perception may be encouraged to use their auditory, oral, kinesthetic or tactile abilities or modes of expression, while individual who have poor auditory memory skills might benefit from visual aids or movement cues.

When giving directions, it is important to use a few carefully chosen words and to speak in short sentences. Directions should also be concrete and specific, and care must be taken to repeat them exactly the same way each time they are given. The use of simple tactile or visual aids may help reinforce concepts. One must be extremely careful when using commercially available visual aids, however, for some music books and seemingly attractive posters or charts may contain so much information that they cause visual overload for individuals who have learning disabilities. Adaptive devices, like frames, color cues, and arrows, can be used to help clients screen out extraneous information and focus in on the information they need (Atterbury, 1983b, 1990; Birkenshaw-Fleming, 1993; Gladfelter, 1996; Nocera, 1979; Zinar, 1987). In addition, specially adapted methods of instruction may help individuals with specific learning disabilities learn music skills more easily. For example, Denckla (1990) found that an individual with dyslexia learned piano more easily if the correspondence of the "music map" to the instrument was constantly emphasized and if they proceeded directly to the auditory and kinesthetic experience without worrying about naming the notes.

It is also important to remember that, because of their perceptual difficulties, individuals who have learning disabilities often need extra time to process and respond to information. Therefore, it may be necessary to adapt imitation, echo, and call-and-response activities by adding extra beats of rest or measures of instrumental accompaniment so the clients have adequate time to process the auditory information given before they are expected to respond (Atterbury, 1986). At times, it may also be necessary to be ready to provide clients with alternative modes of response (e.g., "show me" instead of "tell me"). Furthermore, some common music activities may be too "busy" for perceptually handicapped clients who have difficulty processing auditory stimuli and attending to more than one

thing at a time. In order to provide successful experiences for learning disabled clients, these activities may have to be simplified by limiting the number of accompanying rhythm patterns, or limiting the number of actions requested to be performed (Atterbury, 1990; Birkenshaw-Fleming, 1993; Nocera, 1979; Zinar, 1987). It may also be beneficial to have individuals practice movement patterns separately before applying them to instruments and to practice the subskills associated with a complex skill or movement (Gilbert, 1983; Rink, 1989). In addition, the practice of adding spoken rhythmic syllables or words to rhythmic patterns may help some individuals with learning disabilities be able to reproduce rhythmic patterns more easily (Atterbury, 1983a; Zinar, 1987). Gladfelter (1996, pp. 197-199) provides many additional practical suggestions for working in a music environment with students who have learning disabilities.

When instructing individuals who have learning disabilities, "manner of presentation is as important as content" (Gfeller, 1992b, p. 202). Therefore, music therapists must be familiar with special teaching methods designed for individuals with learning disabilities and design approaches and intervention strategies in close consultation with the special education team, taking into account the unique manifestations of a specific learning disability in the particular individual (Gfeller, 1992b; Gladfelter, 1996). It is also important for the therapist to practice good social skills and desired behaviors, such as taking care of equipment, using appropriate language, treating others with respect, obeying rules, etc., so that individuals in the group will see appropriate behavior and have a good model to imitate.

SUMMARY

When individuals display an educationally significant discrepancy between their estimated intellectual potential and their actual academic performance that cannot be explained in terms of physical, sensory, intellectual, or experiential deficits or impairments, they are classified as having some sort of learning disability. The term learning disability or learning disorder is not used to describe a single condition; rather, it is a broad umbrella term used for classification purposes to cover a wide variety of specific learning problems that have in common processing or learning difficulties in some specific area while development in other areas is average or above average. Learning disabilities are sometimes called invisible or hidden handicaps; there are no physical signs and the people who have them usually have average or above average general intelligence. Individuals who have a learning disability have some dysfunction in the *way* they learn, but their basic capacity to learn remains intact.

Individuals who have learning disabilities may experience problems in any or all of the following three areas: (1) input (receiving information), (2) integration (processing information), and (3) output (expressing responses). These difficulties can lead to a cycle of failure, frustration, and lowered self-esteem, which may lead to additional social and emotional problems or maladaptive behaviors. Although learning disabilities are usually thought of in association with children, the various processing and behavior problems associated with learning disabilities also affect adults. Learning disabilities may be single or overlapping; they may affect only part of a person's routine or impact several aspects of school or work, family life, or social and leisure activities. Although learning disabilities usually are never cured or outgrown, most people, given appropriate supports and opportunities, can learn to adapt and lead fulfilling and productive lives. Adults as well as children can benefit from appropriate programs specially designed to help them maximize their strengths and work around their areas of weakness.

Since learning disabilities have so many different manifestations, music therapy intervention strategies must be structured to take into account the specific strengths, weaknesses, and needs of each client. Various music therapy experiences may help individuals with learning disabilities improve their functioning in one or more of several different areas, both with regard to developing strengths and working around the weaknesses associated with their specific learning disability and with regard to associated problems such as low self-esteem, poor behavior control, poor social skills, attention deficits,

poor listening skills, and low frustration tolerance. In general, music therapy programs and intervention strategies for individuals with learning disabilities focus on one or more of the following areas: (1) developing behavior control and increasing attention span; (2) improving auditory and visual skills; (3) improving motor control and coordination; (4) supporting academic learning; (5) improving communication skills; (6) promoting social and emotional growth and development; and (7) supporting music education and assisting in leisure skill development. Specific examples of music therapy interventions for each of these areas were provided in this chapter.

Individuals who have learning disabilities usually function best within an organized, structured environment that has minimal distractions. They often benefit most from an active music program that utilizes a multisensory approach to learning, engaging several skills and senses in the process of presenting or rehearsing any one concept. By incorporating many modes of presentation and providing for many modes of responses, the music therapist will be most likely to find ways that teach to the individual's strengths and work around his or her areas of weakness. Music therapists who work with clients who have learning disabilities should also be familiar with special teaching methods designed for individuals with learning disabilities and should design their music therapy approaches and intervention strategies in close consultation with the special education team, taking into account the unique manifestations of a specific learning disability in the particular individual.

QUESTIONS FOR THOUGHT AND DISCUSSION

1 Discuss some of the special characteristics and needs of individuals who have learning disabilities. What implications do these have for music therapy programming?

2. Why and how are music experiences useful for helping individuals who have learning disabilities reach therapeutic goals? Are some types of experiences and activities more useful than others? Which ones? Why?

3. Describe some specific music therapy experiences that might be used to help individuals who have learning disabilities (a) develop behavior control and increase attention span; (b) improve auditory and visual skills; (c) improve motor control and coordination; (d) increase and practice academic skills; (e) improve communication skills; (f) increase social skills and enhance emotional growth and development; and (g) develop music and leisure skills. What special adaptations might you have to make in choice of music, instruments, mode of expression, etc., to fit these to the unique needs and preferences of specific clients?

4. List several special considerations that may be important to remember when developing therapeutic intervention strategies for persons who have learning disabilities. Why are these important? What are their implications for the structure of music therapy intervention strategies?

5. For each of the situations listed below, (a) define the problem or areas of need for the client or group of clients, (b) describe one or more of the goals you might pursue in music therapy sessions with the client(s), (c) describe music activities you might use to help the client(s) meet those goals, (d) tell how the music activities you described relate to the goals and needs of the client(s), and (e) mention any special considerations you might want to take into account when working with the client(s).

Situation 1:

You have been asked to begin music therapy sessions for a group of eight children, ages 9-11, who are diagnosed as having specific learning disabilities. These children are easily distracted and have short attention spans. They have trouble organizing auditory perceptions due to poor auditory discrimination, memory, and sequencing skills. They also have a poor sense of spatial orientation and find it difficult to use symbols to process information.

Situation 2:

A 32-year-old man with dyslexia, poor concentration, and poor spatial awareness, and poor motor coordination has come to you inquiring about piano lessons. He says he has always wanted to learn to play the piano, but never thought he could because of his learning problems. He recently heard that music therapists know how to teach music to people with special needs, and he wants to know if you could help him, too.

SUGGESTIONS FOR FURTHER READING

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