

Can Your Child Benefit?

Music therapy can be a rich and rewarding addition to a comprehensive treatment program. In fact, it is becoming a more common part of a comprehensive treatment program for children with autism. Many parents seeking out music therapy have children who have been receiving more traditional therapies for many years, but are searching for something that will bring joy and meaning to their child's life. Music therapy often brings out a child's inner spirit, laughter, and a twinkle in their eye as they find satisfaction in their participation and creative efforts.

Music therapy is a related service under Part B of IDEA. Each state and its local school districts therefore must ensure that all children with disabilities receive related services at no cost to parents in conformity with an IEP. Yet, many parents are denied the opportunity to even have their child evaluated for appropriateness of music therapy services simply because it is not specifically mentioned.

In a letter dated June 9, 2000 to Andrea Farbman, Executive Director of the American Music Therapy Association, Kenneth Warlick, Director of the Office of Special Education Programs with the United States Department of Education writes: "... [a]s under prior law, the list of related services is not exhaustive and may include other developmental, corrective, or supportive services (such as artistic and cultural programs, art, music, and dance therapy), if they are required to assist a child with a disability to benefit from special education in order for the child to receive FAPE" (p.2). Further, should the IEP team determine that music therapy is an appropriate related service for a child, the team's determination must be reflected in the child's IEP, and the service must be provided at public expense and at no cost to the parents. Additionally, music therapy services are to be provided only by personnel who meet appropriate State standards for qualified personnel as defined in the regulations.

Often, parents who request music therapy for their child are met with the response that "our teachers already include music in their program so we do not need to provide music therapy." But, music therapy and general music education are distinct disciplines and professions; the intent of the services themselves set them apart. While music educators strive to teach music-related skills, abilities, and appreciation, music therapists strive to use music to accomplish non-musical goals such as improving behavior, attention span, receptive and expressive language skills, and social skills. Therefore, school music educators may not have the appropriate training to provide music therapy for a child with disabilities. In addition, and contrary to widely-held positions, there is an abundance of research and literature spanning over 30 years to support the use of music therapy with children on the spectrum.

Music therapy treatment with children on the autism spectrum often addresses the four main qualitative impairments: behavior, communication and symbolic play, socialization, and sensory issues. Impaired social interaction affects all areas of a child's functioning. The most basic of these skills involves motivation to become and remain engaged with another person. Music therapy provides intrinsically-rewarding and motivating practice in appropriate play with objects and creating meaning with others. In addition to the socio-emotional and educational benefits, students receiving music therapy exhibit enhanced social skills, generalization of previously learned skills, improved sensory integration and motor planning, and expanded language and communication skills.

Music therapists use a wide variety of interventions developed to benefit children with special needs. These creative activities provide an emotional outlet of the greatest value which integrates a child's emotional, physical, and mental experiences. Goal-oriented musical experiences may be receptive or active and may involve such activities as: singing, dancing, imitation and action songs, academically-oriented songs, musical games, or music listening. But, how does one begin to determine if music therapy may be appropriate for a child with disabilities? The answer may be "yes" if the child:

- easily learns words to songs, but has trouble remembering more "simple information";
- is more animated and engaged when involved in music activities than when not;
- spends time humming, singing, or vocalizing to himself;
- has his/her first words emerge in song rather than speaking;
- demonstrates improved attention when engaged in music;
- has limited joint attention skills and/or poor imitation;
- needs practice in any of the following:
 - organizing sensory information;
 - sequencing events;
 - being more flexible within a structure;
 - generalizing skills;
- rarely engages or interacts with others in a meaningful way;
- has not yet established purposeful communication

While most music therapy services are paid out of pocket, there have been recent advances towards getting reimbursement. In Michigan and Indiana, music therapy is a covered service under the state's Medicaid Children's Waiver program; and North Carolina is considering new Medicaid Waiver language that includes music therapy coded as a therapeutic service for support and comprehensive services for individuals with developmental disabilities. And, finally music therapists in several states, including Florida, are actively pursuing state funding for their clients. If your child participates in music therapy, you are encouraged to support these efforts by talking to your Medicaid support coordinator, getting a prescription for a music therapy evaluation or services, and/or discussing the possibility of incorporating music therapy into your child's educational plan at your next IEP meeting.

For more information about music therapy or finding a music therapist who specializes in working with children with autism can visit the AMTA website at www.musictherapy.org. Anyone wishing further information or assistance in advocating for music therapy services is encouraged to contact me.

Michelle Reitman, PsyD, LMHC, MT-BC, owner of Cadenza Music Therapy, Inc. has been a practicing, board-certified music therapist for 15 years and is a Licensed Mental Health Counselor. She holds Bachelor's & Master's degrees in Music Therapy and a Doctorate in Clinical Psychology. She has extensive training in behavior modification, communication systems, and developmental psychology. Ms. Reitman has presented numerous workshops & trainings at the regional and national levels. She sits on the editorial board for Perspectives, a quarterly journal published by the American Music Therapy Association (AMTA).